

Title 23: Division of Medicaid

Part 219: Laboratory Services

Part 219 Chapter 1: General

Rule 1.2: Independent Laboratory Services

The Division of Medicaid does not reimburse independent laboratories for lab procedures performed for beneficiaries during an inpatient hospital stay. The All Patient Refined Diagnosis-Related Group (APR-DRG) payment that the hospital receives is considered to cover all services provided during the inpatient hospital stay. The hospital is responsible for reimbursement to independent laboratories.

Source: SPA 2012-008; Miss. Code Ann. §§ 43-13 117, 121.

History: Revised Miss. Admin. Code Part 200, Rule 1.2.B.h) to correspond with SPA 2012-008 (eff. 10/01/2012) eff. 05/01/2014.

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The Division of Medicaid does not reimburse independent laboratories for lab procedures performed for beneficiaries during an inpatient hospital stay. The per diem rate All Patient Refined Diagnosis-Related Group (APR-DRG) payment that the hospital receives is considered to cover all services provided during the inpatient hospital stay. Independent lab reimbursement must be obtained from the hospital. The hospital is responsible for reimbursement to independent laboratories.

Source: SPA 2012-008; Miss. Code Ann. §§ 43-13 117, 121; ~~43-13-117(3)~~

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