

Eli's Rehab Report

You Be the Coder: Your Mission-Understand Modifiers LT and RT

Question: I'm confused about when to use modifiers LT and RT. Should I use modifier LT alone if my physiatrist may perform the same procedure on the right side in the future?

California Subscriber

Answer: Modifiers LT (Left side) and RT (Right side) are informational modifiers. You can use them to "paint a clearer picture" to the payer that a provider performed an injection on a specific side. ICD-9 does not allow for additional specificity to indicate an exact side as the source of the diagnosis. Heads up: In the future, ICD-10 will help with this issue.

For example, a patient has bilateral ankle pain. The patient and your provider determine that he would benefit from an injection, but the patient doesn't want both done at the same visit. On this visit, the patient receives an injection in his right ankle. You should report 20605 (Arthrocentesis, aspiration and/or injection; intermediate joint or bursa) with modifier RT.

When the patient returns for the left ankle injection, you would code the same CPT code but append modifier LT to indicate to the payer that the provider performed the same service on a different side. Some carriers want you to always include these informational modifiers so their computer software can process bilateral claims correctly.