

Provider Communication

| | Interval | Defer Until | Duration |
|---|-------------|-------------|-----------------------|
| <input type="checkbox"/> Coverage Determination Considerations: Hemoglobin must be less than 10 g/dL (hematocrit less than 30%) and obtained within 14 days. Details | Every visit | S | Until discontinuation |

Labs

| | Interval | Defer Until | Duration |
|---|-------------|-------------|-----------------------|
| <input type="checkbox"/> Hemoglobin & hematocrit STAT, Status: Future, Expires: S+366, Clinic Collect | Every visit | S | Until discontinuation |
| <input type="checkbox"/> CBC with platelet and differential STAT, Status: Future, Expires: S+366, Clinic Collect | Every visit | S | Until discontinuation |
| <input type="checkbox"/> Iron level STAT, Status: Future, Expires: S+366, Clinic Collect | Every visit | S | Until discontinuation |
| <input type="checkbox"/> Total iron binding capacity STAT, Status: Future, Expires: S+366, Clinic Collect | Every visit | S | Until discontinuation |
| <input type="checkbox"/> Ferritin level STAT, Status: Future, Expires: S+366, Clinic Collect | Every visit | S | Until discontinuation |
| <input type="checkbox"/> Transferrin level STAT, Status: Future, Expires: S+366, Clinic Collect | Every visit | S | Until discontinuation |
| <input type="checkbox"/> Creatinine level STAT, Status: Future, Expires: S+366, Clinic Collect | Every visit | S | Until discontinuation |

Nursing Orders

| | Interval | Defer Until | Duration |
|--|-------------|-------------|-----------------------|
| <input type="checkbox"/> Ensure hemoglobin/hematocrit results have been obtained within 14 days. If not, please obtain. Details | Every visit | S | Until discontinuation |

Medications

| | Interval | Defer Until | Duration |
|---|----------|-------------|----------|
| <input type="checkbox"/> darbepoetin (ARANESP) injection solution subcutaneous, once, Starting S, For 1 Doses I acknowledge that my patient may be financially liable for the charges associated with the administration of this medication if their Hemoglobin is > 10 g/dL or Hematocrit is > 30%. Hemoglobin Goal (g/dL): Hematocrit Goal (%): | | | |