



Kaiser Permanente Southern California Home Venipuncture Services Utilization Management Criteria - Medi-Cal, Including Members Under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit Under the Age of 21

Principles

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

Kaiser Foundation Health Plan, Inc. covers Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services, as required by law for Medi-Cal Managed Care Plan (MCP) members under 21, when determined to be medically necessary based upon the standards set forth in federal Medicaid law for EPSDT (Title 42 of the USC Section 1396(r)(6)) and the member's current clinical condition. The EPSDT medically necessity criteria indicate services must be covered to correct or ameliorate defects and physical and mental illnesses or conditions. Services must also be provided when medically necessary to prevent disease, disability, and other health conditions or their progression, to prolong life, and to promote physical and mental health and efficiency.

Service/s need not cure a condition in order to be covered under EPSDT. Services that maintain or improve the child's current health condition are also covered under EPSDT because they "ameliorate" a condition. Maintenance services are defined as services that sustain or support rather than those that cure or improve health problems. Services are covered when they prevent a condition from worsening or prevent development of additional health problems. The common definition of "ameliorate" is to "make more tolerable." Additional services must be provided if determined to be medically necessary for an individual child.

Medical necessity decisions are individualized. Flat limits or hard limits based on a monetary cap or budgetary constraints are not consistent with EPSDT requirements. Therefore, MCPs are prohibited from imposing service limitations on any EPSDT benefit other than medical necessity. The determination of whether a service is medically

necessary or a medical necessity for an individual child must be made on a case-by-case basis, taking into account the particular needs of the child.

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

Subject Matter Expert: Menyea Baker,	11/10/2022, 8/28/2023,
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RN Southern California Home Health Care Services Regional Leader for Clinical and Quality	08/26/2024
John Brookey, MD William Cory, MD SCAL Health Plan UM Physician Advisors	11/21/2022, 8/28/2023, 08/26/2024
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