3. Other laboratory and x-ray services.

Laboratory services

A laboratory service is covered only if it meets three criteria:

1. It is medically necessary or it is provided in conjunction with a covered medically necessary health service;

2. It is performed by a laboratory having an appropriate certification in accordance with the Clinical Laboratory Improvement Amendments of 1988 (CLIA); and

3. It is ordered by a provider legally authorized to order diagnostic services under State law.

The following laboratory services are non-covered:

1. Routine laboratory screening and diagnostic procedures, except those provided in association with EPSDT exams or other covered health services;

2. Laboratory services performed in conjunction with non-covered services (including, but not limited to, abortions or sterilizations that do not meet federal requirements, infertility services);

3. Laboratory services performed for forensic reasons;

4. Paternity testing; and

5. Laboratory services performed in conjunction with an autopsy.

X-ray services

For chiropractors, coverage is limited to those diagnostic x-rays that are required to determine the existence of a subluxation. Procedure codes and frequencies of service are specified by the State Medicaid Agency.

Beneficaries younger than age twenty-one can access other laboratory and x-ray services without limitation when such services are medically necessary.