**Section 146.130 Reimbursement for Services**

Effective for dates of service on or after July 1, 2014:

a) With respect to all non-EAPG procedures, reimbursement levels shall be at the lower of the ASTC's usual and customary charge to the public or the Department's Statewide maximum reimbursement screen.

b) With respect to EAPG procedures described in 89 Ill. Adm. Code 148.140(b)(1), reimbursement for those services shall be in accordance with 89 Ill. Adm. Code 148.140(d)(7).

c) Laboratory, x-ray, prescription, physician or dental services, provided in connection with a covered surgical procedure, must be billed by the providers rendering those services. If the ASTC provides the laboratory or x-ray service, then:

1) Separate billing is NOT allowed if provided on the day of surgery; or

2) Separate billing IS allowed if provided on other than the day of surgery.

d) The providers described in subsection (c) must meet all applicable license, enrollment and reimbursement conditions of the Department of Healthcare and Family Services, the Department of Public Health and the Department of Financial and Professional Regulation-Division of Professional Regulation.

(Source: Amended at 38 Ill. Reg. 15152, effective July 2, 2014)