

TO: All Local District Commissioners, Medicaid Directors, Temporary Assistance Directors, TOP Coordinators, Personal Care Services and LTHHCP directors/supervisors

FROM: Kathryn Kuhmerker, Deputy Commissioner
Office of Medicaid Management

SUBJECT: Home Visits for Laboratory Services

EFFECTIVE DATE: Immediately

CONTACT PERSON: Bureau of Policy Development and Agency Relations:
(518) 473-2160

The purpose of this GIS is to inform Local Departments of Social Services of a new Medicaid service, Home Visits for Laboratory Tests. Effective September 1, 2004, enrolled laboratories will be eligible for Medicaid reimbursement for travel expenses associated with in-home phlebotomy services, i.e., blood draws, provided under circumstances outlined below.

Ordered testing and its scheduling must be medically necessary, and the patient must be eligible for in-home phlebotomy as documented by a medical practitioner. The ordering practitioner must specify on the laboratory requisition or on other documentation retained by the laboratory that the recipient is eligible for in-home phlebotomy. The Medicaid recipient's physician, physician's assistant, nurse practitioner, or licensed midwife is responsible for ordering the home laboratory visit.

A recipient is eligible for in-home phlebotomy only if:

- the recipient is homebound, which means he or she has a condition due to illness or injury that precludes access to routine medical services outside of his/her residence without special arrangements for transportation, i. e., ambulance, ambulette, and taxi with assistance in areas where public transportation is unavailable; or has a condition that makes leaving the residence medically contraindicated; **and**
- the recipient is currently receiving a Medicaid reimbursed home care service, i.e., personal care services including Consumer Directed Personal Assistance Program (CDPAP) services, certified home health agency (CHHA) services, and home health services through the Long Term Health Care Program (LTHHCP).

NOTE: Travel expenses are **NOT** a covered service: if they are incurred for trips to draw blood from patients in a skilled nursing facility; to draw blood from a recipient who receives medical services in his or her residence from a professional whose scope of practice authorizes the drawing of blood; and for pick-up and transport of a specimen collected by a home health care provider or anyone other than a laboratory representative.

The current reimbursement rate for a lab employee to visit a homebound recipient is a flat \$15 per round trip (based on the \$7.50 per one-way trip).

The fee is pro-rated for multiple visits at the same address. Laboratory providers will bill MMIS directly for the home phlebotomy services.

An annual frequency edit limit of 12 visits per year has been placed on this service for qualified Medicaid recipients.

There is no local district determination of cost effectiveness of Medicaid coverage of Home Visits for Laboratory tests, other than when prior approval of transportation services to transport a homebound recipient solely to have blood drawn for lab testing is requested.

Please refer to the Medicaid Update article on "Home Visits for Laboratory Tests" in the September 2004 issue for additional information (www.health.state.ny.us/nysdoh/manicare/omm/2004/sept2004.htm) or call 518-474-9219 to request a copy.

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