

Coding Policy

Bilateral Services

CODING POLICY NUMBER: 14

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|---------------------------------|-------------------------------|---|
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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”). **The full Company portfolio of current coding policies is available online and can be [accessed here](#).**

POLICY APPLICATION

- Providence Health Plan Participating Providers
- Non-Participating Practitioners
- Commercial
- Medicaid/Oregon Health Plan
- Medicare

*Medicaid/OHP Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Coding policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

POLICY STATEMENT

I. 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.

- II. 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.
- III. For bilateral services indicated with modifier -50, the second service is reimbursed at a lesser rate than the initial or primary service.

PROCEDURE

GENERAL

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 Policies 06.0, 06.1 and 06.2) 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.

CROSS REFERENCES

- Coding Policy 06.0 (Multiple Procedure Reductions)
- Coding Policy 06.1 (Multiple Endoscopy Procedure Reductions)
- Coding Policy 06.2 (Multiple Diagnostic Service Reductions)

REFERENCES

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

POLICY REVISION HISTORY

| Date | Revision Summary |
|-------------|--|
| 1/2023 | Annual review (converted to new template 5/2023). Original policy effective date: 1/2000 |
| 1/2024 | Annual review. No changes to policy. |
| 1/2025 | Annual review. No changes to policy. |
| 1/2026 | Annual review. Added cross references section. |