



VENIPUNCTURE AND/OR COLLECTION OF SPECIMENS

Policy # 78

Implementation Date: 1/1/10

Review Dates:

Revision Dates: 4/5/19

Disclaimer:

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial, Select Health Advantage (Medicare/CMS), and Select Health Community Care (Medicaid/CHIP) plans. Refer to the "Policy" section for more information.

Description

Venipuncture is the puncture of a vein as part of a medical procedure to withdraw a blood sample for laboratory procedures. CPT codes 36415 and 36416 are an essential part of performing the laboratory test. Reimbursement for the collection of blood by venipuncture or capillary stick is included in the reimbursement for the laboratory test.

COMMERCIAL PLAN POLICY AND CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)

Select Health **will not reimburse separately for CPT code 36415 when billed together with a blood or serum lab procedure performed on the same day and billed by the same provider. CPT code 36415 will be denied as a subset to the lab procedure.**

Select Health **will not reimburse** code 36416 as this is considered a B status code.

SELECT HEALTH ADVANTAGE (MEDICARE/CMS)

Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, and InterQual criteria are not available, the **Select Health Commercial policy applies**. For the most up-to-date Medicare policies and coverage, please visit their search website: <https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from2=search1.asp&%20or%20the%20manual%20website>

SELECT HEALTH COMMUNITY CARE (MEDICAID)

Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the **Select Health Commercial criteria will apply**. For the most up-to-date Medicaid policies and coverage, please visit their website: <https://medicaid.utah.gov/accept>

Applicable Codes

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

Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate healthcare providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Select Health® makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. Select Health updates its Coverage Policies regularly, and reserves the right to amend these policies without notice to healthcare providers or Select Health members.

Members may contact Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call Select Health Provider Relations at (801) 442-3692.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Select Health.

"Intermountain Healthcare" and its accompanying logo, the marks of "Select Health" and its accompanying marks are protected and registered trademarks of the provider of this Service and or Intermountain Health Care, Inc., IHC Health Services, Inc., and Select Health, Inc. Also, the content of this Service is proprietary and is protected by copyright. You may access the copyrighted content of this Service only for purposes set forth in these Conditions of Use.

© CPT Only – American Medical Association