

## Internal Medicine Coding Alert

### Reader Question: Physician-Performed Venipuncture Calls for 36410

**Question:** Would you explain the difference between venipuncture codes 36410 and 36415?

Florida Subscriber

**Answer:** You should choose the correct venipuncture code based on the professional work required to obtain the specimen. When ancillary staff - such as a phlebotomist, lab technician or nurse - cannot obtain the specimen, or perhaps the patient has poor venous access and the physician needs to perform the stick, you should report 36410\* (Venipuncture, child over age 3 years or adult, necessitating physician's skill [separate procedure], for diagnostic or therapeutic purposes; not to be used for routine venipuncture). The National Physician Fee Schedule assigns 36410 a total of 0.58 relative value units (RVUs) with a work value of 0.18 RVUs.

But when no compelling reason exists for the physician to perform the venipuncture, you should instead use 36415\* (Collection of venous blood by venipuncture). Medicare does not assign 36415 any RVUs. But the code usually reimburses at \$6.50, compared to \$18.40 for 36410, based on predominate payers' maximum allowables.