

Internal Medicine Coding Alert

Reader Questions: Bilateral X-Ray Doesn't Always Mean -50

Question: Our internist x-rayed a patient's symptomatic knee and ordered an x-ray of the other knee for comparative purposes. How should we report the comparison x-ray?

Answer: Report the appropriate radiology code on two separate lines of your claim, such as 73560 (Radiologic examination, knee; 1 or 2 views). Although you're reporting x-rays of mirrorimage body parts, you don't normally include modifier 50 (Bilateral procedure) when submitting claims for bilateral radiology exams.

Alternative: Some payers might request the procedure code with modifiers LT (Left side) and RT (Right side) to differentiate the tests. Other payers might direct you to report the procedure code only once, with "2" in the units of service box on the claim form. Work with your payers to determine the correct method of filing.