PROVIDER COMMUNICATION Healthy Blue COTIVITI

Anatomical Modifiers Policy

To: **<<Healthy Blue>>** Providers

Date: <<DATE>>

Subject: Anatomical Modifiers Policy – Effective <<DATE>>

Summary: Did you know? CMS has identified a set of anatomical modifiers to facilitate correct coding for claims processing. Beginning <<12/1/2022>>, **<<Healthy Blue>> will begin utilizing coding policies to support the use of anatomical modifiers.**

Issue:

<<Healthy Blue>> periodically updates its policies and claims payment systems to align with correct-coding initiatives; Centers for Medicare & Medicaid Services (CMS) guidelines; and national benchmarks and industry standards, such as the American Medical Association (AMA) Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS) and International Classification of Diseases, 9th Edition/Revision (ICD-9) code sets regarding physician/health care provider claims and facility claims.

Beginning <<12/1/2022>>, <<Healthy Blue>> will begin utilizing coding policies to support the use of anatomical modifiers. These policies were developed to promote national correct coding methods and to control improper coding that leads to incorrect payment. This recent update is part of **<<Healthy Blue's>>** continuing efforts to process claims accurately without having to request additional documentation from providers.

<<Healthy Blue>> has taken CPT and HCPCS Level II guidelines supporting the use of anatomic-specific modifiers to develop policies which validate the area or part of the body on which a procedure is performed. Procedure codes that do not specify right or left require an anatomical modifier. If an anatomical modifier is necessary to differentiate right or left and is not appended, the claim will be denied. Likewise, if a modifier is appended to a procedure code that does not match the appropriate anatomical site, the claim will be denied.

Action Needed:

CMS has identified a set of anatomical modifiers to facilitate correct coding for claims processing. **Please append the modifier in 24D of the CMS 1500 claim form, or electronically report the first modifier**

* Cotiviti, Inc. is an independent company providing administrative and claims support services on behalf of Healthy Blue.

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in SV101-3; use the additional fields SV101-4, SV101-5 or SV101-6 if needed for additional modifiers relevant to the procedure code on the service line.

Note: Modifier 50 should only be billed for those codes listed as payable with modifier 50 on the Missouri Fee Schedule.

The anatomical modifiers which must be reported beginning <<12/01/2022>>, are: [

E1 – E4	Eyelids
FA, F1 – F9	Fingers
TA, T1 – T9	Toes
LC	Left circumflex, coronary artery
LD	Left anterior descending coronary artery
LT	Left
RI	Ramus intermedius
RC	Right coronary artery
RT	Right
50	Bilateral procedure

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Questions:

If you have questions about this communication, please contact your provider experience consultant or Provider Services at <<833-405-9086>>.

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