Part B Insider (Multispecialty) Coding Alert

READER QUESTION: Know How to Code Blood Draws vs. Lab Tests

Question: We saw a patient for a blood draw and sent it to an outside lab for testing. The doctor saw the patient that morning. Can we report the E/M service and the blood draw? Which code should we report for the blood draw since we didn't do the testing?

Answer: Once you-ve determined that a blood draw is not actually therapeutic phlebotomy (99195), you need to turn to the venipuncture codes--and, in some cases, the lab testing codes.

If you-re sending your patients to an outside lab for both the blood draw and testing, you cannot report any blood draw codes. If your practitioners collect the blood themselves, however, you have two options for coding the service, depending on where the blood goes next.

Outside: If the blood specimen that your practice collects goes to an outside lab for testing, report 36415 (Collection of venous blood by venipuncture) for the blood draw and the appropriate-level E/M service code for the visit.

Example: An oncologist meets with a cancer patient during a follow-up, draws blood for analysis and provides a level-four E/M service. On the claim, report 99214 for the E/M service and 36415 for the blood draw.

Most Medicare carriers allow for one collection fee for each patient encounter, regardless of the number of specimens drawn. When a single test, such as a comprehensive metabolic panel (80053), requires a series of specimens, treat the collections as a single encounter. You would report 36415 once per encounter, and the laboratory is responsible for billing the different testing codes.

However: Check with individual payers on whether to use 36415 when it is part of a larger E/M visit. Some carriers may not allow you to bill it separately. Instead, they claim that you should bundle the blood draw as part of the E/M service.

Inside: If your practice has its own laboratory to perform blood tests, you can report the test along with the venipuncture. The lab must have Clinical Laboratory Improve-ment Amendments (CLIA) certification and can only process CLIA tests.

Example: An office staff member draws a Medicare patient's blood and performs a complete blood count (CBC) with platelet and white blood cell (WBC) counts. Along with 36415, report 85025 (Complete blood count).

If the blood draw comes from a port, report 36540 (Collection of blood specimen), but only for services rendered in 2007. CPT 2008 contains a new code (36591) for blood draw from an implanted device and a new code (36592) for blood draw from a peripherally-inserted central catheter (PICC) or peripheral catheter.