

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-047

**Subject:** Venipuncture and Lab Services

**Effective Date:** May 6, 2019

**End Date:**

**Issue Date:** August 4, 2025

**Revised Date:** August 2025

**Date Reviewed:** April 2025

**Source:** Reimbursement Policy

**Applicable Commercial Market**

PA ☒ WV ☒ DE ☒ NY ☒

**Applicable Medicare Advantage Market**

PA ☒ WV ☒ DE ☒ NY ☒

**Applicable Claim Type**

UB ☒ 1500 ☒

➔ 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.

## PURPOSE:

This policy addresses coverage guidelines for venipuncture services when billed in conjunction with laboratory services for Professional and Outpatient Facility Claims. These reimbursement guidelines do not apply to inpatient venipuncture.

## COMMERCIAL REIMBURSEMENT GUIDELINES:

Venipuncture and other central venous access for the collection of specimens are considered incidental to the blood or serum laboratory service. Separate reimbursement is not permitted.

The Plan will reimburse providers for venipuncture when the specimen is sent to a lab outside the provider's office/facility, and the clinical lab test is billed by the external lab. However, if the clinical lab test is performed in the practitioner's office and the practitioner bills for the laboratory test, an additional charge for venipuncture will not be separately reimbursed, as the venipuncture charge is considered incidental to the blood or serum lab service.

The Plan will not reimburse venipuncture (blood draws) when billed with another blood or serum lab service on the same date of service, by the same provider, for the same patient. The venipuncture is considered incidental to the lab test and is not eligible for separate reimbursement.

If some of the blood and/or serum lab procedures are performed by the provider, and other procedures are sent to an external lab, the venipuncture is not eligible for separate reimbursement.

The use of modifiers XS, XP, XE, XU, 59, 90 or 91 when lab tests are billed on the same date of service is not a valid use of the modifier. The venipuncture is not a separate procedure and is considered incidental to the blood or serum laboratory procedure.

#### Examples of Venipuncture Billing:

- Practitioner performs venipuncture and sends the specimen to an outside laboratory for testing. No testing of that sample is performed in the practitioner's office. Venipuncture will be reimbursed to the practitioner.
- Practitioner performs venipuncture in the office and the specimen is tested in the practitioner's office. Venipuncture will not be reimbursed to the practitioner.
- Outpatient facility performs venipuncture and sends the specimen to an outside laboratory for testing. No testing of that sample is performed in the facility. Venipuncture will be reimbursed to the practitioner.
- Outpatient facility or independent laboratory performs venipuncture and the specimen is tested within the same facility or independent laboratory. Venipuncture will not be reimbursed to the outpatient facility or independent laboratory.

Applicable Venipuncture Codes: 36400 36405 36406 36420 36425 36410 36415 36416 S9529

#### MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

**Note:** The direction below only applies to Medicare Advantage Professional (1500) claims

The Plan will allow reimbursement for eligible specimen collection if the specimen was collected by a trained laboratory technician and collected from a homebound patient, independent laboratory, or non-hospital inpatient setting (when no qualified personnel are available at the facility to collect the specimen).

Applicable Place of Service (POS): 10, 12, 13, 14, 19, 24, 31, 32, 33, 50, 72, 81

Applicable Venipuncture Code: 36415

#### RELATED POLICIES:

Refer to the following Reimbursement Policies for additional information:

- RP-041: Services Not Separately Reimbursed

#### POLICY UPDATE HISTORY INFORMATION:

5 / 2019	Implementation
10 / 2020	Removed codes 36591 and 36952
11 / 2021	Added New York region applicable to the policy
4 / 2023	Policy reviewed no changes were made
8 / 2025	Policy applicable to Medicare Advantage professional claims

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-047

**Subject:** Venipuncture and Lab Services

**Effective Date:** May 6, 2019

**End Date:**

**Issue Date:** April 3, 2023

**Revised Date:** April 2023

**Date Reviewed:** March 2023

**Source:** Reimbursement Policy

**Applicable Commercial Market**

PA ☒ WV ☒ DE ☒ NY ☒

**Applicable Medicare Advantage Market**

PA ☐ WV ☐ DE ☐ NY ☐

**Applicable Claim Type**

UB ☒ 1500 ☒

➔ 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:

This policy addresses coverage guidelines for venipuncture services when billed in conjunction with laboratory services for Professional and Outpatient Facility Claims. These reimbursement guidelines do not apply to inpatient venipuncture.

## REIMBURSEMENT GUIDELINES:

Venipuncture and other central venous access for the collection of specimens are considered incidental to the blood or serum laboratory service. Separate reimbursement is not permitted.

Highmark will reimburse providers for venipuncture when the specimen is sent to a lab outside the provider's office/facility, and the clinical lab test is billed by the external lab. However, if the clinical lab test is performed in the practitioner's office and the practitioner bills for the laboratory test, an additional charge for venipuncture will not be separately reimbursed, as the venipuncture charge is considered incidental to the blood or serum lab service.

Highmark will not reimburse venipuncture (blood draws) when billed with another blood or serum lab service on the same date of service, by the same provider, for the same patient. The venipuncture is considered incidental to the lab test and is not eligible for separate reimbursement.

If some of the blood and/or serum lab procedures are performed by the provider, and other procedures are sent to an external lab, the venipuncture is not eligible for separate reimbursement.

The use of modifiers XS, XP, XE, XU, 59, 90 or 91 when lab tests are billed on the same date of service is not a valid use of the modifier. The venipuncture is not a separate procedure and is considered incidental to the blood or serum laboratory procedure.

#### Examples of Venipuncture Billing:

- Practitioner performs venipuncture and sends the specimen to an outside laboratory for testing. No testing of that sample is performed in the practitioner's office. Venipuncture will be reimbursed to the practitioner.
- Practitioner performs venipuncture in the office and the specimen is tested in the practitioner's office. Venipuncture will not be reimbursed to the practitioner.
- Outpatient facility performs venipuncture and sends the specimen to an outside laboratory for testing. No testing of that sample is performed in the facility. Venipuncture will be reimbursed to the practitioner.
- Outpatient facility or independent laboratory performs venipuncture and the specimen is tested within the same facility or independent laboratory. Venipuncture will not be reimbursed to the outpatient facility or independent laboratory.

#### Applicable Venipuncture Codes:

36400 36405 36406 36420 36425 36410 36415 36416 S9529

#### **RELATED HIGHMARK POLICIES:**

Refer to the following Reimbursement Policies for additional information:

- RP-041: Services Not Separately Reimbursed

Refer to the following Commercial Medical Policies for additional information:

- L-2: Collection of Specimens

#### **POLICY UPDATE HISTORY INFORMATION:**

05 / 2019	Implementation
10 / 2020	Removed codes 36591 and 36952
11 / 2021	Added NY region applicable to the policy
4 / 2023	Policy reviewed no changes were made

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-047  
**Subject:** Venipuncture and Lab Services  
**Effective Date:** May 6, 2019  
**Issue Date:** November 1, 2021  
**Date Reviewed:** July 2021  
**Source:** Reimbursement Policy

**End Date:**  
**Revised Date:** July 2021

**Applicable Commercial Market**  
**Applicable Medicare Advantage Market**  
**Applicable Claim Type**

PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
PA	<input type="checkbox"/>	WV	<input type="checkbox"/>	DE	<input type="checkbox"/>	NY	<input type="checkbox"/>
UB	<input checked="" type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

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:

This policy addresses coverage guidelines for venipuncture services when billed in conjunction with laboratory services for Professional and Outpatient Facility Claims. These reimbursement guidelines do not apply to inpatient venipuncture.

## REIMBURSEMENT GUIDELINES:

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Highmark will reimburse providers for venipuncture when the specimen is sent to a lab outside the provider's office/facility, and the clinical lab test is billed by the external lab. However, if the clinical lab test is performed in the practitioner's office and the practitioner bills for the laboratory test, an additional charge for venipuncture will not be separately reimbursed, as the venipuncture charge is considered incidental to the blood or serum lab service.

Highmark will not reimburse venipuncture (blood draws) when billed with another blood or serum lab service on the same date of service, by the same provider, for the same patient. The venipuncture is considered incidental to the lab test and is not eligible for separate reimbursement.

If some of the blood and/or serum lab procedures are performed by the provider, and other procedures are sent to an external lab, the venipuncture is not eligible for separate reimbursement.

The use of modifiers XS, XP, XE, XU, 59, 90 or 91 when lab tests are billed on the same date of service is not a valid use of the modifier. The venipuncture is not a separate procedure and is considered incidental to the blood or serum laboratory procedure.

#### Examples of Venipuncture Billing:

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- Outpatient facility or independent laboratory performs venipuncture and the specimen is tested within the same facility or independent laboratory. Venipuncture will not be reimbursed to the outpatient facility or independent laboratory.

#### Applicable Venipuncture Codes:

36400 36405 36406 36420 36425 36410 36415 36416 S9529

#### **RELATED HIGHMARK POLICIES:**

Refer to the following Reimbursement Policies for additional information:

- RP-041 Services Not Separately Reimbursed

Refer to the following Commercial Medical Policies for additional information:

- L-2 Collection of Specimens

#### **POLICY UPDATE HISTORY INFORMATION:**

05 / 2019	Implementation
10 / 2020	Removed codes 36591 and 36952
11 / 2021	Added NY region applicable to the policy

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-047  
**Subject:** Venipuncture and Lab Services  
**Effective Date:** May 6, 2019  
**Issue Date:** October 5, 2020  
**Source:** Reimbursement Policy  
**Date Reviewed:** September 2019

**End Date:**  
**Revised Date:** October 2020

**Applicable Commercial Market**

PA ☒ WV ☒ DE ☒

**Applicable Medicare Advantage Market**

PA ☐ WV ☐

**Applicable Claim Type**

UB ☒ 1500 ☒

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:

This policy addresses coverage guidelines for venipuncture services when billed in conjunction with laboratory services for Professional and Outpatient Facility Claims. These reimbursement guidelines do not apply to inpatient venipuncture.

## REIMBURSEMENT GUIDELINES:

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#### Applicable Venipuncture Codes:

36400 36405 36406 36420 36425 36410 36415 36416 S9529

#### **RELATED HIGHMARK POLICIES:**

Refer to the following Reimbursement Policies for additional information:

- RP-041 Services Not Separately Reimbursed

Refer to the following Medical Policies for additional information:

- Commercial Policy: L-2 Collection of Specimens

#### **POLICY UPDATE HISTORY INFORMATION:**

05 / 2019	Implementation
10 / 2020	Removed codes 36591 and 36952



# Highmark Reimbursement Policy Bulletin



**Bulletin Number:** RP-047  
**Subject:** Venipuncture and Lab Services  
**Effective Date:** May 6, 2019  
**Issue Date:** May 6, 2019  
**Source:** Reimbursement Policy  
**Date Reviewed:** May 6, 2019

**End Date:**

**Revised Date:**

**Applicable Commercial Market**

**Applicable Medicare Advantage Market**

**Applicable Claim Type**

PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>
PA	<input type="checkbox"/>	WV	<input type="checkbox"/>		
UB	<input checked="" type="checkbox"/>	1500	<input checked="" type="checkbox"/>		

Reimbursement Policy designation of Professional or Facility application is respective to how the provider is contracted with The Plan. Provider contractual agreement terms in direct conflict with this Reimbursement Policy may supersede this Policy's direction and regional applicability.

## PURPOSE:

This policy addresses coverage guidelines for venipuncture services when billed in conjunction with laboratory services for Professional and Outpatient Facility Claims. These reimbursement guidelines do not apply to inpatient venipuncture.

## REIMBURSEMENT GUIDELINES:

Venipuncture and other central venous access for the collection of specimens are considered incidental to the blood or serum laboratory service. Separate reimbursement is not permitted.

Highmark will reimburse providers for venipuncture when the specimen is sent to a lab outside the provider's office/facility, and the clinical lab test is billed by the external lab. However, if the clinical lab test is performed in the practitioner's office and the practitioner bills for the laboratory test, an additional charge for venipuncture will not be separately reimbursed, as the venipuncture charge is considered incidental to the blood or serum lab service.

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- Outpatient facility or independent laboratory performs venipuncture and the specimen is tested within the same facility or independent laboratory. Venipuncture will not be reimbursed to the outpatient facility or independent laboratory.

**Applicable Venipuncture Codes:**

36400 36405 36406 36420 36425 36410 36415 36416 36591 36592 S9529

**RELATED HIGHMARK POLICIES:**

Refer to the following Reimbursement Policies for additional information:

- RP-041 Services Not Separately Reimbursed

Refer to the following Medical Policies for additional information:

- L-2 - Collection of Specimens