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## Billing Laterality Modifiers

To help improve the accuracy of our claims' payments, we recently enhanced our system edits to identify claims submitted that are missing laterality specification modifiers. To prevent inappropriate billing claim denials, all providers should ensure they are accurately coding and billing the **applicable laterality modifier in accordance with CPT and CMS billing guidelines** when submitting claims for payment.

As a reminder, CMS billing guidelines located on the CMS website include the following content:

### **Coding for ICD-10-CM: Continue to Report CPT/HCPCS Modifiers for Laterality**

On October 1, 2015, ICD-10-CM will replace the ICD-9-CM code set currently used by providers for reporting diagnosis codes. Implementation of ICD-10-CM will not change the reporting of Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes, including CPT/HCPCS modifiers for physician services. While ICD-10-CM codes have expanded detail, **including specification of laterality for some conditions, providers will continue to follow CPT and CMS guidance in reporting CPT/HCPCS modifiers for laterality.**

If you have any questions, please refer to the [Florida Blue Provider Manual-Billing Guidelines](#) or [CMS.Gov](#) for modifier billing guidance.