

Title: **Venipuncture and Lab Services**

Policy Number: RP-047

Version Number: 2026.04.27

Medicare Advantage: PA, WV, DE, NY  
Commercial: PA, WV, DE, NY  
Claim Type: CMS 1500 and UB04

Version Effective: April 27, 2026  
Originally Effective: May 6, 2019  
History Versions: [Click Here → History](#)

**Disclosure:** *The purpose of this Reimbursement Policy is to document our payment guidelines for those services covered by a member's medical benefit plan and ensure you are reimbursed based on the codes that correctly describe the health care services provided. Reimbursement Policies do not provide guidance on whether a service is a covered benefit under the members' contract. Benefit determinations are based in all cases on the applicable benefit plan contract language and applicable medical policies. Should there be any conflicts between Reimbursement Policy and the member's benefit plan, the member's benefit plan will prevail. Additionally, health care providers (facilities, physicians, and other professionals) are expected to exercise independent medical judgment in providing care to members. Reimbursement Policy is not intended to impact care decisions or medical practice. This Reimbursement Policy is intended to serve as a guide as to how the plan pays for covered services, however, other factors may influence payment and, in some cases, may supersede this policy. The provider should consult their network provider agreement for further details of their contractual obligations. The policy is applicable to designated markets either entirely, or partially, as indicated within the policy. Policy designation of claim type is based on how the provider is contracted with the Plan.*

## Description:

This policy describes the Plan's reimbursement for venipuncture services performed in conjunction with laboratory services performed by the same provider in the same setting. Venipuncture and other central venous access for the collection of specimens are considered incidental to the blood or serum laboratory service.

## Reimbursement Guidelines:

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 who also bills for the laboratory test on the same date of service, 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 and will not override this policy direction.

### 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.

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

Medicare Advantage Applicable Venipuncture Codes: 36415

**Note:** For Medicare Advantage, this policy only applies to Professional (1500) claims.

**Coding:** N/A

**Definitions:** N/A

**References:** N/A

**Related Plan Policies:**

Refer to the following Reimbursement Policies for additional information:

- RP-035: Correct Coding Guidelines  
RP-041: Services Not Separately Reimbursed

**Policy Update History:**

4 / 2023	Policy reviewed no changes were made
8 / 2025	Policy applicable to Medicare Advantage professional claims
4 / 2026	Changed Medicare Advantage direction

# 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

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

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