

Eli's Rehab Report

Reader Questions: Examine X-Ray Codes Before Reporting Bilaterally

Question: Can I apply modifier -50 to an x-ray code for a Medicare patient?

Wisconsin Subscriber

Answer: No, you should look to modifiers -RT (Right side) and -LT (Left side) instead. Also, make sure you have your payers' recommendations on how to report x-rays on file, in case of a future audit.

For Medicare claims, appending modifier -50 (Bilateral procedure) to x-ray codes found in the diagnostic radiology section of the CPT book (70010-76499) is a big no-no because the modifier was intended for surgical procedures, not radiology. And many of the radiology procedure codes specify "unilateral," "bilateral" or "both" in the code definition

For example, in its radiology manual, the commercial carrier CIGNA Healthcare states, "The most appropriate way to submit bilateral x-rays is to bill the procedure code on separate lines with the appropriate -RT (Right side) and -LT (Left side) modifiers (do not use the bilateral modifier -50)."

In order to specify which foot on a Medicare claim for an x-ray, for example, you can only append modifiers -LT and -RT. If it's a toe x-ray, one of the toe modifiers, like -T3 (Left foot, fourth digit), is the way to go. Some private carriers may require modifier -50, so you should ask the insurance carriers what they prefer.

Don't be fooled: Always check the fee schedule; just because something appears to be bilateral (such as a procedure performed on two eyes) doesn't always mean it is. The bilateral part could be inclusive with the injury or condition's definition. In other words, never simply assume you're right. Look to the Physician Fee Schedule's Column T to determine a code's bilateral modifier status. (Editor's note: You can find it online at www.cms.hhs.gov/physicians/pfs/.)

When dealing with non-Medicare payers, you should ask your insurers how they want you to report modifiers -50 and -LT/-RT. Not all private payers follow CMS guidelines. Some insurers will specify when they prefer modifier -50 and when they require modifiers -LT/-RT. Other payers prefer modifiers -LT/-RT in all circumstances because they think those modifiers are more specific than modifier -50.

Protect yourself: Always get the payers' coding recommendations and payment guidelines in writing to protect yourself in the event of audits or claim reviews, coding experts say.

- You Be the Coder and Reader Questions were reviewed by **Marvel Hammer, RN, CPC, CCS-P, CHCO**, owner of MJH Consulting in Denver.