

Highmark Reimbursement Policy Bulletin



HISTORY VERSIONS

Bulletin Number: RP-047
Subject: Venipuncture and Lab Services
Effective Date: May 6, 2019 **End Date:**
Issue Date: April 27, 2026 **Revised Date:** April 2026
Date Reviewed: January 2026
Source: Reimbursement Policy

Applicable Commercial Market	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" 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.

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.

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.

RELATED POLICIES:

Refer to the following Reimbursement Policies for additional information:

- RP-035: Correct Coding Guidelines
- 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
4 / 2026	Changed Medicare Advantage direction

IMPORTANT INFORMATION

The purpose of this Reimbursement Policy is to document our payment guidelines for those services covered by a member's medical benefit plan. Reimbursement Policies do not provide guidance on whether a service is a covered benefit under the

member's 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.

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

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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.

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

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.

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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.

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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 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

PA WV DE NY

Applicable Medicare Advantage Market

PA WV DE NY

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:

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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 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 **End Date:**
Issue Date: October 5, 2020 **Revised Date:** October 2020
Source: Reimbursement Policy
Date Reviewed: September 2019

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

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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

PA

WV

DE

Applicable Medicare Advantage Market

PA

WV

Applicable Claim Type

UB

1500

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.

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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