



# ADMINISTRATIVE POLICY STATEMENT

## Ohio Medicaid

Policy Name & Number	Date Effective
Bilateral Procedures-OH MCD-AD-1055	02/01/2026
Policy Type	
ADMINISTRATIVE	

Administrative Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Administrative Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Administrative Policy Statement. If there is a conflict between the Administrative Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

### Table of Contents

A. Subject .....	2
B. Background .....	2
C. Definitions .....	2
D. Policy .....	2
E. Conditions of Coverage .....	2
F. Related Policies/Rules .....	2
G. Review/Revision History .....	3
H. References .....	3

A. Subject

**Bilateral Procedures**

B. Background

CareSource processes claims for bilateral procedures in accordance with The Centers for Medicare and Medicaid Services (CMS) guidelines. Reimbursement is based on the bilateral surgery payment policy indicator assigned to the procedure code on the Medicare Physician Fee Schedule.

C. Definitions

- **Bilateral Procedures** – Procedures performed on both sides of the body during the same session or on the same day by the same provider.
- **Modifier** – A reporting indicator used in conjunction with a Current Procedural Terminology (CPT®) code to denote that a performed medical service or procedure has been altered by a specific circumstance while remaining unchanged in its definition or CPT® code.

D. Policy

- I. CareSource policies use CPT®, CMS, and other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement. In instances where there is a conflict between CMS guidelines and AMA/CPT® guidelines regarding modifier 50, CareSource will use guidelines as established by CMS to align with the Ohio Department of Medicaid (ODM) fee schedule.
- II. Providers and facilities should refer to CMS for appropriate modifiers and bilateral indicators when submitting claims.
- III. General billing guidelines apply when using CPT®. Unless CMS specifies differently
  - A. General billing guidelines for CPT® code descriptions should be followed, and appropriate units should be used.
  - B. CPT® codes with bilateral intent or with bilateral written in the description should not be reported with the bilateral modifier 50 or modifiers LT and RT.
  - C. CPT® codes with unilateral intent or with unilateral written in the description may be reported with the bilateral modifier 50 or modifiers LT and RT.

E. Conditions of Coverage

NA

F. Related Policies/Rules

NA

The ADMINISTRATIVE Policy Statement detailed above has received due consideration as defined in the ADMINISTRATIVE Policy Statement Policy and is approved.

### G. Review/Revision History

DATES		ACTION
<b>Date Issued</b>	06/01/2021	New policy
<b>Date Revised</b>	02/03/2021	Policy converted from reimbursement policy PY-0012.
	01/18/2023	No changes to content. Updated references. Approved at Committee.
	02/14/2024	Annual review. No changes to content. Updated references. Approved at Committee.
	12/18/2024	Annual review. Updated background and references. Approved at Committee.
	11/05/2025	Review. Updated references. Approved at Committee.
<b>Date Effective</b>	02/01/2026	
<b>Date Archived</b>		

### H. References

1. Ambulatory surgical centers. *Medicare Claims Processing Manual*. Centers for Medicare and Medicaid Services; 2023. Publication # 100-04. Accessed October 27, 2025. [www.cms.gov](http://www.cms.gov)
2. Fee schedule administration and coding requirements. *Medicare Claims Processing Manual*. Centers for Medicare and Medicaid Services; 2025. Publication # 100-04. Accessed October 27, 2025. [www.cms.gov](http://www.cms.gov)
3. Inpatient hospital billing. *Medicare Claims Processing Manual*. Centers for Medicare and Medicaid Services; 2025. Publication # 100-04. Accessed October 27, 2025. [www.cms.gov](http://www.cms.gov)
4. Physicians/nonphysician practitioners. *Medicare Claims Processing Manual*. Centers for Medicare and Medicaid Services; 2024. Publication # 100-04. Accessed October 27, 2025. [www.cms.gov](http://www.cms.gov)

Approved by ODM 11/12/2025

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