
CHAPTER 27: INDEPENDENT LABORATORIES

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COVERED SERVICES

Medicaid covers medically necessary laboratory tests needed to diagnose and appropriately treat a specific condition, illness, or injury. Screening laboratory tests are only considered medically necessary if recommended as Grade A or B by the United States Preventive Services Taskforce, specified in the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program, or as otherwise specified in Medicaid policy.

When multiple laboratory tests are conducted simultaneously, for example as part of a profile, battery, or panel, each individual test must be medically necessary for the profile, battery, or panel to be considered medically necessary.

For clinical criteria and limitations related to specific laboratory services, please see the corresponding sections in Chapter 5, *Professional Services*, of the Medicaid Provider Manual.~~the “Professional Services” chapter.~~