UnitedHealthcare®

UnitedHealthcare® Commercial and Individual Exchange Reimbursement Policy
CMS 1500
Policy Number 2026R5033B

Anatomical Modifier Requirement Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, the enrollee's benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations. UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

**CPT Copyright American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.*

Application

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

United Healthcare Commercial
This Reimbursement Policy applies to all UnitedHealthcare Commercial benefit plans.

UnitedHealthcare Individual Exchange
This Reimbursement Policy applies to all Individual Exchange benefit plans.

Policy

Overview

This policy addresses the appropriate use of modifiers with certain CPT and HCPCS procedure codes. According to the Centers for Medicare and Medicaid Services (CMS), a modifier is a two-character code that is added, when appropriate, to the end of a procedure or service to clarify the services being billed. Modifiers add more information, such as the anatomical site, to the code. In addition, they help to eliminate the appearance of duplicate billing and unbundling. Modifiers are used to increase accuracy in reimbursement, coding consistency, editing, and to capture payment data.

Reimbursement Guidelines

Percutaneous Coronary Artery Interventions (PCI)

Percutaneous coronary intervention (PCI), commonly known as coronary angioplasty or simply angioplasty, is a non-surgical procedure used to treat the stenotic (narrowed) coronary arteries of the heart found in coronary heart disease.

Proprietary information of UnitedHealthcare. Copyright 2026 United HealthCare Services, Inc.

According to the CMS National Correct Coding Initiative (NCCI) Policy Manual for Medicare Services, percutaneous coronary artery intervention (PCI) includes stent placement, atherectomy, and balloon angioplasty. There are CPT and HCPCS codes describing various combinations of these PCI procedures.

There are five major coronary arteries (left main, left anterior descending, left circumflex, right, and ramus intermedius), each having a corresponding descriptive anatomical modifier.

UnitedHealthcare requires PCI codes be reported with one of the five anatomical PCI modifiers in order to be considered for reimbursement.

PCI Codes

92920	92924	92928	92933	92937	92941	92943	92973	92974
C9600	C9601	C9602	C9603	C9604	C9605	C9606	C9607	C9608

PCI Modifiers

LC	LD	LM	RC	RI

Surgical and Radiological Codes – Anatomical Modifiers

Anatomical modifiers are used to designate the specific area of the body that a procedure was performed. Use of laterality and/or anatomical modifiers help to provide the highest specificity for the procedure being performed.

UnitedHealthcare Commercial and Individual Exchange plans require specific Surgical codes (10000-69999 Series) and Radiological codes (70000 Series) to be billed with the appropriate anatomical modifier for the procedure performed within an anatomical site.

Laterality and/or Anatomical Modifiers

RI	RT	LT	E1-E4	FA	F1-F9
TA	T1-T9	LC	LD	LM	RC
50					

Questions and Answers	
1	**Q:** Why aren't all anatomical modifiers addressed in this policy? **A:** The intent of the Anatomical Modifier Requirement Policy is to require modifier usage where appropriate with applicable services and is not meant to address all possible anatomical modifier situations.
2	**Q:** Will UnitedHealthcare consider reimbursement for services rendered on a specific digit appended with the RT modifier instead of specific digit modifiers? **A:** Providers should code to the highest specificity. The Appropriate F1-F9, FA, T1-T9, TA modifier would be accepted. Claim lines billed may deny when billed without the highest specificity.

Proprietary information of UnitedHealthcare. Copyright 2026 United HealthCare Services, Inc.

Resources
American Medical Association, *Current Procedural Terminology (*CPT®) and associated publications and services Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System

History	
2/1/2026	Policy Version Change Updated policy language in Surgical and Radiological Codes section Attachment list of Bilateral 1 CPT (CPT®) Codes removed
1/1/2026	Policy Version Change Attachments update to Bilateral 1 CPT (CPT®) Codes list PCI Codes updated
9/21/2025	Policy Version Change Policy language updated and a list of Bilateral 1 CPT (CPT®) Codes added
6/29/2025	Policy Version Change Policy language updated and a list of Bilateral 1 CPT (CPT®) Codes added
4/23/2025	Policy Version Change PCI Codes updated
1/12/2025	Policy Version Change PCI Codes updated
11/1/2024	Policy Version Change Enhancement to policy language and Surgical Codes – Anatomical Modifiers Policy language added, and surgical codes list of Bilateral 1 CPT (CPT®) Codes added
4/1/2024	**Template Update** • Transferred content to shared policy template that applies to both UnitedHealthcare Commercial and Individual Exchange benefit plans. • Updated Application section to indicate this Reimbursement Policy applies to: ○ All UnitedHealthcare Commercial benefit plans All Individual Exchange benefit plans Policy Version Change Updated PCI Codes list
8/1/2023	Policy implemented by UnitedHealthcare Employer & Individual
4/6/2023	Policy approved by the Reimbursement Policy Oversight Committee

Proprietary information of UnitedHealthcare. Copyright 2026 United HealthCare Services, Inc.