



Your Health Solutions Partner

January 2025

Reminder of Policy Update and Coding Edit for Bilateral Procedures Professional Billing

We are reminding providers that Florida Blue's Bilateral Procedures- Professional & Institutional Billing policy has been updated. The current method for submitting claims with the Centers for Medicare & Medicaid Services National Physician Fee Schedule Relative Value File "bilateral" status indicators "1" or "3" has changed.

This update became effective May 1, 2024. For Florida Blue professional claims, bilateral procedures should be reported on a single line with modifier 50 and "1" unit. It is also acceptable to report a bilateral procedure on two separate claim lines with "1" unit for each line along with modifier LT on one line and modifier RT on the other. It is no longer appropriate to submit claims with modifier 50 and "2" units.

There is no change to institutional billing of bilateral services.

For more details and specific information, please reference the [Bilateral Procedures- Professional & Institutional Billing payment policy](#) (number 10-005, revised November 14, 2024).

You can find a list of all current payment policies at FloridaBlue.com. Select *For Providers*, then *Tools and Resources*, navigate to *Medical & Pharmacy Policies and Guidelines*, and click *Payment Policies*.