



Kaiser Permanente Southern California Home Venipuncture Services Utilization Management Criteria -Medicare

Principles

Kaiser Permanente Health Plan (KPHP) provides Home Venipuncture services when medically necessary.

Scope of Service

Home Venipuncture Services are covered for all Kaiser Permanente members when medically indicated.

Criteria for Home Venipuncture

Home Venipuncture Services are covered for all members when ALL of the following conditions are met:

1. The patient is considered "confined to the home"¹; An individual is considered confined to the home if he or she either:
 - a. because of illness or injury, needs the aid of supportive devices such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or the assistance of another person in order to leave their place of residence. OR
 - b. has a condition such that leaving his or her home is medically contraindicated.
2. An SCPMG physician or pharmacist has certified that the patient is confined to his/her home; AND
3. The patient has a normal inability to leave home, and leaving home requires a considerable and taxing effort; AND
4. Specimen collection requires the skills of a lab technician; AND
5. The residence is within the Health Plan service area.

NOTE: Home Venipuncture services are covered under the member's outpatient lab benefit. These are not Home Healthcare services.

¹ If the patient does leave the home, the patient may still be considered homebound if the absences from home are infrequent or for periods of 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:

- Attendance at adult day centers to receive medical care.

- Ongoing receipt of outpatient kidney dialysis; or
- Receipt of outpatient chemotherapy or radiation therapy

Any absence from the home to receive health care treatment, including regular absences for the purpose of participating in therapeutic, psychosocial, or medical treatment in an adult day-care program that is licensed or certified by the State, does not disqualify an individual from being considered confined to the home, nor do short absences from home to attend religious services or for infrequent special occasions.

Approving Bodies

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Utilization Management Steering Committee (UMSC)	11/21/2022, 8/28/2023, 08/26/2024

References

Centers for Medicare and Medicaid Services, Benefit Policy Manual, Chapter 15, Section 60.4.1

Covered Medical and Other Health Services, Rev. 194, 09-03-2014