



Effective 6/19/2026

Lines Of Business All Lines of Business

Modifier 50: Bilateral Procedure

DISCLAIMER

This policy does not govern whether a specific procedure is covered under any specific member plan or policy, nor is it intended to address every claim situation. The determination that any service, procedure, item, etc., is covered under a member's benefit plan shall not be construed as a determination that a provider will be reimbursed for services provided. Individual claims may be affected by other factors, including but not necessarily limited to state and federal laws and regulations, legislative mandates, provider contract terms, and THP's professional judgment. Reimbursement for any services shall be subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification, and utilization management guidelines. Unless otherwise noted within the policy, THP's policies apply to both participating and non-participating providers and facilities. THP reserves the right to review and revise these policies periodically as it deems necessary in its discretion, and it is subject to change or termination at any time by THP. THP has full and final discretionary authority for its interpretation and application. Accordingly, THP may use reasonable discretion in interpreting and applying this policy to health care services provided in any case. No part of this policy may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, whether electronic, mechanical, photocopying or otherwise, without express written permission from THP. When printed, this version becomes uncontrolled. For the most current information, refer to the following website: healthplan.org.

BACKGROUND

A modifier is two characters (letters or numbers) appended to a Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code. The modifier provides additional information about the product or service without changing the meaning of the code billed.

A pricing modifier is a modifier that causes a pricing change for the code billed.

POLICY

Modifier 50	Bilateral Procedure performed at the same session on both sides of the body
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Modifier 50 must be reported when bilateral procedures are performed during the same session and on a symmetrical structure i.e., nose, spine or both sides of the body i.e., ears, hands.

Claims where the same procedure is submitted with two (2) lines or units *and* anatomic modifiers i.e., -RT and -LT will be denied.

Modifier 50 should **not** be used for:

- Bilateral procedure performed on different areas of the right and left sides of the body.
- Procedure code that is already defined as bilateral service i.e., 92250.
- Procedure performed on different areas of same side of body.
- Reporting bilateral procedures as two separate claim line items.

Payment Impact

Line of Business	Percentage (%) of Fee Schedule
Commercial	150%
Medicare	150%
Mountain Health Trust	150%
PEIA	150%
Self-Funded/ASO	150%

As a reminder, The Health Plan (THP) applies claims edits to all services including those with modifiers.