

12. LABORATORY, RADIOLOGY, AND OTHER DIAGNOSTIC SERVICES

12.1 Laboratory Services

- (a) The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.
- (b) If the facility provides its own laboratory services, the services must meet the applicable requirements for laboratories specified in 42 C.F.R. Part 493.
- (c) If the facility provides blood bank and transfusion services, it must meet the applicable requirements for laboratories specified in 42 C.F.R. Part 493.
- (d) If the laboratory chooses to refer specimens for testing to another laboratory, the referral laboratory must be certified in the appropriate specialties and sub-specialties of services in accordance with the requirements of 42 C.F.R. Part 493.
- (e) If the facility does not provide laboratory services on site, it must have an agreement to obtain these services from a laboratory that meets the applicable requirements of 42 C.F.R. Part 493.
- (f) The facility must:
 - (1) provide or obtain laboratory services only when ordered by the attending physician;
 - (2) promptly notify the attending physician of findings;
 - (3) assist the resident in making transportation arrangements to and from the source of service, if the resident needs assistance;
 - (4) file in the resident's clinical record laboratory reports that are dated and contain the name and address of the testing laboratory; and
 - (5) ensure that transportation costs associated with obtaining laboratory services are not charged to a Medicaid recipient's personal needs allowance.

12.2 Radiology and Other Diagnostic Services

- (a) The facility must provide or obtain radiology and other diagnostic services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.
- (b) If the facility provides its own diagnostic services, the services must meet the applicable conditions of participation for hospitals contained in 42 C.F.R. §482.26.

(c) If the facility does not provide its own diagnostic services, it must have an agreement to obtain these services from a provider or supplier that is approved to provide these services under Medicare.

(d) The facility must:

(1) provide or obtain radiology and other diagnostic services only when ordered by the attending physician;

(2) promptly notify the attending physician of the findings;

(3) assist the resident in making transportation arrangements to and from the source of the service, if the resident needs assistance;

(4) file in the resident's clinical record signed and dated reports of x-ray and other diagnostic services, with the name and address of the provider of the service; and

(5) ensure that the transportation costs associated with obtaining radiology and other diagnostic services are not charged to a Medicaid recipient's personal needs allowance.