



Helpful hints for filing

CPT – 88720 (BiliChek)

Overview

The following information describes the terminology and coding language used when billing for the BiliChek noninvasive bilirubin assessment tool. Although accurate coding is essential to ensure prompt claims processing and reimbursement, inclusion of a specific code and fee schedule amount does not guarantee payment. It is critical to be aware of each payer's coverage guidelines. For information regarding specific reimbursement guidelines, including coding, coverage, and payment, please consult your local payer, the *Federal Register*, or the *Current Procedural Terminology, Fourth Edition (CPT)*.

Purpose

It is important to select the CPT code and descriptor that most accurately identifies the procedures or services performed. Testing performed using the noninvasive bilirubin assessment tool, BiliChek, should be reported with **CPT code 88720-Bilirubin, total, transcutaneous**. In addition, if a separate identifiable Evaluation and Management (E/M) service is performed, the appropriate E/M CPT code may be reported.¹ E/M codes associated with the actual office visits and consultations by the physician are outlined in CPT Helpful Hints. These codes would be used to report a complete patient history and physical examination.

E/M codes and CPT code 88720 are eligible for Medicare coverage and payment. However, some payers may not allow providers to bill an E/M code in addition to CPT code 88720 for the same patient service. An E/M code may be reported in addition to CPT code 88720 only if there is a "significant, separately identifiable service" above and beyond bilirubin testing. Payment for E/M services is based on the Medicare Physician Fee Schedule. Payment for bilirubin testing is based on the Medicare Clinical Laboratory Fee Schedule.

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¹Current Procedural Terminology (CPT), Fourth Edition, 2011. American Medical Association, 2010. All rights reserved.

The following table indicates the national average Medicare fee schedule amount for bilirubin testing:

CPT code	CPT code description	2011 Clinical Laboratory National Limitation Amount (NLA)
88720	Bilirubin, total, transcutaneous	\$7.06

A diagnostic laboratory test is considered a laboratory service for billing purposes, regardless of whether it is performed in a physician's office, by an independent laboratory, or by a hospital laboratory for its patients. Although CPT code 88720 is reimbursed under the Clinical Laboratory Fee Schedule, it is not considered a complex laboratory test by Medicare; therefore, facilities

and physicians do not need to obtain a certificate of waiver under the Clinical Laboratory Improvements Amendments (CLIA) in order to perform this procedure. In addition, Medicare Part B deductible and coinsurance do not apply to procedures paid under the Clinical Laboratory Fee Schedule, including CPT code 88720.

This information should not be considered to be either legal or reimbursement advice. Given the rapid and constant change in public and private reimbursement, Philips Respironics cannot guarantee the accuracy or timeliness of this information and urges you to seek your own counsel and experts for guidance related to reimbursement, including coverage, coding and payment.

For more information from Philips Respironics

Reimbursement	Customer service	Website
Information & fee schedules Educational materials & questions (coding, coverage and payment)	1-800-345-6443; listen to the instructions and follow prompts to select the insurance reimbursement information option	www.philips.com/respironics

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