**Section 140.433 Payment for Clinical Laboratory Services**

a) Payment for allowable laboratory services includes payment for collection and handling of specimens by laboratory personnel, use of laboratory equipment and supplies, and the written report of test results to the referring practitioner.

b) Payment for allowable laboratory services provided to recipients who are not eligible for Medicare Part B benefits is based on the laboratory's usual and customary charges within the limitations established by the Department (see Section 140.400).

c) For recipients eligible for Medicare Part B Coverage, payment is made on deductible and coinsurance amounts up to the limitations established by the Department for the service.

d) Payment for three or more blood chemistries performed on the same specimen is made on a basis related to the use of automated equipment.

e) When the laboratory performs profile testing, it must bill the Department by profile. The Department considers two or more thyroid tests performed on the same specimen to be profile testing.

(Source: Amended at 23 Ill. Reg. 7122, effective June 1, 1999)