

Policy: MP037

Section: Medical Benefit Policy

Subject: Home Phlebotomy Program

Applicable Lines of Business

Commercial	X	CHIP	X
Medicare	X	ACA	X
Medicaid	X		

I. Policy: Home Phlebotomy Program

II. Purpose/Objective:

To provide a policy of coverage regarding Home Phlebotomy Program

III. Responsibility:

- A. Medical Directors
- B. Medical Management

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.

- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age

1. Homebound: Medicare Line of Business

A member shall be considered homebound when the member's condition due to an illness or injury restricts the ability to leave the home except with the aid of supportive devices, special transportation, and/or assistance of another person **and** leaving the home requires considerable and taxing effort. Additionally, cases whereby it is medically contraindicated to leave home or cognitive impairments due to Alzheimer's disease, organic brain syndrome, senility, and mental retardation that require constant supervision to be safe are considered homebound.

Examples of a person not considered homebound are, but not limited to, a person who:

- drives a car or
- leaves the home several times weekly to go out for a meal or
- leaves the home against medical advice or
- leaves the home for business purposes or to attend school.

Special note: feebleness and insecurity due to advanced age in and of itself do not meet homebound criteria. In addition, a member does not meet homebound criteria if, for example, she/he leaves the home frequently for non-medical reasons even though it requires

- a considerable and taxing effort or
- a need for supportive devices and/or
- assistance of another person to leave home.

2. Homebound: Other Lines of Business: A member shall be considered homebound when the medical condition of the member prohibits the member from leaving home without extraordinary effort, unless the absences from home are attributable to the members need to receive medical treatment which cannot be reasonably provided in the home such as physician appointments, diagnostic or therapeutic procedures.

3. Home: Home refers to a member's personal residence or personal care facility. This policy does not apply to members in a sub-acute or intermediate care setting.

DESCRIPTION:

Home Phlebotomy services are designed as an adjunct to skilled home health services which phlebotomy collection occurs in the member's home. In limited situations, as defined in criteria 2-4 below, members not receiving concurrent skilled home health services would be approved for phlebotomy services only.

INDICATIONS:

Home Phlebotomy services will be approved if **one of the following** criteria is met:

1. Member is receiving concurrent home health services. (i.e. home rehabilitative services, home skilled nursing or home infusion services); or
2. Member is bed confined; or
3. Member receives physician home visits; or
4. Member is Homebound*.
*See additional definitions above for specific criteria.

LIMITATIONS:

Ongoing approval based upon continued criteria satisfaction.

PROCEDURE:

1. Referrals for the Home Phlebotomy Program are processed through the Geisinger Medical Lab Referral form. Completed form should include specific lab test, desired date and frequency of venipunctures.
2. Authorization without concurrent home health services may be reviewed via a random audit on a quarterly basis.

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.

Medicaid Business Segment:

Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis

LINE OF BUSINESS:

Eligibility and contract specific benefit limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supercede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.

REFERENCES:

Medicare Home Health Agency Manual. HCFA Publication 11;

Medicare Reference Guide for Home Health Agencies Coverage Guidelines. Medicare Fiscal Intermediary, Cahaba Government Benefit Administration (Cahaba GBA). February 2001.

Medicare Medical Policy Bulletin L-2 Collection and Handling of Specimens.

This policy will be revised as necessary and reviewed no less than annually.

Devised: 7/00

Revised: 6/01, 9/01, 12/03 (definition); 2/05;2/06; 2/07; 2/08(wording), 4/11(wording), 4/17

Reviewed: 10/02; 2/09; 3/10, 4/12, 4/13, 4/14; 4/15, 4/16, 3/18, 3/19, 3/20, 3/21, 3/22, 3/23

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

Please be advised that the use of the logos, service marks or names of Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company on a marketing, press releases or any communication piece regarding the contents of this medical policy is strictly prohibited without the prior written consent of Geisinger Health Plan. Additionally, the above medical policy does not confer any endorsement by Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company regarding the medical service, medical device or medical lab test described under this medical policy.