



In-Home Blood Collection (POC 5)

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Purpose

This policy provides direction on the approval of venipuncture services (blood collection).

Policy

General

1. Venipuncture is the process of puncturing a vein to obtain a sample of venous blood. Venipuncture may be deemed medically necessary for a

number of reasons including, but not limited to, the following:

- a. Assisting in the diagnosis of a medical condition;
- b. Investigating a known medical condition;
- c. Establishing a baseline in order to investigate the effects of planned medical treatment; or
- d. Evaluating medical treatment.

2. Venipuncture is normally performed in a hospital, laboratory, or clinic setting. In exceptional circumstances, it may be necessary to perform venipuncture in a client's home. In these cases, VAC may cover the costs associated with venipuncture performed at a client's home when certain criteria are met (as noted in paragraph 4 below).

Eligibility

3. Benefits are available in accordance with the eligibility criteria outlined in [Eligibility for Health Care Programs – Eligible Client Groups](#), and the specifications set out in the VAC benefit grids and/or other Departmental guidelines/directives.

Approval Criteria

4. The following principles apply:
 - a. For A-line clients: The need for the service must be for a disability benefits entitled condition.
 - b. For B-line clients: Venipuncture is normally a provincially/territorially insured service. Approval for this benefit should not be granted when coverage for venipuncture is available to the client as an insured provincial/territorial health service.
5. The costs associated with venipuncture performed at home should only be approved by VAC when it has been demonstrated to the satisfaction of the VAC approval authority that the client requires this service and is not able, due to health reasons, to access venipuncture services in a hospital or clinic.
6. Venipuncture performed in the home will normally only be covered by VAC when the service has been approved prior to service delivery.

Approval Authority

7. The designated approval authority is as indicated in the business process associated with this policy.

Provider Criteria

8. Payment may be made for venipuncture services when they are performed by:
 - a. a licensed Medical Doctor (MD) or a Registered Nurse (RN); or
 - b. a Registered Medical Laboratory Technologist (MLT). When there is no provincial or territorial regulation regarding MLTs in the province where the venipuncture is being provided, VAC may approve a provider who belongs to an approved national professional association; or
 - c. a Registered Medical Laboratory Technician.
9. The person who performs the venipuncture is expected to be responsible for transporting the blood to its destination. No exceptions will be made for this provision except as described in those transitional provisions as per paragraph 10 below.

Transitional Provision

10. In order to ensure a continuum of service to existing clients, transitional provisions shall be developed through business processes and/or program directives regarding those existing approved providers who would fail to meet the criteria noted in paragraphs 8 and 9 above.

Approval Limits

11. Payment for venipuncture services will be made at a rate established in accordance with Section 5 of the *Veterans Health Care Regulations*.
12. The number of occurrences that shall be approved will normally be in accordance with what has been indicated by the attending physician who should attest to the frequency and duration that the venipuncture services shall be required.

Long Term Care Facilities

13. Venipuncture services will be funded for VAC clients in a Long Term Care (LTC) facility only when it is not:
 - a. an insured services under a provincial health care system; or
 - b. supplied by the facility as part of the contractual arrangement for clients in contract beds.
14. If it has been established that VAC will cover the cost of venipuncture services in a given LTC facility, approval for this service will be in accordance with the provisions of this policy. Payment for the service will not exceed that charged to non-VAC clients in the same facility.

References

[*Veterans Health Care Regulations*](#), sections 4, 5

[Eligibility for Health Care Programs – Eligible Client Groups](#)