

3. Other Lab and X-Ray Services

Laboratory Services limited to a benefit schedule of covered laboratory procedures when ordered or prescribed by a duly-licensed physician or dentist.

3. Other Lab and X-Ray Services

A. Coverage.

- (1) The department shall reimburse for a procedure provided by an independent laboratory if the procedure:
 - (a) Is one that the laboratory is certified to provide by Medicare and in accordance with state regulation.
 - (b) Is a covered service within the CPT code range of 80047 – 89356 except as indicated in Section B.
 - (c) Is prescribed in writing or by electronic request by a physician, podiatrist, dentist, oral surgeon, advanced registered nurse practitioner, or optometrist; and
 - (d) Is supervised by a laboratory director; and
 - (e) Is independent of an institutional setting.
- (2) The department shall reimburse for a radiological service if the service:
 - (a) Is provided by a facility that:
 - 1) Is licensed to provide radiological services;
 - 2) Meets the requirements established in 42 CFR 440.30;
 - 3) Is certified by Medicare to provide the given service;
 - 4) Meets the requirements established in 42 CFR 493 regarding laboratory certification, registration, or other accreditation as appropriate; and
 - (b) Is prescribed in writing or by electronic request by a physician, oral surgeon, dentist, podiatrist, optometrist, advanced registered nurse practitioner, or a physician's assistant;
 - (c) Is provided under the direction or supervision of a licensed physician; and
 - (d) Is a covered service within the CPT code range of 70010 – 78999.

B. Exclusions. The department shall not reimburse for an independent laboratory or radiological service for the following services or procedures:

- (1) A procedure or service with a CPT code of 88300 through 88399;
- (2) A procedure or service with a CPT code of 89250 through 89356;
- (3) A service provided to a resident of a nursing facility or an intermediate care facility for individuals with mental retardation or a developmental disability; or
- (4) A court-ordered laboratory or toxicology test. The court-ordered exclusion does not apply when medically necessary and in the scope of the Medicaid program.

C. Provider Participation Conditions.

-
- (1) To be reimbursed by the department for a service provided in accordance with this administrative regulation, a provider of independent laboratory services or radiological services shall:
- (a) Be a Medicaid-enrolled provider;
 - (b) Be a Medicare participating facility;
 - (c) Comply with state regulations on Non-duplication of Payments and Claims processing;
 - (d) Comply with the requirements regarding the confidentiality of personal records pursuant to 42 U.S.C. 1320d-8 and 45 C.F.R. parts 160 and 164; and
 - (e) Annually submit documentation of:
 - 1) Current CLIA certification to the department if the provider is an independent laboratory; and
 - 2) A current radiological license to the department if the provider provides radiological services.
- (2) A provider may bill a recipient for a service not covered by the department if the provider informed the recipient of noncoverage prior to providing the service.

3. Other Lab and X-Ray Services

A. Coverage.

- (1) The department shall reimburse for a procedure provided by an independent laboratory if the procedure:
 - (a) Is one that the laboratory is certified to provide by Medicare and in accordance with state regulation.
 - (b) Is a covered service within the CPT code range of 80047 – 89356 except as indicated in Section B.
 - (c) Is prescribed in writing or by electronic request by a physician, podiatrist, dentist, oral surgeon, advanced registered nurse practitioner, or optometrist; and
 - (d) Is supervised by a laboratory director; and
 - (e) Is independent of an institutional setting.
- (2) The department shall reimburse for a radiological service if the service:
 - (a) Is provided by a facility that:
 - 1) Is licensed to provide radiological services;
 - 2) Meets the requirements established in 42 CFR 440.30;
 - 3) Is certified by Medicare to provide the given service;
 - 4) Meets the requirements established in 42 CFR 493 regarding laboratory certification, registration, or other accreditation as appropriate; and
 - (b) Is prescribed in writing or by electronic request by a physician, oral surgeon, dentist, podiatrist, optometrist, advanced registered nurse practitioner, or a physician's assistant;
 - (c) Is provided under the direction or supervision of a licensed physician; and
 - (d) Is a covered service within the CPT code range of 70010 – 78999.

B. Exclusions. The department shall not reimburse for an independent laboratory or radiological service for the following services or procedures:

- (1) A procedure or service with a CPT code of 88300 through 88399;
- (2) A procedure or service with a CPT code of 89250 through 89356;
- (3) A service provided to a resident of a nursing facility or an intermediate care facility for individuals with mental retardation or a developmental disability; or
- (4) A court-ordered laboratory or toxicology test. The court-ordered exclusion does not apply when medically necessary and in the scope of the Medicaid program.

C. Provider Participation Conditions.

-
- (1) To be reimbursed by the department for a service provided in accordance with this administrative regulation, a provider of independent laboratory services or radiological services shall:
- (a) Be a Medicaid-enrolled provider;
 - (b) Be a Medicare participating facility;
 - (c) Comply with state regulations on Non-duplication of Payments and Claims processing;
 - (d) Comply with the requirements regarding the confidentiality of personal records pursuant to 42 U.S.C. 1320d-8 and 45 C.F.R. parts 160 and 164; and
 - (e) Annually submit documentation of:
 - 1) Current CLIA certification to the department if the provider is an independent laboratory; and
 - 2) A current radiological license to the department if the provider provides radiological services.
- (2) A provider may bill a recipient for a service not covered by the department if the provider informed the recipient of noncoverage prior to providing the service.