



Billing and Reimbursement Guideline: Venipuncture and Specimen Handling Reimbursement Policy

Guideline Publication Date: September 1, 2010

Key coding, documentation and reimbursement points include:

- This guideline applies to both CMS-1500 and UB-92 claim submissions.
- Venipuncture (CPT 36415-36416) is not paid separately when billed with anesthesia or laboratory tests performed on the same day. Venipuncture is considered incidental to the primary procedure performed.
- Multiple occurrences in the same session, when reimbursable, are paid as a single procedure.
- A provider is entitled to reimbursement if the collection is performed and sent to an outside laboratory for processing and does not bill for any related laboratory services on the same day.
- Neighborhood does not separately reimburse for specimen transport (codes 99000-99001 and P9603-P9604).
- This guideline applies to both CMS-1500 and UB-92 claim submissions.
- This guideline applies to all places of service.

Please refer to Neighborhood's provider website at <http://www.nhpri.org> for specific provisions by product line.

This guideline is not a guarantee of reimbursement. Plan coverage, eligibility and claim payment edit rules may apply.

Version History

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Format change, minor edits, deleted code P9605
