



PROVIDER QUICK TIPS

#68

Using the 50 Modifier On Medical Assistance (MA) Claims

In order to ensure appropriate MA claims processing when using the 50-bilateral modifier, providers are reminded to indicate 2 units on the claim when directly billing MA.

This allows the PROMISe™ system to properly reimburse the provider for the service(s) provided.

Providers should not use modifier 50 when the procedure does not support a bilateral indication.

For further information, please refer to the Outpatient Fee Schedule at the following link:

The PROMISe™ Outpatient Fee Schedule can be found on the Fee Schedules page of the DHS Web site at the following link:

<http://dhs.pa.gov/publications/forproviders/schedules/mafeeschedules/index.htm>

Thank you for your service to our Medical Assistance Recipients. We value your Participation.
Check the Department of Human Services' website often at: www.dhs.pa.gov