

Reimbursement Policy

Subject: **Modifiers LT and RT**

Policy Number: **G07022**

Policy Section: **Coding**

Last Approval Date: **09/27/2023**

Effective Date: **01/01/2015**

**** Visit our provider website for the most current version of the reimbursement policies. If you are using a printed version of this policy, please verify the information by going to **providers.anthem.com/ny******

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if Anthem Medicare Advantage covered the service for the member's benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence.

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology® (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem Medicare Advantage may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Anthem Medicare Advantage strives to minimize delays in policy

implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Policy

Anthem Medicare Advantage allows reimbursement for procedure codes appended with Modifier LT and/or RT when indicating the side of the body for which the item, supply or procedure will be used unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise.

Reimbursement is based on 100% of the fee schedule or contracted/negotiated rate of the procedure. Modifiers LT and RT are informational modifiers and, therefore, do not increase or decrease reimbursement of the procedure.

It is inappropriate to use Modifier LT or Modifier RT when billing for bilateral procedures, or with procedure codes containing *bilateral* or *unilateral* or *bilateral* in their description. Modifiers LT and RT do not indicate a bilateral service. Claims submitted with Modifier LT and RT appropriately indicating a surgical procedure was performed on both the left side and right side of the body are subject to multiple surgery rules.

Related Coding

Standard correct coding applies

Policy History

| | |
|------------|------------------------------------|
| 09/27/2023 | Review approved: no changes |
| 07/03/2019 | Review approved: minor word change |
| 08/14/2017 | Review approved |
| 11/04/2015 | Review approved |
| 01/01/2015 | Review approval and effective |

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- Optum EncoderPro 2023
- State contract
- State Medicaid

Definitions

| | |
|--|---|
| Bilateral | Bilateral procedures are performed on both sides of the body during the same operative session. |
| Modifier LT | Left side (used to identify procedures performed on the left side of the body). |
| Modifier RT | Right side (used to identify procedures performed on the right side of the body). |
| Unilateral | Unilateral procedures are procedures performed on one side of the body. |
| General Reimbursement Policy Definitions | |

| Related Policies and Materials |
|---|
| Modifier Usage |
| Modifiers 50 and 51: Multiple and Bilateral Surgery |