In September 2012, the Centers for Medicare & Medicaid Services (CMS) announced the availability of a new electronic mailing list for those who refer Medicare beneficiaries for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). Referral agents play a critical role in providing information and services to Medicare beneficiaries. To ensure you give Medicare patients the most current DMEPOS Competitive Bidding Program information, CMS strongly encourages you to review the information sent from this new electronic mailing list. In addition, please share the information you receive from the mailing list and the link to the "mailing list for referral agents" subscriber webpage with others who refer Medicare beneficiaries for DMEPOS. Thank you for signing up!

Provider Types Affected

This MLN Matters® Article is intended for providers and suppliers submitting claims to Medicare contractors (Fiscal Intermediaries (FIs) and A/B Medicare Administrative Contractors (MACs)) for services to Medicare beneficiaries.

What You Need to Know

This article is based on Change Request (CR) 8339, which advises you that the current Centers for Medicare & Medicaid Services (CMS) instructions found at the "Medicare Claims Processing Manual," Chapter 16, Section 60.1.4, are being updated due to questions received from the laboratory industry.

Disclaimer
This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2012 American Medical Association.
The CR corrects the codes listed in the manual for claims for laboratory specimen collection services. There is no change in policy or in claims processing. CMS is just updating the manual.

**Background**

Current CMS instructions have a terminated code listed in the manual for the routine venipuncture for collection of specimens. CMS is releasing this update to these manual instructions to list the active code and address questions received from the laboratory industry. Since the fee schedules and systems were updated when the coding change occurred, there is no need to include any system or fee schedule updates.

"The Medicare Claims Processing Manual," Chapter 16, Section 60.1.4 - Coding Requirements for Specimen Collection, is revised to add the following:

“The following Health Care Common Procedure Coding System (HCPCS) codes and terminology must be used:

- **36415 - Collection of venous blood by venipuncture.**
- **P9615 - Catheterization for collection of specimen(s).”**

The allowed amount for specimen collection in each of the above circumstances is included in the laboratory fee schedule distributed annually by CMS.

**Additional Information**


If you have any questions, please contact your Medicare contractor at their toll-free number, which may be found at [http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html](http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html) on the CMS website.

**Disclaimer**

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2012 American Medical Association.