



Network Notification

Date: December 7, 2010

Number: OH-P-2010-34
MI-P-2010-18

To: Ohio and Michigan Providers

From: CareSource

Subject: Bilateral Procedures for Facility and Professional Claim Submissions

Effective Date: January 1, 2011

The following outlines the policy that CareSource follows for billing and reimbursement of Bilateral Procedures:

CareSource follows CMS Guidelines for Bilateral Indicators

- When the Bilateral Indicator = 0 as defined by CMS, the bilateral procedure payment adjustment does not apply and should not be billed with the 50 modifier.
- If the procedure is billed using the RT and/or LT modifiers the payment will total 100% of the fee schedule for the single code.

Example:

Bilateral Indicator = 0

Billed 27075 x 2 units = Paid @ 100% of contracted rate

27075 RT = Paid @ 100% of contracted rate

27075 LT = Denied – bilateral payment adjustment doesn't apply
= total claim paid @ 100% of contracted rate

27075 50 = Denied for inappropriate modifier

- For codes that are bilateral by definition (Bilateral Indicator = 2 as defined by CMS), the bilateral procedure payment adjustment does NOT apply.
- These procedures should be billed on a single claim line with a unit count of 1. If the procedure is billed using 50, RT, and/or LT modifiers the claim will be denied.

Example:

Bilateral Indicator = 2

Billed	76519	= Paid @ 100% of contracted rate
	76519 RT	= Paid @ 100% of contracted rate
	<u>76519 LT</u>	<u>= Denied – bilateral pmt adjustment doesn't apply</u>
		= total claim paid at 100% of contracted rate
	76519 50	= Denied for inappropriate modifier

- For codes that are not bilateral by definition (Bilateral Indicator = 1 as defined by CMS), the bilateral procedure payment adjustment does apply and should be billed on a single claim line using the 50 modifier with a unit count of 1

Example:

Bilateral Indicator = 1

Billed	69436 50	= Paid @ 150% of contracted rate
	69436	= Paid @ 100% of contracted rate
	<u>69436 50</u>	<u>= Denied – inappropriate bilateral billing</u>
		= Paid @ 100% of contract rate
	69436 RT	= Paid @ 100% of contracted rate
	<u>69436 LT</u>	<u>= Paid @ 50% of contracted rate</u>
		= total claim paid @ 150% of contracted rate
	69436	= Paid @ 100% of contracted rate
	<u>69436</u>	<u>= Denied - inappropriate bilateral billing</u>
		= Paid @ 100% of contracted rate

- For claims that are billed with multiple bilateral procedures, please see the Network Notification for Multiple Surgery Procedures for Facility and Professional Claim Submissions.