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METHODS AND STANDARDS OF ESTABLISHING PAYMENT RATES - OTHER MEDICAL CARE (Continued)

3. Other Laboratory and X-Ray Services

Payment is limited to laboratories and laboratory services certified by Medicare. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private.

Effective ~~January 1, 2025, April 1, 2023~~ other Clinical Diagnostic Laboratory services, not covered under the Medicare OPPS payment methodology, will be paid at ~~97.5% 99%~~ of Medicare's ~~October 2024~~ Clinical Diagnostic Laboratory fee schedule. ~~COVID-19 Codes will remain at 100% of Medicare's Clinical Laboratory fee schedule. These rates will be Rates for Clinical Diagnostic Laboratory Services will be reviewed updated~~ annually using the latest version of Medicare's Clinical Diagnostic Laboratory fee schedule. ~~Medicaid reimbursement for Clinical Diagnostic Laboratory tests may not exceed the amount that Medicare recognizes for such tests.~~

When no Medicare rate is available, rates are established by analyzing payment and utilization data, other state Medicaid rates, or rates for similar codes. If a fixed rate cannot be established reimbursement will equal 60% of the provider's billed charge for the service.

All rates are published on the DVHA website.