Internal Medicine Coding Alert

You Be the Coder: Coding a Venipuncture

Test your coding knowledge. Determine how you would code this situation before looking at the box below for the answer.

Question: What's the difference between 36410, 36415 and G0001? Does Medicare require a G code for the venipuncture and how is it used?

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Answer: CPT recognizes two types of veni-punctures: One is labeled "routine," 36415 (routine venipuncture or finger/heel/ear stick for collection of specimen[s]), and the other is labeled "nonroutine," 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). Code 36410 is used for venipunctures performed on patients whose veins are unable to be accessed by laboratory, nursing or other ancillary personnel and a "physician's skill" is necessary to access the patient's veins. For coding, the difficulty of access and the physician's involvement render this type of venipuncture as "nonroutine." By definition, this code may only be billed by physicians. Private payers as well as Medicare cover 36410.

Code 36415 is used for routine venipunctures but also covers finger/heel or ear stick collections. Because Medicare covers venipunctures but not finger/heel or ear sticks, it does not accept 36415. Instead, it has created a HCPCS level II code , G0001 (routine venipuncture for collection of specimen[s]) to cover routine venipunctures. Thus, when billing for routine venipunctures, bill 36415 to private payers and G0001 to Medicare. If the blood is collected by finger/heel or ear stick, bill 36415 to the private payers but do not use G0001 for Medicare. G0001 is for venipunctures only. Do not bill Medicare for finger/heel/ear sticks, as Medicare does not cover this service.