



Frequently Asked Questions - Charging for Multiple Venipunctures

How do you properly report multiple venipunctures for the same encounter? If reporting more than one unit of CPT code 36415 for the same encounter, should a modifier be used? If so, which modifier?

Example: A patient came through the Emergency Department and a venipuncture was performed for lab tests such as glucose, CPK, CKMB, and Troponin. The patient was then admitted for observation and, later in the same day, another venipuncture was performed to run the lab tests again.

Wheatlands Administrative Services, which is the Part B FI for Kansas, Nebraska, and Missouri, advises that multiple venipunctures or lab draws are separately billable if the medical necessity for the test has been established. Additional venipunctures may not be billed if the first vial was dropped or not enough blood was drawn. Once medical necessity has been established, the proper way to bill for multiple venipunctures is to report the first line with CPT code 36415 with a unit of one and another line with the same code with a unit of one and modifier 91 appended.

This advice applies to hospitals in Kansas, Nebraska, and Missouri. All other hospitals should contact their fiscal intermediaries to determine how multiple venipunctures should be reported and how they are paid.