

# Payment Policy: Bilateral Procedures

Reference Number: LA.PP.037

Product Types: ALL

Effective Date: 08/2020

Date of Last Revision~~new Date~~: 08/2020

02/2023

Coding Implications  
Revision Log

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

## Policy Overview

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

The purpose of this policy is to define the appropriate billing criteria for bilateral services.

Modifier 50 is used to indicate that the procedure or service was performed bilaterally during the same operative session. Use of Modifier 50 is reserved for when a procedure or service is performed on a mirror image body part or organ; for example, eyes, ears, hands, etc. The modifier may be reported with any code from the surgery, radiology, pathology/laboratory, and medicine sections of the Current Procedural Terminology (CPT®) book but again, only on body parts or organs that have a mirror image.

Furthermore, services that by their code description are inherently bilateral should never have modifier 50 appended. Modifiers LT and RT should not be utilized when modifier 50 applies. The use of these modifiers is for informational purposes only when a procedure with “unilateral or bilateral” in the description is performed on only one side.

## Application

1. Professional
2. Outpatient Institutional Providers

## Reimbursement

Reimbursement guidelines require that the appropriate CPT® code be billed once with the bilateral modifier (Modifier 50) appended. The same code should not be billed twice, as the second submission will be denied, regardless if it is billed with or without the bilateral modifier.

All of the procedure codes listed on the National Physician’s Fee Schedule with the “bilateral” status indicators of “1” or “3” are considered eligible for bilateral services as indicated by the bilateral modifier 50. Modifier eligibility may also be based on procedure code descriptions, CPT guidelines, CMS directives and nationally recognized sources.

## Documentation Requirements

Modifier 50 is used only when the exact same service/code is reported for each bilateral anatomical site.

Providers should report the bilateral procedure with one procedure code appended with modifier 50. This should appear on the claim form as one line item.

### Coding and Modifier Information

This payment policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT® codes and descriptions are copyrighted 2019, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this payment policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT/HCPCS Code	Descriptor
NA	Not Applicable

Modifier	Descriptor
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 5 digit code
LT	Left Side
RT	Right Side

ICD-10 Codes	Descriptor
NA	Not Applicable

### Definitions

- Bilateral Services – procedures performed on both side of the body during the same session or on the same day.
- NPFS – National Physician Fee Schedule

### Related Policies

Not Applicable

### Related Documents or Resources

Not Applicable

### References

- Current Procedural Terminology (CPT®)*, [2019/2022](#)

Revision History	Revision Date	Approval Date
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<u>Initial Policy Draft Created</u> <u>11/11/2016</u>	<u>Initial</u> <u>Policy Draft</u> <u>Created</u> <u>11/11/2016</u>	
<u>Annual review; reference updated, revised format of revision log.</u> <u>No change</u> <u>02/2023</u>	<u>Annual</u> <u>review;</u> <u>reference</u> <u>updated;</u> <u>no</u> <u>change</u> <u>02/2</u> <u>023</u>	

### **Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable LHCC administrative policies and procedures.

This clinical policy is effective as of the date determined by LHCC. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. LHCC retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom LHCC has no control or right of control. Providers are not agents or employees of LHCC.

This clinical policy is the property of LHCC. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

### **POLICY AND PROCEDURE APPROVAL**

The electronic approval retained in RSA Archer, Centene's P&P management software, is considered equivalent to an actual signature on paper.

~~Senior Director of Network Accounts: \_\_\_\_\_ Electronic Signature on File\_\_\_\_\_~~

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