



Aetna Better Health® of Louisiana

Reimbursement Policy Statement Louisiana Medicaid

Original Issue Date	Next Annual Review	Effective Date	
01-01-2018	05-02-2019	05-02-2018	
Policy Name		Policy Number	
Modifier Policy-Anatomical Modifiers		ABHLA-RP-0008	
Policy Type			
Medical	Administrative	Pharmacy	Reimbursement

Aetna Better Health of Louisiana reimbursement policies are intended to provide a general reference for claims filing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims logic, benefits design and other factors not listed in this policy statement are considered in the development of reimbursement policies.

In addition to this Policy, reimbursement of rendered services are subject to member benefits, eligibility on the date of service, medical necessity, other plan policies and procedures, claim editing logic, provider contracts and all applicable authorization, notification and utilization management guidelines set forth by the Louisiana Department of Health (LDH) and The Centers for Medicare and Medicaid Services (CMS).

This policy does not ensure either an authorization or reimbursement of services. Please refer to the plan contract for the service(s) referenced therein. If there is a conflict between either this policy or the plan contract, then the plan contract will be the controlling document used to make an authorization or payment determination.

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A. Policy

Aetna Better Health of Louisiana implements comprehensive and robust policies to ensure alignment with Louisiana Department of Health (LDH) and to warrant that regulatory standards are met. According to the AMA CPT Manual, the HCPCS Level II Manual and our policy, the anatomic specific modifiers, such as fingers, toes and coronary artery designate the area or part of the body on which the procedure is performed. It is correct coding to append modifiers to the greatest specificity at all times.

B. Overview

CPT and HCPCS Level II guidelines support 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.

C. Definitions

Modifier is a code that provides the means by which the reporting physician can indicate that a service or procedure that has been performed has been altered by some specific circumstance but has not changed in its definition or code.

Anatomical modifiers designate the area or part of the body on which the procedure is performed and assist in prompt, accurate adjudication of claims. Including Coronary Artery, Eye Lid, Finger, Side of Body, and Toe.

D. Reimbursement Guidelines

When submitting claims, always append an anatomical modifier, when applicable. Louisiana Department of Health Medicaid policy for both the commercial and Medicaid Advantage lines of business is that a claim is incomplete without an anatomical modifier, when applicable

E. Codes/Condition of Coverage

These codes are not all inclusive and for more please refer AMA CPT Manual, the HCPCS Level II Manual. These modifiers can be used with diagnostic, as well as therapeutic services.

Anatomical Modifiers:

Including Coronary Artery, Eye Lid, Finger, Side of Body, and Toe.

Coronary Artery Modifiers:



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Append one of the following modifiers to identify the coronary artery.

Modifier	Description
LC	Left circumflex coronary artery
LD	Left anterior descending coronary artery
LM	Left main coronary artery
RC	Right coronary artery
RI	Ramus intermedius

Eye Lid Modifiers:

Append one of the following modifiers to identify the upper or lower eye lid.

Modifier	Description
E1	Upper left, eyelid
E2	Lower left, eyelid
E3	Upper right, eyelid
E4	Lower right, eyelid

Finger Modifiers:

Append one of the following modifiers to identify the digit of the hand.



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Modifier	Description
FA	Left Hand, thumb
F1	Left hand, second digit
F2	Left hand, third digit
F3	Left hand, fourth digit
F4	Left hand, fifth digit
F5	Right hand, thumb
F6	Right hand, second digit
F7	Right hand, third digit
F8	Right hand, fourth digit
F9	Right hand, fifth digit

Side of Body Modifiers:

Use one of the anatomical specific modifiers to designate the area or part of the body which the procedure was performed.

Modifier	Description
LT	Left Side (used to identify procedures performed on the left side of the body)
RT	Right side (used to identify procedures performed on the right side of the body)



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Toe Modifiers:

Append one of the following modifiers to identify the digit of the foot.

Modifier	Description
TA	Left foot, great toe
T1	Left foot, second digit
T2	Left foot, third digit
T3	Left foot, fourth digit
T4	Left foot, fifth digit
T5	Right foot, great toe
T6	Right foot, second digit
T7	Right foot, third digit
T8	Right foot, fourth digit
T9	Right foot, fifth digit

F. Frequently Asked Questions

Q: What is the purpose of using a modifier?

A: The use of a modifier on a Medicaid claim provides additional information for the code being billed and, if approved, may determine the payment for the code.

Q: Why is the correct use of a modifier important?

A: Several of the top billing errors involve the incorrect use of modifiers. Correct modifier use is an important part of avoiding fraud and abuse or noncompliance issues, especially in coding and billing processes involving government programs.



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G. Review/Revision Date

Action	Date	Comments
Date Issued	01-01-2018	
Date Revised	04-12-2018	
Effective Date	05-02-2018	

H. Resources

Louisiana Department of Health State Contract, regulations, Provider Manual, fee schedules and notices

<http://www.lamedicaid.com/provweb1/Providermanuals/manuals/PS/PS.pdf>

Individual state Medicaid regulations, manuals & fee schedules

http://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm

American Medical Association, *Current Procedural Terminology (CPT[®]) Professional Edition* and associated publications and services

<https://www.ama-assn.org/>

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

<https://www.cms.gov/>