

Coding Policy Policy and Procedure		
SUBJECT: Coding Policy 18.0 Venipuncture (CPT Codes 36415 and 36416)	DEPARTMENT: Coding Compliance	
ORIGINAL EFFECTIVE DATE: 1/1/2001	DATE(S) REVIEWED/REVISED: 03/02, 1/03, 3/04, 1/05, 1/06, 01/07, 1/08, 01/09, 01/10, 01/11, 4/11, 01/12, 01/13, 01/14, 01/15, 01/16, 01/17, 01/18, 1/19, 01/20, 01/21	
APPROVED BY: Coding Policy Review Committee	NUMBER: MC 18.0	PAGE: 1 of 2

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

Providence Health Plan Participating Practitioners
 Non-Participating Practitioners
 All Lines of Business

POLICY:

Company will provide reimbursement for collection of venous blood by venipuncture (CPT code 36415). Only one collection fee is allowed per member encounter.

Company will provide reimbursement for collection of venous blood by venipuncture or collection of urine sample by catheterization from an individual in a skilled nursing facility (SNF) or by a laboratory on behalf of a home health agency (HHA) (HCPCS code G0471) for dates of service on or after 1/1/2015. Only one collection fee is allowed per member encounter.

HCPCS code G0471 may not be reported on the same date as CPT code 36415 (Collection of venous blood by venipuncture) or HCPCS code P9612 (Catheterization for collection of specimen, single patient, all places of service).

CPT code 36416 “Collection of capillary blood specimen (e.g., finger, heel, ear stick)” will not be considered for payment.

PROCEDURE:

- A flat rate of \$3.00 will be paid for CPT code 36415 unless a different rate is specified in the provider’s contract.
- A flat rate of \$3.00 will be paid for CPT code 36415 billed by providers who are paid for laboratory services based on Medicare’s fee schedule for laboratory services, even if all other services for that provider are paid at a percent of billed charges.
- A flat rate of \$3.00 will be paid for CPT code 36415 billed by **non-participating providers** for Medicare and OHP members.
- HCPCS code G0471 will be paid using the lab fee schedule reimbursement specified in provider contracts.
- CPT code 36416 will deny as provider responsibility per Providence Health Plan Coding Policy 13.0 (Bundled or Adjunct Services).

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REFERENCE:

CMS/Medicare Rules and Regulations
Current Procedural Terminology (CPT)
Providence Health Plan Coding Edits