



External Policies

Manual: Reimbursement Policy

Policy Title: **Routine Venipuncture**

Section: Laboratory & Pathology

Subsection: None

Date of Origin: 1/1/2000

Policy Number: RPM012

Last Updated: 12/9/2011

Last Reviewed: 12/9/2011

IMPORTANT STATEMENT

The purpose of ODS Reimbursement Policy is to document payment policy for covered medical and surgical services and supplies. Health care providers (facilities, physicians and other professionals) are expected to exercise independent medical judgment in providing care to members. Reimbursement policy is not intended to impact care decisions or medical practice.

Providers are responsible for accurately, completely, and legibly documenting the services performed. The billing office is expected to submit claims for services rendered using valid codes from HIPAA-approved code sets. Claims should be coded appropriately according to industry standard coding guidelines (including but not limited to UB Editor, AMA, CPT, CPT Assistant, HCPCS, DRG guidelines, CMS' National Correct Coding Initiative (CCI) Policy Manual, CCI table edits and other CMS guidelines).

Benefit determinations will be based on the applicable member contract language. To the extent there are any conflicts between the ODS Reimbursement Policy and the member contract language, the member contract language will prevail, to the extent of any inconsistency. Fee determinations will be based on the applicable provider contract language and ODS reimbursement policy. To the extent there are any conflicts between Reimbursement Policy and the provider contract language, the provider contract language will prevail.

General Information

Venipuncture or phlebotomy is the puncture of a vein with a needle to withdraw blood. Venipuncture is the most common method used to obtain blood samples for blood or serum lab procedures, and is sometimes referred to as a "blood draw."

Collection of a capillary blood specimen (36416) or of venous blood from an existing access line or by venipuncture that does not require a physician's skill or a cutdown is considered "routine venipuncture."

Codes and Definitions

- 36415 Collection of venous blood by venipuncture
36416 Collection of capillary blood specimen (eg, finger, heel, ear stick)

Reimbursement Guidelines

Venipuncture is the method used in obtaining blood samples for blood or serum lab procedures. The work of obtaining the specimen sample is an essential part of performing the test. Reimbursement for the venipuncture is included in the reimbursement for the lab test procedure code.

CPT Code 36415

For ODS Advantage lines of business: 36415 is eligible for separate reimbursement, consistent with Original Medicare payment policy.

For all other lines of business: The following policies apply.

CPT 36415 is only eligible to be billed once, even when multiple specimens are drawn or when multiple sites are accessed in order to obtain an adequate specimen size for the desired test(s).

ODS does not allow separate reimbursement for CPT 36415 (venipuncture) when billed in conjunction with a blood or serum lab procedure performed on the same day and billed by the same provider (procedure codes in the 80048 - 89399 range). 36415 will be denied as a subset to the lab test procedure.

If some of the blood and/or serum lab procedures are performed by the provider and others are sent to an outside lab, CPT 36415 is not eligible for separate reimbursement.

Modifier 90 (reference laboratory) will not bypass the subset edit. The outside laboratory that is actually performing the test will need to bill ODS directly in order for 36415 to be separately reimbursable to the provider performing the venipuncture to obtain the specimen for the outside laboratory.

The use of modifier 59 with 36415 when blood/serum lab tests are also billed is not a valid use of the modifier. The venipuncture is not a separate procedure in this situation.

ODS does allow separate reimbursement for CPT 36415 when the only other lab services billed for that date by that provider are for specimens not obtained by venipuncture (e.g. urinalysis).

CPT code 36416

CPT 36416 is designated as a status B code (bundled and never separately reimbursed) on the Physician Fee Schedule RBRVU file. ODS clinical edits will deny CPT code 36416 with explanation code WGO (*Service/supply is considered incidental and no separate payment can*

be made. Payment is always bundled into a related service), whether 36416 is billed with another code or as the sole service for that date. This edit is not eligible for a modifier bypass.

Note: Some ASO employer groups elect not to use the service package that contains this edit.

Cross References

None.

References & Resources

1. ODS system-supplied Clinical Editing Resource Guide.
2. CMS. Medicare Physician Fee Schedule Database.