

Reimbursement Policy	
Subject: Modifiers LT and RT: Left Side/Right Side Procedures	
Policy Number:	Policy Section: Coding
Last Approval Date: 08/14/17	Effective Date: 01/01/15

**** 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 <https://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These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements.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

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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 percent 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.

Policy History	
08/14/17	Biennial review approved 08/14/17: Policy template updated
11/04/15	Biennial review approved 11/04/15: Policy template updated
01/01/15	Initial review approved and effective 01/01/15

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- State contract
- Optum 360: Understanding Modifiers, 2017 edition

Definitions

General Reimbursement Policy Definitions

Related Policies and Materials

Modifier Usage

Multiple and Bilateral Surgery: Professional and Facility Reimbursement