



Louisiana Department of Health
Health Plan Advisory 17-9
May 4, 2017

Clinical Laboratory Services – Fee Reimbursement

Federal regulations prohibit state Medicaid agencies from reimbursing providers of clinical laboratory services at a higher rate than the Medicare allowable rate. In accordance with this regulation, clinical laboratory reimbursement rates have been adjusted on the fee-for-service Medicaid file and are effective for dates of service Jan. 1, 2017 forward. The Laboratory Fee Schedule has been updated to reflect those changes.

The managed care organizations (MCOs) should verify their reimbursement for clinical laboratory services to ensure the payment does not exceed the current year's Medicare allowable. If the Medicare allowable is exceeded, the MCOs shall rectify reimbursement, notify providers of their plan to reprocess overpaid services, and recycle overpayments.