

# THSteps Medical Checkup Laboratory Requirements

Contact the appropriate laboratory for specimen collection/shipping supply information

## Acute Care/Non-THSteps Medical Checkup

Reimbursement available to provider outside of a checkup (See TMPPM Volume 2 Radiology and Laboratory Services Handbook)

Test	Required for THSteps Medical Checkups (See THSteps Periodicity Schedule for ages)	Additional Reimbursement to Checkup Provider (Excludes FQHCs & RHCs)	Specimen Collection Location	Location for Specimen Testing/Analysis	Additional Handling/Collection Fee for THSteps Checkup Specimens	Acute Care/Non-THSteps Medical Checkup Reimbursement available to provider outside of a checkup (See TMPPM Volume 2 Radiology and Laboratory Services Handbook)
<b>Second NBS</b>	Yes	No	Provider's office	DSHS Laboratory	No	No
<b>Lead</b>	Yes	No	Initial-Provider's office	Initial-DSHS Laboratory	No	Yes
			Confirmatory-Provider's choice of laboratory or provider's office	Confirmatory-Provider's choice, including DSHS		
<b>Lead Point-of-Care</b>	Yes, point-of-care is provider's option	Yes	Provider's office	Provider's office	N/A	Yes
<b>Hemoglobin</b>	Yes	No	Provider's office	DSHS Laboratory	No	Yes
<b>Hemoglobin or Hematocrit Point-of-Care</b>	Allowed if urgent results are needed	No	Provider's office	Provider's office	N/A	Yes
<b>Glucose</b>	Risk-based	No	Provider's choice of laboratory or provider's office	Provider's choice, including DSHS	No	Yes
<b>Glucose Point-of-Care</b>	Risk-based, point-of-care is provider option	No	Provider's office	Provider's office	N/A	Yes

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<b>Total Cholesterol</b>	Risk-based	No	Provider's choice of laboratory or provider's office	Provider's choice, including DSHS	No	Yes
<b>Total Cholesterol Point-of-Care</b>	Risk-based, point-of-care is provider option	No	Provider's office	Provider's office	N/A	Yes
<b>Lipid Profile</b>	Risk-based	No	Provider's choice of laboratory or provider's office	Provider's choice, including DSHS	No	Yes
<b>HIV</b>	Risk-based	No	Provider's choice of laboratory or provider's office	Provider's choice, including DSHS	No	Yes
<b>Gonorrhea Chlamydia</b>	Risk-based	No	Provider's office	DSHS Laboratory	No	Yes
<b>Syphilis</b>	Risk-based	No	Provider's choice of laboratory or provider's office	Provider's choice, including DSHS	No	Yes