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The following updates will affect Medicare Advantage

Non -surgical codes are reimbursed at 100% of the fee schedule or other allowed amount when billed with HCPCS modifiers RT/LT on separate lines with “1” unit per line. Multiple bilateral procedures follow multiple surgery guidelines outlined in the modifier 51 policy.

Modifier 50 Bilateral Procedures - Cigna

- Reimbursement is made at the rate of 100% for the first side and 50% for the second side (100 +50 =150%).
- Diagnostic services, including radiology, are not subject to multiple surgery reimbursement rules. Therefore, bilateral procedures for this type of service are to be reported on two lines with the LT and RT site-specific modifiers.

Commercial Reimbursement Policy

Policy Blue Cross allows reimbursement for procedure codes appended with Modifier LT and/or RT when indicating the side of the body for which the item, supply or procedure will be used unless provider, state, federal or CMS contracts and/or requirements indicate otherwise. Reimbursement is based on 100% of the fee schedule or