KAISER PERMANENTE®

Regional Review Criteria

Georgia Region

DEPARTMENT **Quality Resource Management (QRM**	CRITERIA NUMBER	01-39
SECTION **Review Criteria**	EFFECTIVE DATE	10/25/2014
TITLE **Regional Review Criteria for Home Health Services for Venipuncture for Lab Tests**	REVIEW DATES	2/14/2018 2/11/2019 1/27/2020 1/21/2021 1/10/2022 2/21/2023
	REVISION DATE	
POLICY TYPE **New** **XReviewed** **Revised**	PAGE NUMBER	

PURPOSE

This review criterion has been developed based on guidelines from CMS regarding home health services for venipuncture for lab testing and will be used by the above department in determining appropriateness. In general, Medicare does not cover a home health visit solely for the purpose of venipuncture. These criteria will be used to generate exceptions to the regular Medicare benefit.

INDICATIONS

1.0 A patient will be considered eligible for home venipuncture if they meet criteria for medically necessary ambulance transportation, and homebound status as defined below:

1.0 ***Medical Necessity for ambulance transportation-***

Medical Necessity Criteria (check all that apply)
☐ ***Bed Confined** ***(all three below must be met to qualify for bed confinement)***
Unable to ambulate
Unable to get out of bed without assistance
Unable to safely sit up in a wheelchair
☐ **Unable to maintain erect sitting position in a chair for time needed to transport, due to moderate muscular weakness and de-conditioning**
☐ **Unable to sit in chair or wheelchair due to Grade II or greater decubitus ulcers on buttocks**
☐ **Third party assistance/attendant required to apply, administer or regulate or adjust oxygen en route**
☐ **IV Medication/fluids required during transport**
☐ **Special handling en route - isolation**

☐	**Contractures**
☐	**Non-healed fractures**
☐	**Significant (i.e. Moderate to severe) pain on movement**
☐	**Serve DVT requires elevation of lower extremity**
☐	**Morbid obesity required additional personnel/equipment to handle**
☐	**Orthopedic device (backboard, halo, use of pins in traction, etc.) requiring special handling in transit**
☐	**Severe muscular weakness and de-conditioned state precludes safe transportation by any other means than ambulance**
☐	**Restraints (physical or chemical) anticipated or used during transport**
☐	**Danger to self or others – monitoring**
☐	**Risk of falling off wheelchair or stretcher while in motion (not related to obesity)**
☐	**Danger to self or others – seclusion (flight risk)**
☐	**Confused, combative, lethargic, comatose**

A beneficiary is bed-confined if he/she is:
• Unable to get up from bed without assistance;

• Unable to ambulate; and

• Unable to sit in a chair or wheelchair.

MEDICARE criteria for HOMEBOUND STATUS

2.0 *For* a patient to be eligible to receive covered home health services a physician must certify in all cases that the patient is confined to his/her home for the initial referral. Re-certifications may be done by UM Review Nurse or Case Manager after applying criteria.

Requirements 1 or 2 required for homebound status

Criteria 1 Requirement – *Because of* illness or injury:

- member needs the aid of supportive devices and the use of special transportation (see medical necessity indications for transportation above) or the assistance of another person *in order* to leave their place of residence or
- *have a condition such that* leaving *his or her* home is medically contraindicated

Criteria 2 Requirem*ent -Must* exist a normal inability to leave home **and**
Leaving home must require a considerable and taxing effort.

2.1.1 If the patient does in fact leave the home, the patient may nevertheless be considered homebound if the absences from the home are infrequent or for periods of relatively short duration or are attributable to the need to receive health care treatment. Absences attributable to the need to receive health care treatment include, but are not limited to:

2.1.1.1 Attendance at adult day centers to receive medical care;

2.1.1.2 Ongoing receipt of outpatient kidney dialysis; or
2.1.1.3 The receipt of outpatient chemotherapy or radiation therapy.

3.0 Any absence of an individual from the home attributable to the need to receive health care treatment, including regular absences for the purpose of participating in therapy certified by a State, or accredited to furnish adult day-care services in a state, shall not disqualify an individual from being considered to be confined to his home. Any other absence of an individual from the home shall not so disqualify an individual if the absence is of an infrequent or of relatively short duration. For purposes of the preceding sentence, any absence for the purpose of attending a religious service shall be deemed to be an absence of infrequent or short duration. It is expected that in most instances, absences from the home that occur will be for the purpose of receiving health care treatment. However, occasional absences from the home for nonmedical purposes, e.g., attendance at a family reunion, funeral or other infrequent or unique event would not necessitate a finding that the patient is not homebound if the absences are undertaken on an infrequent basis or are of relatively short duration and do not indicate that the patient has the capacity to obtain the health care provided outside rather than in the home.

4.0 The aged person who does not often travel from home because of feebleness and insecurity brought on by advanced age would not be considered confined to the home for purposes of receiving home health services unless they meet Criteria 1 and 2.

5.0 Members that meet the above criteria will be re-evaluated at least every 6-8 weeks or more frequently to determine if the need still exists and if the condition has resolved the member can receive the venipuncture for lab results at one of the Kaiser Permanente Medical Offices. If the reviewer feels it is appropriate consult the QRM Physician Reviewer.

6.0 If the member is appropriate to transition to receive in the outpatient setting rather than the home, the review nurse will generate a denial letter for continued home health services in the usual manner of all other denials. . In addition, referring physicians will be notified of the decision.

7.0 Members that do not meet the criteria on initial review will receive a denial letter for continued home health services in the usual manner of all other denials. In addition, referring physicians will be notified of the decision.

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VIEWS OF THE SOUTHEAST PERMANENTE MEDICAL GROUP

Home Health Services for venipuncture for blood draws, are covered for patients that meet the medical necessity criteria. Lack of Alternative Transportation Services DOES NOT create a Medical Necessity for Home Health Services.

QRM review to make sure patients remain eligible will occur every 8 weeks.

Patients who are receiving home labs will be required to have a telephone appointment with the provider ordering the labs at least every 6 months.

REFERENCES

The criterion outlined in this document is directly based on guidelines outlines by CMS and have been adopted by KPGA. Medicare Benefits Manual - 100-02 Medicare Benefit Policy Transmittal 172
http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R172BP.pdf

Approval

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