

Policy Number: CGC - 1006	
Subject: Venipuncture code	
Impact: Reimbursement impacting code 36415	
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Policy: Venipuncture Code 36415

Purpose

The purpose of this Health 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. Claims should be coded appropriately according to industry standard coding guidelines (including, but not limited to, AMA, CPT, CPT Assistant, HCPCS, DRG guidelines, CMS' National Correct Coding Initiative (CCI) Policy Manual, CCI table edits, and other CMS guidelines).

When processing claims for contracted and non-contracted providers, WPS/Arise/Aspirus Arise follow industry standards relating to standard billing modifiers and coding practices. To the extent there are any conflicts between Reimbursement Policy/Provider Program and the provider contract language, the Provider Program will prevail.

Overview

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (CMS-1500) or its electronic equivalent. This policy applies to all Commercial Lines of Business and all network and non-network physicians and other qualified health care professionals.

Reimbursement Guidelines

CPT Code 36415

This policy details the circumstances in which we will or will not allow reimbursement of venipuncture.

WPS/Arise/Aspirus Arise considers venipuncture (36415) an incidental component of blood and/or serum lab procedures when the provider drawing the sample is the same provider or provider affiliate that is testing the specimen.

Venipuncture would be reimbursable when the specimen is sent to an outside reference or independent lab for analysis.

Venipuncture billed with modifiers XS, XP, XE, XU, or 59 are not a valid use of these modifier(s), if billed with laboratory procedures. It will not be separately reimbursed.

- See our Status B Codes reimbursement policy for collection of capillary blood specimen 36416 and handling fees 99000 and 99001

