

December 7, 2007

Revised Bilateral surgical reporting change

Employer Provider Network, Inc. (EPNI) is changing the billing requirements for bilateral surgical services. Currently EPNI requires submission of two lines for bilateral procedures. The -50 modifier is appended to the second line of service.

New process

Effective for claims submitted on or after **January 1, 2008**, EPNI will require a one-line entry appended with the -50 modifier. Correctly submitted services will be eligible for 150 percent of the procedure allowed amount.

The bilateral modifier -50 is used to indicate cases in which a procedure normally performed on only one side of the body is performed on both sides. The CPT[®] descriptors for some procedures specify that the procedure is bilateral. In such cases, the bilateral modifier should not be used.

Edits

Certain edits will apply to bilateral services:

- If a CPT defined bilateral procedure is submitted with a -50 modifier, the service will be denied based on submission of an incorrect procedure/modifier combination.
- If more than one line of the same procedure code is submitted — one with the -50 modifier and one without — the unmodified line(s) will be denied as duplicative.
- Bilateral services on claims resubmitted on or after **January 1, 2008** will need to be submitted using the one-line reporting method regardless of the date of service.

Questions?

If you have any questions, please contact provider service at (651) 662-5200 or toll free at 1-800-262-0820.

CPT[®] (Current Procedural Terminology) is a registered trademark of the American Medical Association.

Please route this bulletin to other interested staff.