



Modifier 50 Fact Sheet

Definition:

- Bilateral Procedure performed at the same session on an anatomical site.

Appropriate Usage:

- When the procedure is done bilaterally **AND** the MPFSDB indicator for the procedure is "1" or "3" report the procedure code once; append with modifier 50 and report with one unit of service.
- Appropriate use occurs when the performing services on two bilateral body parts.

Inappropriate Usage:

- Reporting this modifier when the performing the service on different areas of the same side of the body.
- The BILT SURG indicator is 0, 2, or 9.
- When removing a lesion on the right arm and one on the left arm.
- On a procedure code that is described as bilateral in its CPT description.
- Do not report a bilateral procedure on two lines of service and append modifier 50 to the second line of service.

Additional Information:

When submitting modifier 50 appropriately Medicare's reimbursement for the surgical procedure is 150 percent of the fee schedule.

Providers billing a procedure code/modifier combination inappropriately will result in an unprocessable denial.



Example:

Correctly billed for bilateral procedure

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a.		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES																													
19. RESERVED FOR LOCAL USE										17b. NPI		FROM		TO		20. OUTSIDE LAB? \$ CHARGES																									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100)										17c.		MM		DD		YY		MM		DD		22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.																			
1. 64421										17d.		YES		NO		23. PRIOR AUTHORIZATION NUMBER																									
2. _____										17e.		F.		G.		H.		I.		J.																					
3. _____										17f.		\$ CHARGES		DAYS OR UNITS		EPSON Family Plan		ID. QUAL.		RENDERING PROVIDER ID. #																					
24. A. DATE(S) OF SERVICE										B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)										E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSON Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #							
From To										MM DD YY		MM DD YY		CPT/HCPCS MODIFIER										DIAGNOSIS POINTER		\$ CHARGES		DAYS OR UNITS		EPSON Family Plan		ID. QUAL.		RENDERING PROVIDER ID. #							
1										03		01		06		21		27447 50										1		1400.00		001		NPI		1234567890					
2																																									
3																																									

Submit either Modifier 50 or Modifiers LT and RT.

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19. RESERVED FOR LOCAL USE										17b. NPI		FROM		TO		20. OUTSIDE LAB? \$ CHARGES																									
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From To										MM DD YY		MM DD YY		CPT/HCPCS MODIFIER										DIAGNOSIS POINTER		\$ CHARGES		DAYS OR UNITS		EPSON Family Plan		ID. QUAL.		RENDERING PROVIDER ID. #							
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2																																									
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