Lab: Blood Draws

Benefit Policy Statement:
HealthyCT pays for blood draws under certain circumstances

Benefit Policy Guidelines:
The following codes are covered with limitations:

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Definition</th>
<th>Payment Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>36415</td>
<td>Collection of venous blood by venipuncture</td>
<td>CPT 36415 is only eligible to be billed once, even when multiple specimens are drawn or when multiple sites are accessed in order to obtain an adequate specimen size for the desired test(s). Not allowed when billed in conjunction with a blood or serum lab procedure performed on the same day and billed by the same provider (procedure codes in the 80048 - 89399 range) Allowed for separate reimbursement when the only other lab services billed for that date by that provider are for specimens not obtained by venipuncture (e.g. urinalysis). If some of the blood and/or serum lab procedures are performed by the provider and others are sent to an outside lab, CPT 36415 is not eligible for separate reimbursement.</td>
</tr>
<tr>
<td>36416</td>
<td>Collection of capillary blood specimen (e.g., finger, heel, ear stick)</td>
<td>Bundled and never separately reimbursed. Not eligible for a modifier bypass.</td>
</tr>
<tr>
<td>36591</td>
<td>Collection of blood specimen from a completely implantable venous access device</td>
<td>Only paid if there are no other services payable under the physician fee schedule billed on the same date by the same provider. If any other services payable under the physician fee schedule are billed on the same date by the same provider, these services are bundled into the physician services for which payment is made. Not eligible for a modifier bypass</td>
</tr>
<tr>
<td>36592</td>
<td>Collection of blood specimen using established central or peripheral</td>
<td>Only paid if there are no other services payable under the physician fee schedule billed on the same date by the same provider. If any other services payable under the physician fee schedule are billed on the same date by the same provider, these services are bundled into the physician services for which payment is made. Not eligible for a modifier bypass</td>
</tr>
</tbody>
</table>

Proprietary and Confidential
Benefit Payment Guidelines are developed by HealthyCT to assist in administering plan benefits and constitute neither offers of coverage nor medical advice. This Guideline may contain only a partial, general description of plan or program benefits and does not constitute a contract. This Guideline may be updated and therefore is subject to change.

Blood Draw Benefit Payment Guideline 2016
<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Definition</th>
<th>Payment Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>catheter, venous, not otherwise specified</td>
<td>schedule are billed on the same date by the same provider, these services are bundled into the physician services for which payment is made.”</td>
</tr>
<tr>
<td>99000</td>
<td>Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory</td>
<td>Bundled and never separately reimbursed</td>
</tr>
<tr>
<td>99001</td>
<td>Handling and/or conveyance of specimen for transfer from the patient in other than a physician's office to a laboratory (distance may be indicated)</td>
<td>Bundled and never separately reimbursed</td>
</tr>
</tbody>
</table>

**Note:**

*Date of Service:* Using the blood draw date as the date of service for the test is the industry standard and normal practice. The test procedure itself may span across multiple days or a single blood draw will have vials sent to multiple labs for processing. Claims are to be paid if the blood draw date of service is during the member’s eligibility period.

**LOB:**

Commercial – On exchange and off exchange
- Large group
- Small group
- Individual

**Examples of Claim Adjudication Scenarios:**

Three specimens are drawn at the provider’s office and sent to the lab for processing. Provider bills CPT code 36415 x 3 units. One unit of CPT code 36415 will be reimbursed per date of service.

Member comes to the office for a physician visit and has blood drawn for Coumadin level. Specimen is sent to the lab for processing. Provider bills CPT codes 99213, 36415, 85610 and 99000. No reimbursement will be made on CPT codes 86510 & 99000.

**Member Cost-Sharing: Copay/Deductible according to benefit summary**

According to the member’s benefit plan
Provider Guidelines:
Per the grid above

Exclusions/Limitations:
Per grid above

References:
CCI edits

Document History

| April 2016 | Initial Version |

Proprietary and Confidential
Benefit Payment Guidelines are developed by HealthyCT to assist in administering plan benefits and constitute neither offers of coverage nor medical advice. This Guideline may contain only a partial, general description of plan or program benefits and does not constitute a contract. This Guideline may be updated and therefore is subject to change.