Children's Special Health Care Services
Administrative Policy Manual

Benefit – Limited Services Policy # C-2d
PA Dept.

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10/18/10
Date

Effective Date: **January 1, 2005**
Revision Reason: **New Policy**

Title: **X-ray & Laboratory Services**

Purpose: **To describe the X-ray & Laboratory services benefit to be provided in the Limited Services included in the Health Care Service Package.**

Rule References:

410 IAC 3.2-1-20 – "Laboratory services" defined
410 IAC 3.2-1-34 – "X-rays" defined
410 IAC 3.2-7-1 – Health care delivery system
410 IAC 3.2-7-3 – Limited services included in the health care service package

Policy: **X-ray & Laboratory Services are available for the diagnostic evaluation of a participant's identified eligible medical condition on an authorized outpatient visit, or in exceptional circumstances during an inpatient stay, at a public or private facility.**

Inpatient Services require a Prior Authorization from CSHCS.

References: **Prior Authorization Policy**