
 XI. Laboratory and Radiological Services

A. Reimbursement.

- (1) The department shall reimburse an independent laboratory the current Medicare rate established by CMS:
 - (a) For Kentucky;
 - (b) For the covered service or procedure; and
 - (c) In accordance with 42 USC 1395l(h)(1)(A).
- (2) Reimbursement for a service provided by an independent laboratory shall not exceed the limit established in 42 USC 1396b(i)(7).
- (3) The department shall reimburse a Medicaid-enrolled provider licensed to provide radiological services:
 - (a) The provider's usual and customary charge for the service; and
 - (b) Not to exceed sixty (60) percent of the upper payment limit established for the procedure in the Medicaid physician fee schedule found in this attachment.

XII. (Deleted)

XIII. Family Planning Clinics

Eff. 7-1-87 The State Agency will reimburse participating family planning 7-1-87 agencies for covered services in accordance with 42 CFR Section 447.321; payments shall not exceed applicable Title XVIII upper limits. Payments to physicians and Advanced Registered Nurse Practitioners (ARNP) for individual services shall not exceed the following amounts:

	Physicians	ARNP
Initial Clinic Visit	\$50.00	\$37.75
Annual Clinic Visit	\$60.00	\$45.00
Follow-up Visit with Pelvic Examination	\$25.00	\$18.75
Follow-up Visit without Pelvic Examination	\$20.00	\$15.00
Counseling Visit	\$13.00	\$13.00
Counseling Visit w/3 months contraceptive supply	\$17.00	\$17.00
Counseling Visit w/6 months contraceptive supply	\$20.00	\$20.00
Supply Only Visit – Actual acquisition cost of contraceptive supplies dispensed		