

-50 Bilateral Procedure Modifier

Last Reviewed: 4/5/2024

The -50 modifier should be appended when an identical procedure is performed on both sides of a paired organ. The information outlined below addresses submission of professional claims to UCare.

Product Information

The information outlined below applies to professional services for all UCare products.

Payment Information

- When Medicare Relative Value File (BILAT SURG) contains an indicator of “0,” “2,” “3,” or “9,” the 150% payment adjustment rules for bilateral surgeries do not apply.
- When Medicare Relative Value File (BILAT SURG) contains an indicator of “1” the 150% payment adjustment rule for bilateral surgeries does apply.
 - Submit services on one claim line with one unit of service.
 - UCare will apply multiple procedure payment logic and payment reductions for services other than the primary procedure.

Bilateral Surg Indicator	Bilateral Surg Indicator Description	Payment Adjustment
1	150% payment adjustment for bilateral procedures applies.	<p>If the code is billed with the bilateral modifier or is reported twice on the same day by any other means (e.g., with RT and LT modifiers, or with a 2 in the unit field), base the payment for these codes when reported as bilateral procedures on the lower of: (a) the total actual charge for both sides or (b) 150% of the fee schedule amount for a single code.</p> <p>If the code is reported as a bilateral procedure and is reported with other procedure codes on the same day, apply the bilateral adjustment before applying any multiple procedure rules.</p>
3	The usual payment adjustment for bilateral procedures <u>does not</u> apply.	<p>If the procedure is reported with modifier -50 or is reported for both sides on the same day by any other means (e.g., with RT and LT modifiers or with a 2 in the units field), base the payment for each side or organ or site of a paired organ on the lower of (a) the actual charge for each side or (b) 100% of the fee schedule amount for each side.</p> <p>If the procedure is reported as a bilateral procedure and with other procedure codes on the same day, determine the fee schedule amount for a bilateral procedure before applying any multiple procedure rules.</p>

Appropriate Use

- The same surgical procedure is performed on a paired organ.
 - For example, a bilateral tympanostomy is performed; the claim should be submitted as CPT code 69436, appended with a -50 modifier.

Inappropriate Use

- Performing services on different areas on the same side of the body.
- The CPT or HCPCS code description includes the verbiage “bilateral” or “unilateral or bilateral” within its description as the fee schedule payment amount already reflects any additional work required for bilateral surgeries so described.
 - Example: CPT code 52290 - Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral
- The Medicare BILAT SURG indicator on the Medicare Physician Fee Schedule Relative Value File is 0, 2, or 9.

Additional Links

[CMS Medicare Physician Fee Schedule Relative Value File \(MPFSRVF\)](#)

[CMS Internet Only \(IOM\), Publication 100-04, Medicare Claims Processing Manual, Chapter 12, Section 40.7](#)

[Modifiers - NGS MEDICARE](#)

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