

Eli's Rehab Report

Reader Questions: Don't Overlook Parenthetical Notes

Question: Is it appropriate to use modifier -50 for bilateral facet joint injections (64470-64476)? If yes, then would the fee for the bilateral be figured at 150 percent of the single level?

Florida Subscriber

Answer: If you look at your CPT book, you'll find a parenthetical note prior to the codes for paravertebral facet joint injections 64470-64484. This note states: "(Codes 64470-64484 are unilateral procedures. For bilateral procedures, use modifier -50)."

Therefore, how you indicate the bilateral services on the 1500 form will depend on the payer's preference. For instance, most Medicare carriers prefer a single line item and modifier -50 (Bilateral procedure) appended to the code. Some commercial payers may request two line items, one with no modifier and a second line item with modifier -50. For a few other payers, you may have to submit two line items but with modifiers -RT (Right side) and -LT (Left side) and no use of modifier -50 at all.

However, a vast majority of payers will process as 150 percent of the allowable fee for a CPT code. This is because your physician is not performing the separate "preoperative and postoperative" work or services for the second or bilateral side. As such, the 50 percent allowance for the bilateral side covers the work for the "operative" portion of the CPT.