

Internal Medicine Coding Alert

Reader Questions: CMS Changes Venipuncture Coding Requirements

Question: How should I report routine venipuncture to Medicare?

California Subscriber

Answer: Beginning Jan. 1, you should report 36415 (Collection of venous blood by venipuncture) to Medicare for your internist's routine venipuncture procedures. This year, CMS deleted G0001 (Routine venipuncture for collection of specimen[s]). But you should use G0001 for any routine venipuncture procedures your physician performed prior to Jan. 1.

Important: In the 2005 HCPCS update file released late last year, Medicare gave 36415 a status indicator of "X," meaning the agency would not pay for the code. But that was a mistake, according to a CMS transmittal released on Nov. 5.

"[C]ode 36415 has now been activated to be payable by Medicare effective Jan. 1, 2005," the transmittal says. "Thus, the HCPCS coverage indicator should be corrected to 'C.' The status indicator for OPPS should be 'A.' "

Note: Medicare still doesn't pay for 36416 (Collection of capillary blood specimen [e.g., finger, heel, ear stick]), which you may report to private carriers for your physician's Coumadin finger sticks.