

Reimbursement Policy

Venipuncture

REIMBURSEMENT POLICY NUMBER: 21

Effective Date: 8/1/2025

Last Review Date: 7/2025

Next Annual Review: 7/2026

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INSTRUCTIONS FOR USE: Company reimbursement policies serve as guidance for the administration of plan benefits. Reimbursement policies do not constitute medical advice nor a guarantee of coverage. Company reimbursement policies are reviewed annually. The Companies reserve the right to determine the application of reimbursement policies and make revisions to reimbursement policies at any time. The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Reimbursement Policy will be resolved in favor of the coverage agreement.

SCOPE AND APPLICATION

Provider Type:

- ☒ Providence Health Plan Participating Providers
- ☒ Non-Participating Providers

Plan Product:

- ☒ Commercial
- ☒ Medicare
- ☒ Medicaid/Oregon Health Plan (OHP)

POLICY STATEMENT

NOTES:

- Provider contract language applies and may vary.
- This policy applies to **CPT 36415 and HCPCS G0471** only. It does **not** apply to **CPT 36416** (*Collection of capillary blood specimen (eg, finger, heel, ear stick)*), which is addressed in a

SCOPE: Providence Health Plan, Providence Health Assurance, and Providence Plan Partners as applicable (referred to individually as "Company" and collectively as "Companies").

Coding Policy for bundled services (see Cross References).

- Centers for Medicare and Medicaid Services (CMS) National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits also apply.
- I. A flat rate of \$3.00 will be paid for CPT code 36415 unless a different rate is specified in the provider's contract. This includes claims 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.
- II. A flat rate of \$3.00 will be paid for CPT code 36415 billed by non-participating providers for Medicare and OHP/Medicaid members.
- III. HCPCS code G0471 will be paid using the lab fee schedule reimbursement specified in provider contracts.

POLICY GUIDELINES

BACKGROUND

Specific codes are available to describe specimen collection. The code selected is based on method of collection, as well as who has performed the collection. Medicare requires a “trained technician” to personally draw the specimen. The term “trained technician” refers to staff providing specimen collection services, and can include a phlebotomist.^{1,2}

CPT code 36415 is defined as:

Collection of venous blood by venipuncture

This code is intended to describe the process of inserting a needle into a vein for collection of a blood sample.

HCPCS code G0471 is defined as:

Collection of venous blood by venipuncture or 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)

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

As of 6/24/2025, the following Centers for Medicare & Medicaid (CMS) guidance was identified which addresses appropriate use of CPT code 36415:

- Centers for Medicare & Medicaid Services (CMS). Medicare Claims Processing Manual, Chapter 16 - Laboratory Services, §§ 60.1.2 - Coding Requirements for Specimen Collection **and** 60.1.4 - Coding Requirements for Specimen Collection

- Noridian Healthcare Solutions Jurisdiction F (Noridian J-F) web page for *Venipuncture Requirements - CPT 36410 vs. 36415*

The above policy statements are consistent with the CMS guidance regarding 36415 and G0471.

BILLING AND CODING GUIDELINES

CPT code 36415 should be used for all **routine** venipuncture specimen collections.³

Regardless of CPT billed and specimens drawn, only one collection fee is allowed for each patient encounter.³

CROSS REFERENCES

- [Bundled or Adjunct Services](#), CP13

The full Company portfolio of current Reimbursement Policies is available online and can be [accessed here](#).

REFERENCES

1. Centers for Medicare & Medicaid Services (CMS). Medicare Claims Processing Manual, Chapter 16 - Laboratory Services, §60.1.2 - Coding Requirements for Specimen Collection. 23 Jan 2023. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c16.pdf>. Accessed 6/24/2025.
2. Centers for Medicare & Medicaid Services (CMS). Medicare Claims Processing Manual, Chapter 16 - Laboratory Services, §60.1.4 - Coding Requirements for Specimen Collection. 1 Dec 2014. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c16.pdf>. Accessed 6/24/2025.
3. Noridian Healthcare Solutions Jurisdiction F (Noridian J-F). *Venipuncture Requirements - CPT 36410 vs. 36415*. 22 Jun 2023. <https://med.noridianmedicare.com/web/jfa/article-detail/-/view/10521/venipuncture-requirements-cpt-36410-vs.-36415>. Accessed 6/24/2025.

POLICY REVISION HISTORY

Date	Revision Summary
8/2025	New Reimbursement Policy (previously Coding Policy 18.0, <i>Venipuncture</i>)