

Policy 1207

NHP/NHIC ~ Bilateral Procedures

Purpose: This policy describes bilateral procedures and the application of multiple procedure reductions.

Policy and Procedure: Network Health Plan/Network Health Insurance Corporation (NHP/NHIC) follows the bilateral rules status indicators as determined by the Centers for Medicare and Medicaid Services (CMS) which is on the National Physician Fee Schedule Relative Value File. All codes with the “bilateral” status indicator of “1” are considered by NHP/NHIC to be eligible bilateral services as indicated by the bilateral modifier 50.

Bilateral Procedure: When a procedure is performed on both sides of the body during the same operative session, the surgical procedure is considered bilateral. When the code description in the CPT code book does not identify the procedure as “bilateral” or “unilateral,” the procedure should be reported with a modifier 50.

CPT or HCPCS codes with bilateral in their intent or with bilateral written in their description should not be reported with the bilateral modifier 50, because the code is inclusive of the bilateral procedure. The HCPCS modifiers –LT and –RT can be appended when the procedure is valid for a modifier 50 but the procedure is only performed on one side.

A bilateral service should be reported as a single line item, with modifier 50, one unit, and the bill amount at full charge for both procedures.

When multiple bilateral procedures are performed, the same rules should be followed; however modifier 51 should also be billed on the second and subsequent bilateral procedures listed. When a bilateral procedure is performed with other procedure codes on the same date of service, the bilateral procedure is considered the first highest valued procedure and then multiple procedure rules will be applied to the remainder.

In rare instances a bilateral service may be performed on multiple sites and not just bilaterally. In those instances, the use of modifier 59 Distinct Procedural Service to report the additional units beyond the bilateral services performed will indicate that the services were performed on a different site or organ system. Medical record documentation must support the use of modifier 59.

This policy is not a guarantee of coverage or payment. The claim(s) will be denied if it does not meet with all the terms and provisions of the members Certificate of Coverage. Actual benefits will be determined when the claim(s) or bill(s) are submitted to NHP/NHIC. NHP/NHIC reserves the right to periodically review and update all claims policies and procedures.

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