
-50 Bilateral Procedure Modifier

Last Reviewed: 11/3/2021

The -50 modifier should be appended when an identical procedure is performed on both sides of a paired organ. The information outlined below addresses submission of professional claims to UCare.

Product Information

The information outlined below applies to professional services for all UCare products.

Payment Information

- When Field 22 of the Medicare Relative Value File (BILAT SURG) contains an indicator of "0," "2," or "3," the payment adjustment rules for bilateral surgeries do not apply.
- When Field 22 of the Medicare Relative Value File (BILAT SURG) contains an indicator of "1" the payment adjustment rules for bilateral surgeries do apply
 - Submit services on one claim line with one unit of service.
 - The base allowed amount for eligible services is increased by fifty percent (50%).
 - UCare will apply multiple procedure payment logic and payment reductions for services other than the primary procedure.

Appropriate Use

- The same surgical procedure is performed on a paired organ. For example, a bilateral tympanostomy is performed; the claim should be submitted as CPT code 69436, appended with a -50 modifier.

Inappropriate Use

The -50 modifier should not be used when:

- Performing services on different areas on the same side of the body.
- The payment adjustment rules for bilateral surgeries do not apply to procedures identified by the CPT® descriptor as "bilateral" or "unilateral or bilateral" since the fee schedule payment amount already reflects any additional work required for bilateral surgeries so described.

Example: CPT code 52290 - Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral

- The Medicare BILAT SURG indicator on the Medicare Physician Fee Schedule Relative Value File is 0, 2, or 9.
- The CPT or HCPCS code description includes the verbiage bilateral or unilateral within its description.

Additional Links

[CMS Medicare Physician Fee Schedule Relative Value File \(MPFSRVF\)](#)

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