**Section 140.432 Limitations on Independent Clinical Laboratory Services**

The Department shall pay for the following services only when they are provided in accordance with the limitations specified:

a) Vitamin B-12 testing – only in those cases in which a completed blood count has shown a macrocytic hormochromic anemia and a high lactic dehydrogenase.

b) Home Visits – only when the recipient's attending physician indicates on the order that the recipient is physically unable to travel to the laboratory and if it is the custom of the laboratory to charge the general public a home visit fee in addition to the fee for the laboratory service.

c) Routine, multi-channel (battery) tests – only those instances where the tests performed are consistent with the recipient's diagnosis and/or conditions.

(Source: Amended at 23 Ill. Reg. 7122, effective June 1, 1999)