

<b>Coding Policy Policy and Procedure</b>		
SUBJECT: Coding Policy 14.0 Bilateral Services	DEPARTMENT: <b>Health Care Services</b>	
ORIGINAL EFFECTIVE DATE: 01/2000	DATE(S) REVIEWED/REVISED: 01/0001/08, 01/09, 01/10, 01/11, 01/12, 01/13, 01/14, 01/15, 01/16, 01/17, 01/18, 11/18, 01/20, 01/21, 01/22, 01/23	
APPROVED BY: Coding Policy Review Committee	NUMBER: <b>MC 14.0</b>	PAGE: <b>1 of 2</b>

**SCOPE:**

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

**APPLIES TO:**

Health Care Providers  
All Lines of Business

**POLICY:**

Bilateral services are performed on both sides of the body during the same session or on the same day and are not otherwise identified as bilateral in the CPT code description. Only those services which qualify for the bilateral surgery payment adjustment on the Medicare Physician Fee Schedule (MPFS) (bilateral surgery indicator of “1”) may be billed with modifier -50. For bilateral services indicated with modifier -50, the second service is reimbursed at a lesser rate than the initial or primary service.

**PROCEDURE:**

When a service code has a bilateral surgery indicator of “1” on the Medicare Physician Fee Schedule (MPFS), the plan will reimburse 150% of global fee when the service is performed bilaterally.\* Append modifier -50 or RT/LT to the codes when billing.

**BILLING EXAMPLES:**

- Bill code on one line with modifier 50 (preferred method)  
31200-50      Payment 150% of allowable
- Bill codes on two lines with modifier 50 on one of the codes  
31200              Payment 100% of allowable  
31200-50        Payment 50% of allowable
- Bill codes on two lines with modifier RT on one code and modifier LT on the other code  
31200-RT        Payment 100% of allowable  
31200-LT        Payment 50% of allowable

When bilateral surgeries are performed in conjunction with other surgeries, multiple surgery rules (Coding Policy 06.0) will be applied first, so the bilateral procedure may be paid at the same rate for each line, i.e., 50% for each unit rather than 100% for one unit and 50% for the second unit.

30520              Payment 100% of allowable  
31200              Payment 50% of allowable  
31200-50        Payment 50% of allowable

\* Exceptions may apply when discrepancies exist between Company policies and/or AMA or other published information and CMS surgery indicators.

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**REFERENCE:**

CMS / Medicare Rules and Regulations  
 Medicare Physician Fee Schedule  
 Current Procedural Terminology (CPT)  
 Providence Health Plan Coding Edits