

Reimbursement Policy	
Subject: Modifiers LT and RT	
Policy Number: G-07022	Policy Section: Coding
Last Approval Date: 09/27/2023	Effective Date: 05/06/2021

**** 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 provider.healthybluemo.com. ****

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if Healthy Blue 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, Healthy Blue 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These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Healthy Blue 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

Healthy Blue 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.

<https://provider.healthybluemo.com>

Healthy Blue is a Medicaid product offered by Missouri Care, Inc., a MO HealthNet Managed Care health plan contracting with the Missouri Department of Social Services. Healthy Blue is administered statewide by Missouri Care, Inc. and administered in the Kansas City service region by Missouri Care, Inc. in cooperation with Blue Cross and Blue Shield of Kansas City. Missouri Care, Inc. and Blue Cross and Blue Shield of Kansas City are both independent licensees of the Blue Cross Blue Shield Association.
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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
01/01/2021	Initial approval and effective

References and Research Materials	
This policy has been developed through consideration of the following:	
<ul style="list-style-type: none"> • 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	