



Anatomical Modifiers

Reimbursement Policy ID: RPC.0089.0900

Recent review date: 02/2026

Next review date: 04/2028

AmeriHealth Caritas New Hampshire reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas New Hampshire may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT®); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

This policy outlines AmeriHealth Caritas New Hampshire reimbursement guidelines for procedures that require an anatomical modifier denoting the side or part of the body where the procedure is performed.

Exceptions

N/A

Reimbursement Guidelines

CMS and CPT correct coding guidelines require the use of anatomical modifiers to describe applicable procedures at the highest level of specificity. Providers must align rendered and reported services by appending applicable anatomical modifier(s) to procedures involving fingers, toes, eyes, coronary arteries, and paired organs or structures, to help ensure accurate reimbursement.

| Modifier | Description |
|----------|--|
| E1 | Upper left eyelid |
| E2 | Lower left eyelid |
| E3 | Upper right eyelid |
| E4 | Lower right eyelid |
| 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 |
| 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) |
| LC | Left circumflex coronary artery |
| LD | Left anterior descending coronary artery |
| LM | Left main coronary artery |
| RC | Right coronary artery |
| RI | Ramus intermedius |
| 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 |

Definitions

Bilateral procedure

The same procedure performed on both the left and the right side of a patient's body during the same operative session or on the same day.

Centers for Medicare & Medicaid Services (CMS)

The federal agency that runs the Medicare, Medicaid, and Children's Health Insurance Programs, and the federally facilitated Marketplace.

Current Procedural Terminology (CPT)

A uniform language for coding medical services and procedures to streamline reporting, increasing accuracy and efficiency. In addition, the codes are used to track utilization, measure quality of care and payer reimbursement.

Modifier

A modifier is a 2-digit indicator used in conjunction with a CPT code to denote that a service or procedure that has been performed has been altered by a circumstance without changing the definition of the CPT code.

Edit Sources

- I. Current Procedural Terminology (CPT) and associated publications and services.
- II. International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10).
- III. Healthcare Common Procedure Coding System (HCPCS).
- IV. Centers for Medicare and Medicaid Services (CMS).
- V. The National Correct Coding Initiative (NCCI).
- VI. Corresponding AmeriHealth Caritas New Hampshire Clinical Policies.
- VII. New Hampshire Medicaid Fee Schedule(s).

Attachments

N/A

Associated Policies

RPC.0006.0900 Bilateral Procedures

Policy History

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|---------|--|
| 02/2026 | Reimbursement Policy Committee Approval |
| 02/2026 | Biennial review <ul style="list-style-type: none">• Minor updates to definitions |
| 06/2025 | Minor updates to formatting and syntax |
| 04/2025 | Revised preamble |
| 01/2025 | Reimbursement Policy Committee Approval |
| 04/2024 | Revised preamble |
| 08/2023 | Removal of policy implemented by AmeriHealth Caritas New Hampshire from Policy History section |
| 01/2023 | Template Revised <ul style="list-style-type: none">• Revised preamble• Removal of Applicable Claim Types table• Coding section renamed to Reimbursement Guidelines• Added Associated Policies section |