healthfirst®
Health Insurance for New Yorkers

Provider Alert

Policy Reminder: Healthfirst Anatomical Modifier Requirement for Surgical Procedures

As a reminder, providers are required to submit applicable anatomical modifiers when billing for services that can be performed at specific or multiple anatomical sites.

According to the AMA CPT Manual and the HCPCS Level II Manual, anatomic-specific modifiers designate the area or part of the body on which the procedure is performed and should always accompany applicable CPT/HCPCS codes when claims are submitted for payment.

Billing Information	Examples: Anatomical Modifier
This policy applies to any service code that requires an anatomical modifier to specify the area or part of the body on which the procedure is performed.	**E1, E2, E3, E4, FA, F1, F2, F3, F4, F5, F6, F7, F8, F9, LC, LD, RC, LT, RT, TA, T1, T2, T3, T4, T5, T6, T7, T8, and T9.**

If you have any questions, please call Provider Services at **1-888-801-1660**, Monday to Friday, 8:30am–5:30pm.

Coverage is provided by Healthfirst Health Plan, Inc., Healthfirst PHSP, Inc., and/or Healthfirst Insurance Company, Inc. (together, "Healthfirst").
© 2020 HF Management Services, LLC 1064-20