

<i>Blood Center Use only</i>	
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Therapeutic Phlebotomy Department
Time Square, 660 SW 39th Street, Suite 245, Renton, WA 98057
(800) 266-4033 or (425) 453-5098 Fax (425) 251-1977
Email: therapeuticphlebotomy@bloodworksnw.org

**Therapeutic Phlebotomy Order Form -
Hemochromatosis Maintenance**

The following must be submitted before the patient may be scheduled

- Therapeutic Phlebotomy Order Form**
An ICD10 code must be on the order corresponding to a condition for which Therapeutic Phlebotomy is deemed by Bloodworks to be medically necessary treatment (see attached list).
Orders with ICD10 codes not pre-approved by Bloodworks as associated with medical necessity must be accompanied by a written rationale for treatment by Therapeutic Phlebotomy. The patient will not be scheduled until the Bloodworks Medical Staff has reviewed and concurs with medical necessity
- Supporting laboratory test results, patient records. A written rationale of medical necessity must be submitted when any non-standard treatment protocols are requested.**

Examples of required supporting documentation:

First time treatment at Bloodworks

- Medical necessity form accompanied by laboratory reports or other documentation of clinical iron overloading establishing medical necessity must accompany the orders (typically fasting transferrin >45% more than once)**
Frequent phlebotomy (>12 times a year; orders expire every 3 months)
Maintenance phase (≤12 times a year; orders expire every 12 months)

- Maintenance Phase Order Form accompanied by laboratory reports for ferritin monitoring over the preceding year**

Non-standard phlebotomy protocols including:

- Phlebotomy treatment if HCT <33% (chelation is considered treatment of choice)**
- Frequent phlebotomy for more than 1 year**
- Maintenance phase treatment where HCT is below the reference interval**

- Written explanation of the rationale for non-standard treatment must be submitted for Bloodworks Medical Staff review and approval before the patient can be scheduled.**

Please submit the completed Therapeutic Packets to the Therapeutic Phlebotomy Department by Fax or Mail.

