Dear Provider,

In our ongoing efforts to ensure the provision of quality care and services to our members, Health Choice Arizona and Health Choice Generations have updated our list of approved Provider Office Lab Testing (POLT) codes.

The new list will be effective 01/01/2020. The following code has been added to our POLT list:

88720 Bilirubin Total Transcutaneous

As a reminder, Steward Health Choice contracts with LabCorp for all labs including reference and specialty, however, we have designated the labs on this POLT list for providers to perform in their office.

Please refer to our websites under Provider Notices for a complete listing.

SHCA: [https://www.stewardhealthchoiceaz.com/providers/provider-announcements/](https://www.stewardhealthchoiceaz.com/providers/provider-announcements/)

SHCG: [https://www.stewardhcgenerations.org/az/providers/provider-information/](https://www.stewardhcgenerations.org/az/providers/provider-information/)

If you need additional information you can contact your Network Provider Performance Representative or Customer Service at 1-800-322-8670.
In Office Laboratory Testing Description and CPT Code

80048 Blood Test, Basic Group of Blood Chemicals
80305 Drug test(s), presumptive, any number of drug classes, qualitative; any number of devices or procedures, (e.g. immunoassay) capable of being read by direct optical observation only (e.g. dipstick, cups, cards, cartridges) includes sample validation when performed, per date of service (maps to 80300 or G0477)
81000 Urinalysis, By Dip Stick or Tablet Reagent for Bilirubin, Glucose, Hemoglobin, Ketones
81001 Urinalysis, By Dip Stick or Tablet Reagent for Bilirubin, Glucose, Hemoglobin
81002 Urinalysis, By Dip Stick or Tablet Reagent for Bilirubin, Glucose, Hemoglobin
81003 Urinalysis, By Dip Stick or Tablet Reagent for Bilirubin, Glucose, Hemoglobin
81005 Urinalysis; Qualitative or Semi quantitative, except Immunoassays
81025 Urine Pregnancy Test, By Visual Color Comparison Methods
82270 Blood, Occult, By Peroxidase Activity (e.g. Guaiac), Qualitative; Feces, Consecutive collected specimens
82947 Glucose; Quantitative, Blood (Except Reagent Strip)
82948 Glucose; Blood, Reagent Strip
82962 Glucose, Blood by Glucose Monitoring Device(S) Cleared by the FDA Specifically 82272 Blood, Occult, By Peroxidase Activity (e.g., Guaiac), Qualitative, Feces, 1-3 Simultaneous determinations should be used
83036 Hemoglobin; Glycosylated (A1C)
83655 Lead
85004 Blood Count; Automated Differential WBC Count
85013 Blood Count; Spun Micro hematocrit
85014 Blood Count; Hematocrit (HCT)
85018 Blood Count; Hemoglobin (HGB)
85025 Blood Count: Complete (CBC), Automated (HGB, HCT, RBC, WBC, and Platelet Count, Differential)
85027 Blood Count; Complete (CBC), Automated (HGB, HCT, RBC, WBC and Platelet Count)
85610 Prothrombin Time
85651 Sedimentation Rate, Erythrocyte; Non-Automated
86308 Heterophile Antibodies; Screening
86580 Skin Test; Tuberculosis, Intradermal
87205 Smear, Primary Source with Interpretation; Gram or Giemsa Stain for Bacteria
87210 Smear, Primary Source with Interpretation; Wet Mount for Infectious Agents
87220 Tissue Examination by KOH Slide of Samples from Skin, Hair, or Nails for Fungi
87804 Infectious Agent Antigen Detection by Immunoassay with Direct Optical
87807 Infectious Agent Antigen Detection by Immunoassay with Direct Optical
87880 Infectious Agent Detection by Immunoassay with Direct Optical Observation
88720 Bilirubin Total Transcutaneous
89300 Semen Analysis; Presence And/or Motility of Sperm Including Huhner Test (Post Coital)
89310 Semen Analysis; Motility and Count (Not Including Huhner Test
89320 Semen Analysis; Complete (Volume, Count, Motility and Differential)