DANBURY HOSPITAL
A Higher Level of Care

Technically Speaking

C.S. Guidess, Editor

Department of Pathology
& Laboratory Medicine

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QuantiFERON® Questions and Answers:

Since the announcement of the implementation of the QuantiFERON test, the laboratory has received a number of questions regarding the test.

Q: Is the QuantiFERON® test covered by insurance?

A: The test is assigned a CPT code by Medicare. That code is 86480. Individual insurance carriers must be asked if the test is covered under the patient's specific plan.

Q: If the patient has had a PPD test in the past, will it interfere with the test result?

A: No. The advantage to the QuantiFERON® test is its specificity. There is no interference from BCG vaccines or prior PPD test. The test measures the body's cell mediated immune response to peptide antigens that stimulate mycobacterial proteins.

Q: Can the QuantiFERON® test be performed on children?

A: Yes

Q: Where can I send my patients for the test?

A: Specimen collection devices will be located at the Stroock Testing Center. Please see below for instruction for making patient appointments for the specimen collection. In addition, patients may schedule their own appointments with a doctor's order by calling 203-739-7731.

New FAX numbers for the Test Center and in-home phlebotomy service.

Test Center orders, requests for appointments and in-home phlebotomy may now be placed on-line via electronic fax and e-mail. This system eliminates the "lost fax" issue and improves communication with physicians' offices. This new system will enable the review of requests and the resolution of any questions prior to the blood collection and allow for a timely feedback for all requests. When scheduling an appointment, please provide the patient's telephone number. ***Please see the attached copy of the Homecare Booking form.***

For **HomeCare** – fax 1-203-739-8835 e-mail inhomephlebotomy@danhosp.org

For **Test Center Orders** – fax 1-203-739-1618 e-mail ST01LAB01@danhosp.org

To Review Past Issues for Technically Speaking

Please consult the website at www.danburyhospital.org/body.cfm?id=779

Danbury Hospital Department of Pathology and Laboratory Medicine

HOMECARE BOOKING FORM AND REQUISTION

Fax: (203) 739-8835 e-mail: inhomephlebotomy@danhosp.org

Phone: (203) 739-7643

Patient Name: _____

Patient Address:_____

Home Phone:_____DOB: _____SS#:_____

Patient must meet Danbury Hospital Homecare criteria. Please select one of the following as applicable:

_____ Patient is of frail health (bedridden, wheelchair bound)

_____Unable to drive or leaving home is a major effort

- If a patient is ambulant and not available for the Phlebotomist, the laboratory reserves the right not to provide this service in the future
- Booking forms will not be accepted if incomplete or without a clearly written MD name and signature
- Due to limited capacity, homecare visits are scheduled on a first come, first served basis and are not available as standing orders or STATs.

❖ **Required Information**

(Complete this section or attach completed office insurance form)

Patient Insurance Company Name: _____

Group Name: _____

Policy ID Number: _____ Group Number: _____

Date: _____

Fasting? **Yes** **No**

Specimen to be collected week of _____

TEST REQUESTED	DIAGNOSIS CODE	ABN

Physician Name (Please Print) :_____

MD Signature _____ **Date:** _____