

Section 148. Clarification of Payment for Clinical Laboratory Tests Furnished by Critical Access Hospitals. Medicare outpatient clinical laboratory services are generally paid based on a fee schedule. Clinical diagnostic laboratory services provided to patients who receive services directly from **critical access hospitals (CAHs)** on an outpatient basis are paid 101% of reasonable costs. Clinical laboratory services provided by **CAHs** to those who are not patients are paid on the basis of the Medicare fee schedule. In no instance are Medicare beneficiaries liable for any coinsurance or deductible amounts. Generally, clinical laboratory services provided to skilled nursing facility (SNF) patients (who are Medicare beneficiaries that are covered under Medicare Part A) are paid under consolidated billing as part of the SNF-PPS. Under this provision, starting for services furnished on July 1, 2009, clinical diagnostic laboratory services furnished by a **CAH** will be reimbursed as outpatient hospital services at 101% of costs without regard to whether the individual who receives the service is physically present in the **CAH**, or in a skilled nursing home or a clinic (including a rural health clinic) that is operated by a **CAH** at the time the specimen is collected.

Section 149. Adding Certain Entities as Originating Sites for Payment of Telehealth Services. Originating sites are defined as the site where a Medicare provider delivers the telehealth service to the patient. The following are qualified as originating sites: (1) office of a physician or physician practitioner; (2) a **critical access hospital**; (3) a rural health clinic; (4) a federally qualified health center, and (5) a hospital. The provision adds: (1) a hospital-based or **critical access hospital** based renal dialysis center (including satellites), (2) a skilled nursing facility, and (3) a community health center to the list of originating sites for payment of telehealth services, effective on January 1, 2009.