

Bilateral Procedure Billing Guidelines

Thank you for being a valued Healthfirst partner. Below is the Healthfirst policy on billing Bilateral Procedures. We have broken out the different modifiers that should be used for bilateral indicators 1 and 3 (bilateral indicator 2 does not apply), as listed on the Centers for Medicare and Medicaid Services' National Physician Fee Schedule (NPFS) Relative Value File status indicators. All codes in the NPFS with "bilateral" status indicator "1" or "3" are considered by Healthfirst to be eligible for bilateral services, as indicated, with use of the appropriate bilateral modifier. To avoid unnecessary denials, please follow the examples outlined below. For more information on this, you may visit www.cms.gov.

Bilateral Indicator '1'

Bilateral Indicator	Line #	Global Service Code	Modifier	# of Units	% Paid
1	1	20610		1	100%
	2	20610	50	1	50%
				Total	150% Contracted Rate

Bilateral Indicator '3'

Option 1:

Bilateral Indicator	Line #	HCPCS Code	Modifier	# of Units	% Paid
3	1	76510	RT	1	100%
	2	76510	LT	1	100%
				Total	200%

Do not add modifier 50 to any bilateral indicator '3'.

Option 2:

Bilateral Indicator	Line #	HCPCS Code	Modifier	Modifier 2	# of Units	% Paid
3	1	76510	RT	LT	2	200%
					Total	200%

Do not add modifier 50 to any bilateral indicator '3'.