

Bilateral Services and CPT Modifier 50

Description

Bilateral services are procedures performed on both sides of the body during the same session or on the same day.

The HCPCS modifiers LT and RT are used when the procedure is valid for a modifier 50 procedure but the procedure is only performed on one side.

- As defined in the CPT, Modifier 50 “Bilateral Procedure: Unless otherwise identified in the listings, bilateral procedures that are performed at the same session should be identified by adding modifier 50 to the appropriate five-digit code.”
- Modifier 50 is used to report diagnostic, radiology and surgical procedures. Modifier 50 applies to any bilateral procedure performed on both sides at the same session.
- Do not use Modifiers RT and LT when modifier 50 applies. A bilateral procedure is reported on one line, using modifier 50.

The modifier 50 is *not* applicable to:

- Procedures that are bilateral by definition.
- Procedures with descriptions including the terminology as “bilateral” or “unilateral.”

Harvard Pilgrim Reimburses¹

Bilateral services performed on both sides of the body during the same session or on the same day at 150% of the fee schedule allowed amount.

Bilateral Service Billing

Bilateral services performed on both sides of the body during the same session or on the same day must be billed on a single detail line with CPT and modifier 50 appended.

Multiple Modifiers Billing

Modifier that reduces the fee schedule/allowable amount must be billed in the primary modifier position, and modifier 50 in the secondary position.

Example 1

Professional component 26, bilateral procedure 50. Bill Modifier 1=26, Modifier 2=50

Example 2

Technical component TC, bilateral procedure 50. Bill Modifier 1=TC, Modifier 2=50

Bilateral Procedures Eligibility

Modifier 50 eligibility is based on procedure description, CPT guidelines, CMS directives and nationally recognized sources (e.g., *Journal of AHIMA*, *CPT Assistant*).

- Refer to the Medicare Physician Fee Schedule database (MPFSDB) to determine when modifier 50, RT or LT is applicable for a procedure code.
 - The National Physician Fee Schedule is on the CMS Web site: www.cms.hhs.gov.

Related Policies

Payment Policies

- CPT and HCPCS Level II Modifiers

PUBLICATION HISTORY

07/31/08 original documentation

PAYMENT POLICIES

06/15/09	clarified PAF to “percent of charge method”
09/15/10	annual review; minor updates for clarity
01/15/11	minor edits for clarity
09/15/11	annual review; no changes
01/01/12	removed FSEN Freedom information from header
10/15/12	annual review; clarified providers not subject to bilateral reimbursement methodology
10/15/13	annual review; no changes
10/15/14	annual review; administrative edits
10/15/15	annual review; added CPT and HCPCS Level II Modifier as related policy
10/15/16	annual review; no changes
09/15/17	removed statement that indicates bilateral payment adjustment applies to all providers except facility surgery case rate and percent of charge contracted providers
10/15/17	annual review; no changes
05/01/18	added information to refer to MPFSDB to determine when to use modifier 50, RT or LT
10/01/18	annual review; administrative edit
10/01/19	annual review; no changes
11/02/20	annual review; administrative edit
10/01/21	annual review; no changes

¹This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.