



HEALTHCARE COOPERATIVE

REIMBURSEMENT POLICY STATEMENT
Wisconsin Marketplace

Policy Name & Number	Date Effective
Venipuncture and Laboratory Testing-WI MP-PY-1614	09/01/2025
Policy Type	
REIMBURSEMENT	

Reimbursement Policies are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design, and other factors are considered in developing Reimbursement Policies.

In addition to this policy, reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreements, and applicable referral, authorization, notification, and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased, or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage or Certificate of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other plan policies and procedures.

This policy does not ensure an authorization or reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage or Certificate of Coverage) for the service(s) referenced herein. Except as otherwise required by law, if there is a conflict between the Reimbursement Policy Statement and the plan contract, then the plan contract will be the controlling document used to make the determination. We may use reasonable discretion in interpreting and applying this policy to services provided in a particular case and we may modify this Policy at any time.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

Table of Contents

A. Subject	2
B. Background	2
C. Definitions.....	2
D. Policy	2
E. Conditions of Coverage	2
F. Related Policies/Rules	3
G. Review/Revision History	3
H. References	3

A. Subject

Venipuncture and Laboratory Testing

B. Background

N/A

C. Definitions

- **Venipuncture** – The insertion of a needle for a blood sample collection.

D. Policy

- I. Venipuncture is considered an incidental service when billed on a claim containing laboratory testing with the same place of service, for the same member, on the same date. Therefore, venipuncture is included in the reimbursement for the laboratory test performed and is not separately reimbursable.
- II. The following CPT codes are considered venipuncture: 36400, 36405, 34606, 34610, 36415, 36591, and 36592.
- III. Common Ground Healthcare Cooperative (“CGHC”) may reimburse CPT code 36400, 36405, 36406, and 36410 when billed with Modifier 59 and/or 22, and appropriate documentation and the medical record reflect a distinct service requiring the skill of a qualified health care professional.
- IV. CGHC may conduct a post-payment review on claims with venipuncture and no other laboratory testing to ensure compliance.

E. Conditions of Coverage

Reimbursement policies are designed to assist providers when submitting claims to CGHC and are routinely updated to promote accurate coding and provide policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and office staff are encouraged to use self-service channels to verify a member’s eligibility.

Reimbursement is dependent upon, but not limited to, submitting approved HCPCS and CPT codes along with appropriate modifiers, if applicable. Please refer to the individual fee schedule for appropriate codes.

Providers must follow proper billing, industry standards, and state compliant codes on all claim submissions. The use of modifiers must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy CGHC policies apply to both participating and nonparticipating providers and facilities.

The REIMBURSEMENT Policy Statement detailed above has received due consideration as defined in the REIMBURSEMENT Policy Statement Policy and is approved.

F. Related Policies/Rules

Modifier 59

Overpayment Recovery

G. Review/Revision History

	DATE	ACTION
Date Issued	05/21/2025	New policy. Approved at Committee.
Date Revised		
Date Effective	09/01/2025	
Date Archived		

H. References

N/A

The REIMBURSEMENT Policy Statement detailed above has received due consideration as defined in the REIMBURSEMENT Policy Statement Policy and is approved.