

		Reimbursement Policy	
Subject: Modifiers LT and RT: Left Side/Right Side Procedures			
Effective Date: 10/01/2017	Committee Approval Obtained: 07/03/2019	Section: Coding	
<p>*****The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to https://providers.amerigroup.com/TX.*****</p> <p>These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member's Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) benefits. 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 CPT® codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.</p> <p>If appropriate coding/billing guidelines or current reimbursement policies are not followed, Amerigroup STAR+PLUS MMP may:</p> <ul style="list-style-type: none"> • Reject or deny the claim. • Recover and/or recoup claim payment. <p>Amerigroup STAR+PLUS MMP reimbursement policies for Amerigroup STAR+PLUS MMP are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Amerigroup STAR+PLUS MMP strives to minimize these variations.</p> <p>Amerigroup STAR+PLUS MMP reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.</p>			
Policy	Amerigroup STAR+PLUS MMP 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.		

	<p>Reimbursement is based on 100 percent of the fee schedule or contracted/negotiated rate of the procedure. Modifiers LT and RT are informational and do not affect reimbursement of the procedure.</p> <p>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.</p>
History	<ul style="list-style-type: none"> • Biennial review approved 07/03/19: Minor word change • Biennial review approved 08/14/17 • Initial review approved 04/03/17 and effective 10/01/17
References and Research Materials	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS policies • Texas Health and Human Services Commission (HHSC) • Amerigroup STAR+PLUS MMP contract with HHSC • Coder’s Desk Reference for HCPCS Level II 2019
Definitions	<ul style="list-style-type: none"> • General Reimbursement Policy Definitions
Related Policies	<ul style="list-style-type: none"> • Modifier Usage • Multiple and Bilateral Surgery: Professional and Facility Reimbursement
Related Materials	<ul style="list-style-type: none"> • None