

## Internal Medicine Coding Alert

### READER QUESTIONS: Modifier 50: Medicare Wants Single Line Entry

**Question:** I need some information on billing bilateral procedures. For Medicare, should I report the code only once with modifier 50 using a quantity of one or two on the first line? If so, would I double the fee from \$1.00 to \$2.00?

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**Answer:** Medicare generally wants you to use only one line with modifier 50 (Bilateral procedure) and a quantity of one.

**Example:** An IM removes a splinter using a needle from each foot (28190, Removal of foreign body, foot;subcutaneous). When you look up 28190 on the Medicare Physician Fee Schedule, you find the code has a bilateral procedure indicator of 1, meaning the code is eligible for bilateral reporting using modifier 50.

**Caution:** Do not double the fee. Medicare already pays codes appended with modifier 50 at 150 percent; doubling the fee to \$2.00 from \$1.00 would push the payment to 300 percent and be inappropriate.