Danbury Hospital

Department of Pathology & Laboratory Medicine

Technically Speaking

C. S. Guidess, Editor *November 2006* *Issue #98*

Plan Name	Clinical	Cyto-Genetics	Cyt-ology	Biopsies	Comments
Aetna USHealth Care					
HMO	Yes	Yes	Yes	Yes	Referral needed for Cytogenetics testing only.
PPO	Yes	Yes	Yes	Yes	
Anthem Blue Cross & Blue Shield	Yes	Yes	Yes	Yes	
BlueCare Family Plan-Medicaid	Yes	Yes	Yes	Yes	
Beech Street	Yes	Yes	Yes	Yes	
DHS Foundation & POS Plans (CBCA inc)	Yes	Yes	Yes	Yes	
Empire Blue Cross HMO	No	No	No	No	Check with plan for participating lab
Empire Blue Cross PPO	Yes	Yes	Yes	Yes	Administered through Anthem BC/BS
Cigna HealthCare	Yes	Yes	Yes	Yes	
Community Health Network-Medicaid	Yes	Yes	Yes	Yes	
Connecticare	Yes	Yes	Yes	Yes	
GHI	No	No	No	No	Check with plan for participating lab
Great West	Yes	Yes	Yes	Yes	
Health Management Center (Unions) Now under Multiplan	Yes	Yes	Yes	Yes	
HealthNet	Yes	Yes	Yes	Yes	
Healthy Options-HealthNet's Medicaid Product	Yes	Yes	Yes	Yes	
Multiplan	Yes	Yes	Yes	Yes	
NY State Employees HMO	No	No	No	No	Check with plan for participating lab
Oxford Health Plans	No	No	No	No	Covered only if associated with a procedure performed at DH. Check with plan for participating lab for other services.
PHCS (Private HealthCare Systems)	Yes	Yes	Yes	Yes	
POMCO	Yes	Yes	Yes	Yes	
United Health Care	Yes	Yes	Yes	Yes	
WellCare of CT/NY-Managed Medicare	No	No	No	No	Check with plan for participating lab
Preferred One (Wellcare's Medicaid Product)	Yes	Yes	Yes	Yes	

Revised 9/30/05, 8/21/06, 10/16/06

ORDERING GUIDELINES FOR THE HOMEBOUND PATIENT

1. MD determines whether the patient is a candidate for homecare phlebotomy (patient that is homebound, frail health and unable to drive or be brought to a blood drawing facility). For all other patients, satellite locations and hours of operation are attached.

2. MD office staff completes Homecare Booking Form/Requisition and FAXes a completed form to (203) 739-8069. Be sure form is **COMPLETELY** filled out. Include **DIAGNOSIS CODES** and date of week during which specimen is to be collected.

   NOTE: All verbal orders **MUST** be followed by a written order; a FAXed copy of the Homecare Booking Form (see attached)

3. HomeCare requests are on an "as needed" PRN ordering status only. Standing orders are not acceptable.

4. STAT orders are accommodated only with approval of the Technical Specialist and/or Medical Director. Homecares are booked on a first come, first served basis and the Danbury Hospital laboratory may not be able to respond to demands for immediate service.

   NOTE: Office will not be notified of receipt of homecare orders. Office **WILL** be notified if request for blood drawing cannot be accommodated.

5. Specimens will be collected from Homecare patients as follows –
   - Danbury area: Monday – Thursday
   - Southbury, New Milford, Newtown, Sandy Hook - Monday and Wednesday
   - Ridgefield, Redding, Bethel and Brookfield – Tuesday
   - New Fairfield, Bethel and Brookfield - Thursday

6. Patients will be notified on the evening before and/or the morning of the date of phlebotomy of the approximate time of arrival of the Phlebotomist at the patient's residence.

7. If, after phlebotomy visit, it is determined that the patient is not homebound and can be transported, physician office will be notified and homecare service will be discontinued.

INFORMATION FOR THE OFFICE TO EXPLAIN TO THE HOMECARE PATIENT:

- Your doctor has indicated that you need to have blood work that will be collected from you in your home.
- The visit will be scheduled by your doctor's office and a representative of the Danbury Hospital laboratory will contact you by telephone at your home to obtain directions to your home and to let you know the approximate time of arrival of the phlebotomist.
- The phlebotomist will come to your home, collect a blood sample from you and will return to the hospital with the sample so that it can be tested. If you are a Medicare patient, the phlebotomist may have to ask you some questions so that Medicare insurance will pay for the tests your doctor has ordered.

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SATELLITES

Brookfield Facility

Monday – Friday 8AM –5PM
Saturday 9AM – 1PM

Greenknoll Professional Building
60 Old New Milford Road
Brookfield, CT 06884
Tel: 203-740-3838
Fax: 203-740-3840

Southbury Facility

Specimen Collection/Bone Density Testing
Monday – Friday 7:30AM – 4PM

22 Old Waterbury Road
Southbury, CT 06488
Tel: 203-262-4280
Fax: 203-267-1113

Germantown Facility

Monday – Friday 8AM – 4PM

41 Germantown Road
Danbury, CT 06810
Tel: 203-207-3345
Fax: 203-207-3346

Test Center

Monday – Friday 7AM – 6PM
Saturday 7AM – Noon

Locust Avenue
(first floor of the Stroock Building
at Danbury Hospital)
Danbury, CT 06810
Tel: 203-739-7478
Fax: 203-739-8069

Ridgefield Facility

Monday – Friday 7:30AM – 3:30PM

10 South Street
Ridgefield, CT 06877
Tel: 203-431-3776
Fax: 203-431-4071

To schedule Specimen Collection or EKG appointments in the Test Center, call 739-7731.

Appointments may be scheduled

Monday through Friday, 8:00am – 3:00pm.
24 hours notice is requested.

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HOMECARE BOOKING FORM AND REQUISTION

Fax: (203) 739-8069 Phone: (203) 739-7643

For Hospital Use Only:

Phlebotomist ID: _____ **Date & Time of Draw:** _____

Patient Name: _____

Patient Address: _____

Home Phone:_____ DOB _____

SS#:_____ Medical Record #:_____

❖ **Required Information**

(Complete this section or attach completed office insurance form)

Patient Insurance Company Name: _____

Group Name: _____

Insurance Company Address: _____

Policy ID Number: _____ Group Number: _____

Subscriber Information

Employer: _____

DOB: _____ SS#: _____

Date: _____

Specimen to be collected week of _____

Fasting? **Yes** **No** Patient meets the quidelines for homebound service **Yes** **No**

TEST REQUESTED **DIAGNOSIS CODE** **ABN**

_____

_____

_____

_____

Special Instructions: _____

MD Signature _____ **Date:** _____