

PROVIDER QUICK POINTS

PROVIDER INFORMATION



September 28, 2022

Reminder: Submit Finger and Toe Anatomical Modifiers

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) has identified an increasing number of claim denials for procedures related to fingers and toes due to missing anatomical modifiers.

To reduce the number of claim denials, providers should ensure that the appropriate finger (FA-F9) or toe modifier (TA-T9) is being appended to the procedure code. The requirement of anatomical modifiers is published in the reimbursement policy *General Coding – 001, Modifier Reference Guide*.

When a denial of CO-4 is reflected on the remit for a procedure related to a finger or toe, review the submission to validate that the appropriate anatomical modifier was appended to the procedure code. If the modifier was not submitted, a replacement claim must be submitted to add the appropriate anatomical modifier. An appeal would not be appropriate as the claim was missing a necessary data element.

Products Impacted

Commercial and Medicare plans

Questions?

Contact provider services at **(651) 662-5200** or **1-800-262-0820**.