

Policy Name	Bilateral Procedures
<p>Summary</p>	<p>Bilateral surgeries are procedures that can be performed on both sides of the body during the same operative session or on the same day by the same provider.</p> <p>Medica follows CMS' guidelines for bilateral eligible codes. Bilateral eligible codes are codes in CMS' National Physician Fee Schedule (NPFs) with the bilateral status indicators of "1" or "3". Codes with these indicators are eligible to be submitted with the 50 modifier.</p> <p>Per CMS definition, codes with a bilateral status indicator of "1" are codes where 150% payment adjustment for bilateral procedures applies. These codes billed with the 50 modifier will be reimbursed at 150% of the fee schedule amount for the single code. Codes with a bilateral status indicator of "3" are codes where the usual payment adjustment for bilateral procedures does not apply and these codes will be reimbursed at 100% of the fee schedule amount for each side.</p> <p>Eligible bilateral procedures are subject to multiple procedure reductions. Please refer to the "Multiple Procedures" policy and to the "Multiple Procedures Reduction Eligible" list.</p> <p>CPT codes with bilateral in their intent or with "bilateral" in their description should not be submitted with the 50 modifier. The description of the code and the reimbursement is already bilateral so the modifier is not applicable or appropriate.</p>
<p>Definitions</p>	<p>Bilateral Status Indicator 1: 150% payment adjustment for bilateral procedures applies.</p> <p>Bilateral Status Indicator 3: The usual payment adjustment for bilateral procedures does not apply.</p>
<p>Related Coding Information</p>	<ul style="list-style-type: none"> • Modifier 50 <i>Bilateral Procedure</i> • Submit the surgical procedure code on one line with a modifier 50 appended to the bilateral eligible procedure code and one unit. • Modifier RT or LT is recommended when one anatomic side is reported.

Related Information:

- 2007 Bilateral Eligible List
- 2006 Bilateral Eligible List
- 2005 Bilateral Eligible List

Resources

- Current Procedural Terminology (CPT)
- Center for Medicare and Medicaid Services (CMS)
- National Physician Fee Schedule (NPFS)
- Healthcare Common Procedure Coding System (HCPCS)

Effective Date

04/01/99

Latest Revision Date

1/1/2007
1/1/2006

Explanation of Change

2007 annual CPT update
2006 annual CPT update

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