



Point of Care (POC) Labs

What are POC labs and how can they help with monitoring member's care?

As we shift to the Tailored Plan for Managed Medicaid, we will need to provide integrated, whole person care across the healthcare continuum. Behavioral health providers may need to monitor some routine lab tests to help detect chronic illnesses that may arise from medication side effects. As Alliance shifts towards the Tailored Plan, we will be monitoring your performance on two measures requiring POC labs:

- ✓ Metabolic monitoring of children and adolescents on antipsychotics (APM).
- ✓ Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications (SSD).

Some provider agencies are doing Point of Care (POC) labs in their offices. Labs drawn within your practice can increase member access and reduce communication barriers with labs.

Labs drawn in your office will need to be Clinical Laboratory Improvements Amendments (CLIA) approved or waived. Facilities doing only CLIA waived tests can certify under the CLIA Certificate of Waiver which requires:

- ✓ Complete certificate of waiver every two years.
- ✓ Follow manufacturer's instructions for each waived test.
- ✓ Notify state agency of organizational changes or addition of non-CLIA waived tests.
- ✓ Permit inspections by a CMS agent. There is no routine inspection schedule.
- ✓ More CLIA information can be found [here](#).

Continued

Regardless of whether the lab is drawn in your agency or within the PCP office, it is critical to share and monitor results.

Success Strategies for Labs

Once you have a lab processing machine and have been approved for a CLIA waiver you will be able to draw labs. The following are the codes you will submit through NCTracks:

- SSD - Glucose Tests Codes CPT® - 80047-80048, 80053, 80069, 82947, 82950-82951.
- HgbA1c CPT® Codes – 83036-83037.
- APM - Glucose Tests Codes CPT® - 80047-80048, 80053, 80069, 82947, 82950-82951.
 - HgbA1c CPT® Codes – 83036-83037.
 - LDL-CPT® Codes- 80061, 83700, 83701,83704, 83721.
 - Cholesterol – CPT® Codes- 82465, 83718, 84478.

Other strategies for success include:

- Discuss with the member the need for labs when medication initially prescribed (if you are the prescribing agency); provide medication literature that states this directly.
- Discuss with member at each visit, during medication reconciliation, the need for labs with the medications they are prescribed.
- If you draw the labs and receive results, as part of integrated, whole person care, share the results with the member's PCP.
- Pre-visit planning – note that the labs are due prior to the member's scheduled appointment, reach out to Care Management team or PCP to see if labs have been drawn; if labs have not been drawn comment in EHR to draw the labs.
- At the visit PRIOR to the gap in care, discuss with the member the need for the lab on the next visit.