

To: AmeriHealth Caritas Pennsylvania (PA)/ AmeriHealth Caritas (PA) Community HealthChoices (CHC) Providers

Date: September 15, 2022

RE: Surgical Procedure Anatomical Modifier Requirement

AmeriHealth Caritas PA/ AmeriHealth Caritas PA CHC follows policies and procedures outlined by CMS to support the use of anatomical modifiers. CMS has identified a set of anatomical modifiers to facilitate correct coding for claims processing. These policies are intended to control improper coding that leads to incorrect payment and or claim denials. Beginning November 15, 2022, AmeriHealth Caritas PA/ AmeriHealth Caritas PA CHC will require providers to follow standard published coding guidelines which include the use of the appropriate anatomical modifier. Failure to do so will result in claim denials indicating a required modifier was missing from the claim line. Providers will be expected to rebill with appropriate coding.

Reminder:

- AmeriHealth Caritas PA/ AmeriHealth Caritas PA CHC 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.

If you have questions about this communication, please contact your provider account executive or Provider Services at 1-800-521-6007.