

Wisconsin | Anthem Blue Cross and Blue Shield | BadgerCare Plus and Medicaid Supplemental Security Income (Medicaid SSI) programs

Reimbursement Policy

Modifiers LT and RT: Left-Side and Right-Side Procedures

Policy Number: **G-07022**

Policy Section: **Coding**

Last Approval Date: **7/21/2025**

Effective Date: **7/21/2025**

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://anthem.com/wi/provider>.

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a member's benefit plan. The determination that a service, procedure, or item is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must also meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence.

Ensure that you use proper billing and submission guidelines, including industry-standard, compliant codes on all claim submissions. Services should be billed with Current Procedural 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, we may:

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements.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

The health plan 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% 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 bilateral services. Claims submitted with modifiers 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

- **07/21/2025** - Review approved and effective: updated policy title from Modifiers LT and RT
- **09/27/2023** - Review approved: no changes
- **05/06/2021** - Review approved: updated Reference and Research Materials and Definition sections
- **07/03/2019** - Review approved: minor word change
- **08/14/2017** - Review approved and effective
- **11/04/2015** - Review approved: policy language updated
- **07/01/2014** - Initial approval and effective

References and Research Materials

- CMS
- Optum EncoderPro 2025

- 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