

Eli's Rehab Report

News Brief: CMS Corrects Erroneous Bilateral Status Indicators

If your PM&R practice has had fee reductions when reporting 20526 (Injection, therapeutic [e.g., local anesthetic; corticosteroid], carpal tunnel) with either modifier -50 (Bilateral procedure) or the site modifiers -RT (Right side) and -LT (Left side), you must resubmit these claims to Medicare to collect your rightful payments.

According to CMS program memorandum AB-02-112, CMS erroneously assigned incorrect "bilateral surgery" modifiers to 41 CPT codes although [CPT 20526](#) is the only code significant to most PM&R practices. The incorrect modifiers reduced reimbursement for these codes by as much as 50 percent when performed bilaterally, but practices should refile any bilateral claims for 20526 to their local Medicare carriers.

The update is retroactive to Jan. 1, 2002, so resubmit any claims with service dates in 2002. The program memorandum specifically states that carriers should not search their files to reprocess any such claims, "however, carriers should adjust claims brought to their attention." Therefore, PM&R practices are responsible for seeking any additional reimbursement for incorrectly reduced bilateral services.

The full text of the transmittal is on the CMS Web site, www.cms.gov/manuals/pm_trans/ab02112.pdf.