

**To: Keystone First Providers/Keystone First Community HealthChoices (CHC) Providers**

**Date: September 15, 2022**

**RE: Surgical Procedure Anatomical Modifier Requirement**

Keystone First/Keystone First 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 October 15, 2022, Keystone First/Keystone First 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:**

- Keystone First/Keystone First 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.**