

Reimbursement for Quantitative, Transcutaneous Total Hemoglobin

CODING¹ CPT Code: 88738 (Effective January 1, 2010)
Description: Total Hemoglobin (Hgb), quantitative and transcutaneous

NATIONAL LIMITATION AMOUNT² \$7.06 per test
Medicaid and commercial payers may reimburse at a different rate than Medicare.

CLIA CERTIFICATION³ CPT 88738 is CLIA excluded. CLIA certification or CLIA “waiver” is not required to perform and bill for a noninvasive hemoglobin test.

CLAIMS PROCEDURE⁴ The claims submission process under CPT Code 88738 is the same as the process for any other laboratory test. Medicare only covers diagnostic tests that are medically reasonable and necessary. All diagnostic tests must be ordered by a licensed healthcare provider and must be reasonable and necessary.

ICD-9 DIAGNOSIS CODES⁵ Providers are required to submit ICD-9 codes with every laboratory test to indicate why the test is necessary. Healthcare providers should utilize ICD-9 codes that reflect the patient’s condition.

CODING EDITS^{6,7} Medicare National Correct Coding Initiative (NCCI) Edits do not preclude payment for both a Complete Blood Count (CBC) under CPT Codes 85025 or 85027, and a quantitative, transcutaneous total hemoglobin test under CPT Code 88738, on the same patient, same day, and same provider, so long as the treating provider orders both tests and both are medically necessary. If the provider performs both tests, modifier (91) should be added to the subsequent laboratory test.

QUESTIONS For more information, go to www.codemap.com/masimo

PLEASE NOTE The coding, coverage, and payment information contained herein is gathered from various resources and is subject to change without notice. Masimo cannot guarantee success in obtaining third-party insurance payments. Third-party payment for medical products and services is affected by numerous factors. It is always the provider’s responsibility to determine and submit appropriate codes, charges, and modifiers for services that are rendered. Providers should contact their third-party payers for specific information on their coding, coverage, and payment policies.

¹ CPT is a registered trademark of the American Medical Association.

² 2011 CMS Clinical Laboratory Fee Schedule. Available at <http://www.cms.hhs.gov> Amount paid in the following states differs from the National Limitation Amount: LA = \$4.90; WA = \$6.49; OH & WV; \$5.67; and WY = \$6.67.

³ CMS transmittal #1912, entitled “Healthcare Common Procedure Coding System (HCPCS) Codes Subject to and Excluded from Clinical Laboratory Improvement Amendments (CLIA) Edits”, change request #6812. Department of Health and Human Services, February 5, 2010.

⁴ AMA CPT Manual, CMS Claims Processing Manual Publication 100-4.

⁵ International Classification of Diseases, 9th Revision.

⁶ National Coding Correct Initiative Policy Manual for CMS Services, Version 16.3 Effective January 2, 2011.

⁷ CMS NCCI Edits – Physician and Hospital Outpatient PPS, version 16.3 effective date October 1, 2010.