



PROVIDER REIMBURSEMENT GUIDANCE

Bilateral Procedures

Original Date Approved

Effective Date

Revision Date

02/10/2022

4/01/2022

2/10/2022

Scope: Commonwealth Care Alliance (CCA) Product Lines

☒ Senior Care Options (MA)

☒ One Care (MA)

PAYMENT POLICY SUMMARY:

CCA's policy regarding bilateral procedures follows the direction established by the Centers for Medicare and Medicaid Services (CMS). Bilateral services are defined as procedures performed on both sides of a patient's body, occurring either during the same session or on the same day.

REIMBURSEMENT GUIDELINES:

Bilateral Surgeries:

CCA follows the guidelines outlined by the Centers for Medicare and Medicaid Services (CMS) for reimbursement of bilateral eligible codes. The bilateral eligible codes are outlined in the CMS National Physician Fee Schedule (NPFS). Codes with indicators of "1" or "3" are eligible for bilateral procedure reimbursement. Providers must submit bilateral procedure codes using CPT or HCPCS modifier 50.

Multiple Surgeries:

If bilateral surgeries are billed with other procedures on the same day, the appropriate bilateral adjustment will first be applied and then the appropriate multiple surgery reduction will be applied.

Definitions:

Bilateral Procedure	An identical procedure performed on both sides of a patient's body, occurring either during the same surgical session or on the same day
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**Codes:**

CPT Code Section

National Physician Fee Schedule Relative Value Files

<https://www.cms.gov/status-indicators> Release and Code Sets

CMS Claims Processing Manual 100-04

Commonwealth of Massachusetts

Audit and Disclaimer Information:

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management guidelines when applicable and adherence to plan policies, procedures, and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance. CCA reserves the right to amend this payment policy at its discretion, to be binding on Provider. ICD, CPT/HCPCS codes are updated as applicable and such updates shall be deemed automatically incorporated into this Policy; providers must adhere to the most recent ICD, CPT/HCPCS coding guidelines, as applicable.

REFERENCES:

References

[CCA Website](#)

[CMS Website](#)

[National Physician Fee Schedule](#)

Payment Policies:

[Massachusetts](#)

Provider Manuals:

[Massachusetts](#)

Prior Authorization Forms:

[Massachusetts](#)

POLICY TIMELINE DETAILS:

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1. Drafted: November 2021
 2. Approved: February 2022
 3. Implemented: April 2022
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