

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: MRP- 003
Subject: Collection and Handling of Specimens
Effective Date: November 17, 2021 **End Date:**
Issue Date: September 1, 2022 **Revised Date:** August 2022
Date Reviewed: August 2022
Source: Reimbursement Policy

Applicable Commercial Market	PA	<input type="checkbox"/>	WV	<input type="checkbox"/>	DE	<input type="checkbox"/>	NY	<input type="checkbox"/>
Applicable Medicare Advantage Market	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
Applicable Claim Type	UB	<input checked="" type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

PURPOSE:

Specimen collection for laboratory testing includes venipuncture, skin puncture, and catheterization.

REIMBURSEMENT GUIDELINES:

Separate charges made by physicians, independent laboratories, or hospital laboratories for drawing or collecting specimens should be allowed whether the specimens are referred to physicians or other laboratories for testing.

Payment should not be made for the following:

- Professionals who have not extracted the specimen from the patient.
- Multiple collections fees for the same patient encounter done by venipuncture and/or catheterization.
- Routine handling charges where a specimen is referred by one laboratory to another.
- Blood samples where the cost of collecting the specimen is minimal such as a routine capillary puncture for clotting or bleeding time.

Note: Capillary puncture is included in the payment for the evaluation and management service or the performed laboratory test.

When a series of specimens are required to complete a single test, the series is treated as a single encounter.

A specimen collection fee and travel allowance are covered for a laboratory technician to draw a specimen from either a nursing home patient or homebound patient.

CODE	DESCRIPTION
P9603	TRAVEL ALLOWANCE ONE WAY IN CONNECTION WITH MEDICALLY NECESSARY LABORATORY SPECIMEN COLLECTION DRAWN FROM HOME BOUND OR NURSING HOME BOUND PATIENT; PRORATED MILES ACTUALLY TRAVELED
P9604	TRAVEL ALLOWANCE ONE WAY IN CONNECTION WITH MEDICALLY NECESSARY LABORATORY SPECIMEN COLLECTION DRAWN FROM HOME BOUND OR NURSING HOME BOUND PATIENT; PRORATED TRIP CHARGE
P9612	CATHETERIZATION FOR COLLECTION OF SPECIMEN, SINGLE PATIENT, ALL PLACES OF SERVICE
P9615	CATHETERIZATION FOR COLLECTION OF (URINE) SPECIMEN(S),(MULTIPLE) PATIENTS
S9529	ROUTINE VENIPUNCTURE FOR COLLECTION OF SPECIMEN(S), SINGLE HOME BOUND, NURSING HOME, OR SKILLED NURSING FACILITY PATIENT
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE

Note: Reimbursement of a travel allowance is made only if a specimen collection fee is also payable.

Travel Allowances will not be reimbursed under the following circumstances:

- Lab personnel performs messenger service and picks up specimens drawn by other personnel.
- Travel allowance may not be reimbursed to a physician unless the trip to the home or nursing home was solely for the purpose of drawing a specimen.

A member will be considered homebound if he/she has a condition due to an illness or injury which restricts their ability to leave their place of residence except with the aid of supportive devices (e.g., crutches, canes, wheelchairs, and walkers), special transportation or the assistance of another person, or if they have a condition which medically contraindicates them leaving home. The aged person who does not often travel from their home because of feebleness or insecurity brought on by advanced age is not considered homebound.

RELATED HIGHMARK POLICIES:

Refer to the following Reimbursement Policies for additional information:

- RP-045 Purchased Services

REFERENCES:

- CMS Internet Online Manual Pub. 100-04 Chapter 16, Sections 10, 20, 30, 40, 50, 60, 80.4, 90, 100, 110
- CMS Internet Online Manual Pub. 100-04 Chapter 23, Section 40

- CMS Internet online Manual Pub. 100-02 Chapter 7, Section 30
- Title XVIII of the Social Security Act, Section 1862(a)(7), (a)(1)(A)
- Title XVIII of the Social Security Act, Section 1833(e)

POLICY UPDATE HISTORY INFORMATION:

11 / 2021	Implementation
3 / 2022	Updated policy header
9 / 2022	Added Delaware Med Advantage applicable to the policy direction

Highmark Reimbursement Policy Bulletin



Bulletin Number: MRP- 003
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Effective Date: November 17, 2021 **End Date:**
Issue Date: March 14, 2022 **Revised Date:** March, 2022
Date Reviewed: March, 2022
Source: Reimbursement Policy

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<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c16.pdf>

CMS Internet Online Manual Pub. 100-04 Chapter 23, Section 40.

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c23.pdf>

CMS Internet online Manual Pub. 100-02 Chapter 7, Section 30.

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf>

Title XVIII of the Social Security Act, Section 1862(a)(7), (a)(1)(A)

https://www.ssa.gov/OP_Home/ssact/title18/1862.htm

Title XVIII of the Social Security Act, Section 1833(e)

https://www.ssa.gov/OP_Home/ssact/title18/1833.htm

POLICY UPDATE HISTORY INFORMATION:

November / 2021	Implementation
March / 2022	Changed Policy Header