

Policy Clarification #000299.1

CMS NCCI Edits - Venipuncture

December 30, 2025

To: Iowa Medicaid Managed Care Plans

This letter is a formal notification of the Department's expectations related to the operations and implementation of Iowa Medicaid under the managed care program.

Purpose of this communication (check all that apply):

- ☒ Provide formal guidance
- ☐ Clarification of existing Iowa Medicaid policy
 - Federal mandate: [cite CFR]
 - Iowa Code: [cite section]
 - Iowa Administrative Code: [cite IAC]
 - Managed Care Contract (if applicable): [cite contract section and if MCO or PAHP]
- ☐ Guidance on new process or policy
- ☒ Replacement of prior PC: PC #PC000250

The purpose of this letter is to provide formal guidance and replacement of prior policy clarification.

The following applies to the manner in which Iowa Medicaid will reimburse for CPT 36415

1. **Effective December 1, 2025, CPT code 36415 for venipuncture will not be reimbursed when the lab test and venipuncture are performed in the provider's office or outpatient setting on the same date of service, in alignment with CMS guidance.**

Office and outpatient setting includes the following place of services codes:
Office (11), Off Campus-Outpatient Hospital (19) and On Campus-Outpatient
Hospital (22).

Related to this Policy Clarification:

- ▶ Effective date of this Policy Clarification: Dates of service on or after 12/01/2025
- ▶ Claims processing requirement:
 - ☒ Prospective
 - ☐ Retroactive
 - ☐ Not applicable

Attestation:

I hereby acknowledge receipt and understanding of this policy clarification, including all specified requirements and deadlines.

Name _____ Date _____

The department will monitor progress towards implementation and may impose remedies for failure to implement.

Sincerely,

Contract Manager
Managed Care Contract Manager