

Bilateral Procedures Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms.

This information is intended to serve only as a general resource regarding UnitedHealthcare's Medicare Advantage reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Medicare Advantage may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Medicare Advantage enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee's benefit coverage documents**. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Medicare Advantage due to programming or other constraints; however, UnitedHealthcare Medicare Advantage strives to minimize these variations.

UnitedHealthcare Medicare Advantage may modify this reimbursement policy at any time to comply with changes in CMS policy and other national standard coding guidelines by publishing a new version of the reimbursement policy on this website. However, the information presented in this reimbursement policy is accurate and current as of the date of publication. UnitedHealthcare Medicare Advantage encourages physicians and other health care professionals to keep current with any CMS policy changes and/or billing requirements by referring to the CMS or your local carrier website regularly. Physicians and other health care professionals can sign up for regular distributions for policy or regulatory changes directly from CMS and/or your local carrier. UnitedHealthcare's Medicare Advantage reimbursement policies do not include notations regarding prior authorization requirements.

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*** For more information on a specific enrollee's benefit coverage, please call the customer service number on the back of the member ID card.*

Application

This reimbursement policy applies to all Medicare Advantage products and for services reported using the 1500 Health Insurance Claim Form (a/k/a CMS 1500) or its electronic equivalent or its successor form. This policy applies to all network physicians and other qualified health care professionals,

Policy

Overview

The UnitedHealthcare Medicare Advantage policy is developed based on the CMS National Physician Fee Schedule (NPFS) Relative Value File status indicators. Bilateral surgeries are procedures performed on both sides of the body during the same operative session or on the same day.

The terminology for some procedures in the Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) will include the term "bilateral" or "unilateral or bilateral". For these procedures the

Bilateral Procedure payment adjustment rule will not apply. For procedures that do not have the term “bilateral” or “unilateral or bilateral”, a modifier 50 should be billed.

For the purpose of this policy, the Same Individual Physician or Other Qualified Health Care Professional is the same individual rendering health care services reporting the same Federal Tax Identification number.

Reimbursement Guidelines

If a procedure can be billed bilaterally, the provider should bill the service with a modifier 50. If the procedure is identified by the terminology as bilateral or unilateral, the 50 modifier should not be reported. Modifiers LT and RT should not be reported when the 50 modifier applies. The payment adjustment for services billed with the bilateral modifier (50) will be based on the “bilateral” status indicator in the NPFS.

When the bilateral indicator of “0,” “2,” or “3,” are reported, the payment adjustment rules for bilateral surgeries do not apply. Base payment on the lower of the billed amount or 100 percent of the fee schedule amount unless other payment adjustment rules apply.

When the bilateral indicator of “1” is reported, a 150% payment adjustment for Bilateral Procedures will apply. If the procedure is billed with the bilateral modifier or is reported twice on the same day by any other means, (e.g., with modifier RT/LT or with 2 in the units field.) the payment will be based on the lower of the total actual charge for both sides or 150% of the fee schedule amount for a single code.

When a bilateral indicator of “9” is reported the bilateral concept does not apply.

Multiple Surgeries

If bilateral surgeries are billed with other procedures, consider the Bilateral Procedures with a payment amount of 150% for both sides as one payment amount, and rank this with the remaining procedures. The appropriate multiple surgery reduction should be applied.

Definitions

Bilateral Procedures	The same procedure performed on both sides of the body during the same session.
Same Individual Physician or Other Qualified Health Care Professional	The same individual rendering health care services reporting the same National Provider Identifier (NPI) number.

Questions and Answers

1	<p>Q: If a code has the term 'bilateral' in its definition, can it be reported with modifier 50?</p> <p>A: No. For example, the CPT code 40843 includes the term 'bilateral' and is inherently a Bilateral Procedure. To report unilateral performance of this procedure, use the appropriate unilateral CPT code 40842.</p>
2	<p>Q: If a code has the term 'bilateral' in its definition, yet the procedure was only performed on one side, how should this be reported?</p> <p>A: If a code exists for the comparable unilateral procedure, report the appropriate unilateral code. If a code does not exist for the comparable unilateral procedure, report the bilateral code with modifier 52.</p>
3	<p>Q: What is the most appropriate way for a physician or other health care professional to bill UnitedHealthcare Medicare Advantage for a Bilateral Procedure?</p> <p>A: If a procedure can be billed bilaterally, the provider should bill the service with a modifier 50. If the procedure is identified by the terminology as bilateral or unilateral, the 50 modifier should not be reported.</p>

4	<p>Q: Should modifier 50 be used for bilateral services billed by the Ambulatory Surgery Center (CMS Specialty 49)?</p> <p>A: Per the CMS Manual and National Correct Coding Initiative (NCCI) rules the Ambulatory Surgical Center (ASC), is excluded from the bilateral modifier requirement and should be billed on two lines with an LT/RT modifier.</p>
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Codes
CPT Code Section
National Physician Fee Schedule Relative Value Files
HCPCS Release & Code Sets

Modifier Codes			
50	59	LT	RT

Resources
<p>www.cms.gov</p> <p>Centers for Medicare and Medicaid Services, PFS relative value files</p> <p>HCPCS Release & Code Sets</p> <p>Medicare Claims Processing Manual - Chapter 12 - Physicians/Nonphysician Practitioners NPFS</p> <p>Medicare Claims Processing Manual - Chapter 23 - Fee Schedule Administration and Coding Requirements Sections: 50.6</p> <p>MLN Matters Articles SE1422, ICN 901344</p>

History	
09/13/2023	Policy Version Change Application Section: Updated Definitions Section: Updated Same Provider Definition to reflect 'NPI' History Section: Entries Prior to 9/13/2021 archived
6/1/2023	Policy Version Change Logo Updated
6/1/2022	Anniversary Review and Policy Version Change Application Section Updated History Section: Entries Prior to 6/1/2020 archived
10/22/2014	New Policy