



UnitedHealthcare Community Plan Bilateral Procedures and Maximum Frequency Per Day Policies – Effective Nov. 11, 2017

UnitedHealthcare Community Plan's Bilateral Procedures and Maximum Frequency Per Day (MFD) policies consider bilateral payment through the use of modifiers LT and RT as inappropriate for procedures, services and supplies where the concept of laterality does not apply. These policies allow payment up to the maximum frequency per day value for either the left side or the right side but not both for codes with "bilateral" or "unilateral or bilateral" in their description or for codes where the concept of laterality does not apply, whether submitted with or without modifiers LT and/or RT by the same individual physician or other health care professional on the same date of service for the same member.

The applicable codes are published in the MFD policy list entitled "2017 Codes Restricting Modifiers LT and RT." This list includes all codes that have "bilateral" or "unilateral or bilateral" in their description and also includes all codes which have a Centers for Medicare & Medicaid Services (CMS) National Physician Fee Schedule Bilateral Surgery indicator of 2.

Effective for claims processed on and after Nov. 11, 2017 dates of process, UnitedHealthcare Community Plan will no longer allow the codes on the MFD policy list "2017 Codes Restricting Modifiers LT and RT" to be reimbursed up to the MFD for both sides when billed with modifiers LT and RT on separate claim lines; only one side will be reimbursed. In addition, claims with the applicable codes and with modifiers LT and RT on the same claim line will be denied but may be resubmitted with no modifier, or with either LT or RT, but not with both modifiers.

Note Regarding Reimbursement Policies

As with all UnitedHealthcare Community Plan policies, other factors affecting reimbursement may supplement, modify or in some cases supersede this policy. These factors include but are not limited to federal and/or state regulatory requirements, physician or other provider contracts, and/or the member's benefit coverage documents.

Unless otherwise noted as follows, these reimbursement policies apply to services reported using the CMS-1500 or its electronic equivalent, or its successor form.

UnitedHealthcare Community Plan reimbursement policies do not address all issues related to reimbursement for services rendered to our members, such as the member's benefit plan documents; our medical policies; and the UnitedHealthcare Community Plan Physician, Health Care Professional, Facility and Ancillary Provider Administrative Guide. Meeting the terms of a particular reimbursement policy is not a guarantee of payment. Likewise, retirement of a reimbursement policy affects only those system edits associated with the specific policy being retired. Retirement of a reimbursement policy is not a guarantee of payment. Other applicable reimbursement and medical policies and claims edits will continue to apply.

Once implemented, the policies may be viewed at UHCCommunityPlan.com > For Health Care Professionals (click on the appropriate state) > Reimbursement Policies.

In the event of an inconsistency or conflict between the information in this Provider Notification and the posted policy, the provisions of the posted reimbursement policy prevail. If you have any questions, please contact your Health Plan Representative or call the number on your Provider Remittance Advice/Explanation of Benefits.