

Internal Medicine Coding Alert

You Be the Coder: Venipuncture and Lab Charges

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

Question: When a patient comes to the office for a sick visit and we perform a blood draw for a lab, such as CBC or hemoglobin, should we code for venipuncture as well as the lab charge? Or is the venipuncture considered part of the lab charge?

South Carolina Subscriber

Answer: The venipuncture should be coded separately. It is never considered part of the lab charge. Use CPT code 36415* (Routine venipuncture or finger/heel/ear stick for collection of specimen[s]) for non-Medicare patients. Use HCPCS Code G0001 (Routine venipuncture for collection of specimen[s]) for Medicare patients. These codes can be used only once per encounter because they cover the collection of a single specimen or multiple specimens. Note that the G0001 description does not include a finger/heel/ear stick because Medicare does not reimburse for finger/heel/ear sticks. Medicare will reimburse only for venipuncture, or blood taken via needle from a vein. Code for the venipuncture anytime the physician or an employee of the physician performs the venipuncture in the office, whether the lab test will be performed in the office or by an outside laboratory. In other words, even if the blood is being sent to a lab for testing, the physician may bill for the venipuncture if the physician or physician employee drew the blood. The physician's office should bill for the lab test only if the test is performed on lab equipment owned by the physician and located in the physician's office suite.