



PAYMENT POLICIES

Venipuncture

Scope

This policy applies to:

Kaiser Permanente Health Plan of Washington

Kaiser Permanente Health Plan of Washington Options, Inc.

Commercial

Medicare

Medicaid

Policy

When benefits allow, Kaiser Permanente will reimburse venipuncture CPT code 36415 limited to once per member, per practitioner, per date of service for non-contracted providers.

Billing/Coding Guidelines

All claims must be billed according to Centers for Medicare & Medicaid Services (CMS) guidelines.

Policy Definitions

Not applicable.

Prerequisite(s)

Not applicable.

References

Not applicable.

Frequently Asked Questions

Q1: A non-contracted provider codes for CPT code 36415 with two units on the same day for a member. Will the service be allowable?

A1: No. Kaiser Permanente will only allow one unit for CPT code 36415.

- Q2:** A member has an appointment with a physician and then has another appointment with the same physician on the next day. The non-contracted provider codes for CPT code 36415 with 1 unit for both appointments. Will both of the services be allowable?
- A2:** Yes. Kaiser Permanente will allow CPT code 36415 for both appointments since they are performed on separate dates of service.
- Q3:** A member is inpatient in the hospital for three days and has multiple venipuncture services each day. The non-contracted hospital codes for CPT 36415 with multiple units for each day as part of the visit. Will all of these services be allowable?
- A3:** No. Kaiser Permanente will allow CPT code 36415 limited to one unit per member, per provider, per date of service.
- Q4:** How will venipuncture services be reviewed when billed on institutional claims?
- A4:** Kaiser Permanente will review itemizations for institutional claims to determine if more than one venipuncture is to be reimbursed per day.

Policy Effective Date: **01/01/2015**

Annual Policy Version 1

Change Date:

Note: This information is intended to serve only as a general reference resource regarding reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, we may use reasonable discretion in interpreting and applying this policy to services being delivered in a particular case. Further, the policy does not cover all issues related to reimbursement for services rendered to our enrollees as legislative mandates, the provider contracts, the enrollee's benefit coverage documents, and the Provider Manual all may supplement or in some cases supersede this policy. This policy may be modified from time to time by publishing a new version of the policy on Kaiser Permanente provider website; however, the information presented in this policy is believed to be accurate and current as of the date of publication.

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