

**University of North Carolina Hospitals
Chapel Hill, North Carolina 27514**

THERAPEUTIC PHLEBOTOMY ORDER

MIM# 1054

Medicare will only pay for services that it determines to be reasonable and necessary under section 1862 (a) (1) of the Medicare Law. When ordering tests for which Medicare reimbursement will be sought, physicians should order only those individual tests that are necessary for the diagnosis and treatment of a patient, rather than for screening purposes.

Date:	Time:					
<p>1. Perform therapeutic phlebotomy. Remove _____ mL of whole blood. Repeat phlebotomy every _____ if Hemoglobin \geq _____.</p> <p>2. Goal of therapeutic phlebotomy _____.</p> <p>3. <input type="checkbox"/> No fluid replacement. <input type="checkbox"/> Administer Normal saline 500 mL IV x 1.</p> <p>4. Please draw the following lab work pre-phlebotomy or every _____ (Fingerstick hemoglobin performed prior to each phlebotomy).</p> <p style="padding-left: 40px;"><input type="checkbox"/> COMPLETE BLOOD COUNT (CBC) <input type="checkbox"/> OTHER</p> <p style="padding-left: 40px;"><input type="checkbox"/> FERRITIN</p> <p style="padding-left: 40px;"><input type="checkbox"/> IRON PROFILE (includes iron, transferrin, Total Iron Binding Capacity, and % saturation)</p> <p>5. History and Physical required every 12 months. Date of last History and Physical _____. Attach copy if not available on UNC WEBCIS.</p>						
Diagnosis: (you must check one)						
<input type="checkbox"/> Hemochromatosis 275.0	<input type="checkbox"/> Polycythemia primary 238.4					
<input type="checkbox"/> Hemochromatosis with refractory anemia 238.72	<input type="checkbox"/> Polycythemia acquired 289.0					
<input type="checkbox"/> Porphyria cutanea tarda 277.1	<input type="checkbox"/> Polycythemia familial 289.6					
<input type="checkbox"/> Other:						
<p>I certify that these diagnosis codes support the tests ordered and are medically necessary.</p> <p>Please check one: <input type="checkbox"/> Elective: reasonable delay in treatment will not adversely affect the outcome. <input type="checkbox"/> Non-elective</p>						
Provider's signature	ID#	Date	Time	Pager	Transcribed By:	Checked By:
Transfusion Medicine Provider's signature	ID#	Date	Time	Pager	Transcribed By:	Checked By: