



Bilateral Procedures

Reimbursement Policy ID: RPC.0006.2100

Recent review date: 07/2023

Next review date: 10/2025

AmeriHealth Caritas Louisiana reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas Louisiana may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including but not limited to Current Procedural Terminology (CPT®), the Healthcare Common Procedure Coding System (HCPCS), and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM). Other factors that may affect payment include but are not limited to medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other policies. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all healthcare services billed on CMS-1500 forms or its electronic equivalent and, when specified, billed on UB-04 forms or its electronic equivalent.

Policy Overview

A bilateral procedure is a procedure performed on identical anatomic sites, on opposite sides of the body (mirror image) that are performed during the same operative session, or on the same day by the same provider.

AmeriHealth Caritas Louisiana recognizes modifier 50, and adjusts reimbursement accordingly, when appended to a service to indicate that a bilateral procedure has been performed on identical anatomic sites, on opposite sides of the body during the same operative session or on the same day by the same provider when medically necessary.

Exceptions

The use of Modifier 50 is not applicable with procedures or codes that are bilateral in intent or that have bilateral in their description. Some examples of descriptions may include the terms "unilateral or bilateral," "one or both," and "bilateral."

Reimbursement Guidelines

AmeriHealth Caritas determines whether claims are eligible for reimbursement for bilateral surgery based on the “Bilateral Surgery” indicator in the Medicare Physician Fee Schedule Database (MPFSDB).

- “0” indicates a unilateral code; modifier 50 will not be reimbursed
- “1” indicates modifier 50 may be reimbursable
- “2” indicates a bilateral code; modifier 50 is not eligible for reimbursement
- ‘3’ indicates a primary radiology code; modifier 50 is not eligible for reimbursement
- ‘9’ indicates that the concept of a bilateral procedure does not apply.

Indicator “1” on procedure codes are considered eligible for bilateral services reimbursement and must be submitted as a one-line entry with 50 modifier and 1=unit in order to be reimbursed. Allowed procedure codes submitted with modifier 50 will be reimbursed at 150% of the LDH Medicaid fee schedule.

Definitions

Bilateral Procedure

Same procedures that are performed on both the left and the right side of a patient’s body during the same operative session or on the same day.

Modifier

An indicator used in conjunction with a CPT code to denote that a service or procedure that has been performed has been altered by a circumstance without changing the definition of the CPT code.

Edit Sources

- I. *Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS®), International Statistical Classification of Diseases and Related Health Problems (ICD®), and associated publications and services.*
- II. Centers for Medicare and Medicaid Services (CMS).
- III. Louisiana Department of Health (LDH) Medicaid Fee Schedule(s).
- IV. *Medicare Physician Fee Schedule Database.* <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PFSlookup>
- V. Louisiana Department of Health (LDH) Medicaid Professional Services Provider Manual <https://www.lamedicaid.com/provweb1/providermanuals/manuals/PS/PS.pdf>

Attachments

N/A

Associated Policies

N/A

Policy History

08/25/2023	Removal of Policy Implemented by AmeriHealth Caritas from Policy History section
07/11/2023	Reimbursement Policy Committee Approval

01/10/2023	Template Revised Revised preamble Removal of Applicable Claim Types table Coding section renamed to Reimbursement Guidelines Added Associated Policies section
	Precedes Act 319