healthfirst
Health Insurance for New Yorkers

Reimbursement Policy

Subject:	Specimen Collection		
Policy Number:	PO-RE-176v1		
Effective Date:	01/01/2024	**Last Approval Date:**	10/19/2026

I. Policy Description

This policy memorializes Healthfirst's reimbursement guidelines for specimen collection services performed in connection with a primary visit or other primary reimbursable healthcare service.

Specimen collection is considered an integral component of the primary service. Specimen collection services outlined in this policy are inclusive of the reimbursement for the primary visit or other primary reimbursable service and are not separately reimbursable by Healthfirst.

Specimen collection services subject to this policy include, but are not limited to:

- Venipuncture and collection of venous blood
- Collection of capillary blood specimens
- Collection of blood specimens through an established vascular access device or catheter
- Urine specimen collection, including collection by catheterization
- Catheterization performed solely for the purpose of obtaining a specimen
- Collection and handling of laboratory specimens
- Handling or conveyance of specimens to a laboratory
- Collection and handling of alcohol and/or drug-testing specimens
- Travel associated with laboratory specimen collection

The information below applies to the following lines of business:

• Child Health Plus (CHP)	• Essential Plan (EP)
• Integrated Benefit Dual Plan (IB-Dual)	• Managed Long Term Care Plan (MLTCP – Senior Health Partners)
• Medicaid Managed Care (MMC)	• Medicaid Advantage Plus/MAP (CompleteCare)
• Medicare Advantage HMO	• Qualified Health Plan (QHP)
• Medicare PPO	• Personal Wellness Plan (HARP)

Policy Scope

This policy applies when specimen collection is performed as part of or in connection with a primary visit, evaluation and management (E/M) service, laboratory service, procedure, facility service, or other reimbursable healthcare service.

Reimbursement Guidelines

1. Inclusive Reimbursement
   - Specimen collection services are considered integral to the primary visit or other primary reimbursable service during which, or in connection with which, the specimen is obtained.
   - Reimbursement for the specimen collection service is included in the payment for the primary service. No additional or separate reimbursement will be made for specimen collection services identified in this policy.

2. Separate Reporting
   - Providers may report applicable specimen collection codes when required for accurate claim reporting; however, separate reporting of a specimen collection code does not establish eligibility for separate reimbursement.

3. Standalone Specimen Collection Claims
   - A specimen collection service submitted without an associated primary reimbursable service is not separately reimbursable under this policy and may be denied in accordance with Healthfirst reimbursement methodology.

4. Multiple Specimen Collections
   - When more than one specimen is collected during the same primary visit or service, the collection of multiple specimens does not result in additional reimbursement. Applicable specimen collection services remain inclusive of the primary service.

5. Specimen Handling and Conveyance
   - Services associated with preparing, handling, packaging, or conveying a collected specimen to a laboratory are included in the primary service and are not separately reimbursable when subject to this policy.

6. Provider Responsibility
   - Providers are responsible for submitting complete and accurate claims in accordance with applicable coding requirements and the terms of their Healthfirst participation agreement. Claims that do not comply with this policy may be denied, adjusted, or subject to recoupment, as applicable.

Billing Guidelines:

The following codes represent specimen collection and related services addressed by this policy:

Code	Service
36400	Venipuncture requiring the skill of a physician or other qualified healthcare professional
36405	Venipuncture requiring the skill of a physician or other qualified healthcare professional
36406	Venipuncture requiring the skill of a physician or other qualified healthcare professional

Code	Service
36410	Venipuncture requiring the skill of a physician or other qualified healthcare professional
36415	Collection of venous blood by venipuncture
36416	Collection of capillary blood specimen
36591	Collection of blood specimen from a completely implantable venous access device
36592	Collection of blood specimen using an established central or peripheral venous catheter
G0471	Collection of venous blood or urine specimen by catheterization in specified SNF/HHA circumstances
P9612	Catheterization for collection of specimen, single patient
P9615	Catheterization for collection of specimens, multiple patients
99000	Handling and/or conveyance of specimen from the office to a laboratory
99001	Handling and/or conveyance of specimen from the patient outside an office to a laboratory
99002	Handling and/or conveyance of specimen from the patient outside an office to a laboratory
H0048	Alcohol and/or other drug testing specimen collection and handling only, specimens other than blood
P9603	Travel allowance associated with medically necessary laboratory specimen collection – mileage
P9604	Travel allowance associated with medically necessary laboratory specimen collection – trip charge
S9529	Venipuncture requiring the collection of specimen(s), single homebound, nursing home, or skilled nursing facility patient
Q0091	Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory

Payment for the services identified above is included in the reimbursement for the associated healthcare service and not eligible for separate reimbursement.

Billing Examples

Example 1 – Office Visit with Routine Venipuncture

Scenario:
A member is evaluated during an office visit. The provider orders laboratory testing, and venous blood is collected during the visit.

Claim reporting:

- Applicable E/M code
- CPT 36415 – Collection of venous blood by venipuncture

Reimbursement:
The primary visit is considered for reimbursement according to the member's benefits and the provider's contract. CPT 36415 is inclusive of the primary visit and is not separately reimbursable.

Example 2 – Office Visit with Capillary Blood Collection

Scenario:
During a primary visit, the provider obtains a capillary blood specimen by finger stick and submits CPT 36416.

Claim reporting:
- Applicable primary service
- CPT 36416 – Collection of capillary blood specimen

Reimbursement:
The specimen collection is considered part of the primary service. CPT 36416 is not separately reimbursable.

Example 3 – Office Visit with Specimen Handling

Scenario:
A specimen is collected during an office visit and subsequently prepared and conveyed to an outside laboratory. The provider submits CPT 99000 in addition to the applicable primary service.

Claim reporting:
- Applicable primary service
- CPT 99000 – Handling and/or conveyance of specimen

Reimbursement:
The specimen handling and conveyance service is inclusive of the primary visit and is not separately reimbursable.

Example 4 – Multiple Specimen Collection Services During the Same Visit

Scenario:
During the same primary visit, the provider collects a venous blood specimen and another laboratory specimen and reports applicable specimen collection codes.

Claim reporting:
- Applicable primary service
- Applicable specimen collection code(s)

Reimbursement:
The specimen collection services are integral to the primary visit. Separate reimbursement is not provided for each specimen or collection method.

Example 5 – Specimen Collection Submitted as a Standalone Service

Scenario:
A provider submits a claim for CPT 36415 without an associated primary reimbursable service.
Claim reporting:

- CPT 36415 only

Reimbursement:
The specimen collection service is not separately reimbursable under this policy and may be denied in accordance with Healthfirst reimbursement methodology.

Adjudication and Appeal Process

1. Reimbursement for Specimen Collection services will be determined based on the provider's scope of services and the reimbursement rates outlined in the provider's contract with Healthfirst.

2. Claims submitted by providers that do not adhere to this policy will be denied or rejected. It is the responsibility of the provider to ensure claims are coded accurately.

3. This policy applies only to the line(s) of business (LOB) identified at the beginning of the policy and does not apply to other LOBs. For policies applicable to other lines of business, please visit www.hfproviders.org.

4. This policy is a provider resource for understanding Healthfirst's reimbursement guidelines. It does not guarantee coverage or payment. Final reimbursement decisions depend on benefit coverage, state/federal mandates, medical necessity, and provider contract.

5. Claims submissions will be subject to timely filing requirements, as set forth in the provider contract with Healthfirst and in the Healthfirst Provider Manual. *Refer to: Healthfirst Provider Manual Subsection 17 "Claims Inquiries, Corrected Claims, Claim Reconsideration, and Appeal Process" in this section.*

For any questions or further clarification regarding this policy, providers are encouraged to reach out to their designated contact within our organization

II. Applicable Codes

Code	Description	Comment
36400	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; femoral or jugular vein	
36405	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to	

	be used for routine venipuncture; scalp vein	
36406	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; other vein	
36410	Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)	
36415	Collection of venous blood by venipuncture	
36416	Collection of capillary blood specimen (eg, finger, heel, ear stick)	
36591	Collection of blood specimen from a completely implantable venous access device	
36592	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified	
G0471	Collection of venous blood by venipuncture or urine sample by catheterization from an individual in a skilled nursing facility (SNF) or by a laboratory on behalf of a home health agency (HHA	
P9612	Catheterization for collection of specimen, single patient, all places of services	
P9615	Catheterization for collection of specimen(s) (multiple patients	
99000	Handling and/or conveyance of specimen for transfer from the office to a laboratory Click to add to your EncoderPro.com Plus Custom Search results for Category III	
99001	Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated) Click to add to your EncoderPro.com Plus Custom Search results for Category III	
99002	Handling, conveyance, and/or any other service in connection with the implementation of an order involving devices (eg, designing, fitting, packaging, handling, delivery or mailing) when devices such as orthotics, protectives, prosthetics are fabricated by an outside laboratory or shop but which items have been designed, and are to be fitted and adjusted by the attending	

	physician or other qualified health care professional Click to add to your EncoderPro.com Plus Custom Search results for Category III	
H0048	Alcohol and/or other drug testing: collection and handling only, specimens other than blood	
P9603	Travel allowance, one way in connection with medically necessary laboratory specimen collection drawn from homebound or nursing homebound patient; prorated miles actually travelled	
P9604	Travel allowance, one way in connection with medically necessary laboratory specimen collection drawn from homebound or nursing homebound patient; prorated trip charge	
S9529	Routine venipuncture for collection of specimen(s), single homebound, nursing home, or skilled nursing facility patient	
Q0091	Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory	

III. Definitions

Term	Meaning

IV. Related Policies

Policy Number	Policy Description
N/A	N/A

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Procedure codes appearing in Reimbursement Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

V. Reference Materials

VI. Revision History

Revision Date	Summary of Changes

Disclaimer

Healthfirst's claim edits follow national industry standards aligned with CMS standards that include, but are not limited to, the National Correct Coding Initiative (NCCI), the National and Local Coverage Determination (NCD/LCD) policies, appropriate modifier usage, global surgery and multiple procedure reduction rules, medically unlikely edits, duplicates, etc. In addition, Healthfirst's coding edits incorporate industry-accepted AMA and CMS CPT, HCPCS and ICD-10 coding principles, National Uniform Billing Editor's revenue coding guidelines, CPT Assistant guidelines, New York State-specific coding, billing, and payment policies, as well as national physician specialty academy guidelines (coding and clinical). Failure to follow proper coding, billing, and/or reimbursement policy guidelines could result in the denial and/or recoupment of the claim payment.

This policy is intended to serve as a resource for providers to use in understanding reimbursement guidelines for professional and institutional claims. This information is accurate and current as of the date of publication. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for the services outlined. Reimbursement decisions are based on the terms of the applicable evidence of coverage, state and federal requirements or mandates, and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.