



March 29, 2021 (Updated April 16, 2021)

Web Announcement 2458

### **Attention Ambulatory Surgical Services and Professional Claims Providers:**

## **Modifier 50 Can Be Billed with Bilateral Procedures**

Effective with claims processed on or after March 29, 2021, provider types (PTs) 10 (Outpatient Surgery, Hospital Based) and 46 (Ambulatory Surgical Centers) may bill bilateral procedures performed during the same session with modifier 50 (Bilateral procedure).

Additional billing instructions for ASC and professional providers:

- The site-specific modifiers 'LT' (Left side) or 'RT' (Right side) may be used on appropriate Current Procedural Terminology (CPT) codes only when services are performed on either the right OR the left side.
- Providers should **not** use the 'LT' and 'RT' modifier on the same procedure code instead of modifier 50.
- ASC and professional claims must contain modifier 51 (Multiple procedures) to designate multiple surgical procedure codes, as appropriate.
- The ASC and professional claims must contain the same bilateral procedures (and modifiers) performed during the same session. If the same procedure/modifier combinations are not on both claims, one claim will deny with error code 5068 (ASC professional claims do not match).
- Claims for bilateral procedures must be submitted with the correct modifiers. Claims that do not have the correct modifiers will deny with error code 6127 (Bilateral procedure rule not followed).
  - Example: Providers should not use the 'LT' modifier on the bilateral surgery procedure with modifier 51 on one line and then bill the same procedure with modifiers 'RT' and 51 on the next line.