



Bilateral Procedures: Billing Clarification Update

As indicated in the Remittance Advice messages dated July 24-August 7, 2012, when billing for bilateral procedures performed during the same session (unless otherwise directed in CPT), providers are to use the -50 modifier (Bilateral procedure) with the appropriate CPT code and place a "1" in the units field of the claim. The site specific modifiers 'LT' (Left side) or 'RT' (Right side) may be used on appropriate CPT codes only when services are performed on either the right OR the left side. Providers should not use the 'LT' and 'RT' modifiers on the same procedure code instead of the -50 modifier.

Claims processing is being updated to look for and deny inappropriately billed bilateral procedures. Providers can soon expect to see claims denied with error codes 707 and 710 when billed incorrectly.

707- Bilateral-Resubmit with modifier 50-One Unit

710- Bilateral-Void Paid Claim-Resubmit with Modifier-50

Overpayments due to fragmented claim submissions are subject to review and recovery of the overpayment.

For questions related to this clarification, please contact Molina Medicaid Solutions Provider Services at (800) 473-2783 or (225) 924-5040.