

Modifier -63

Policy REIMB-033

Origination Date: 04/26/2021

Reviewed/Revised Date: 05/29/2024

Next Review Date: 05/29/2025

Current Effective Date: 05/29/2024

Disclaimer:

1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline coverage determinations for U of U Health Plans Commercial, CHIP and Healthy U (Medicaid) plans. Refer to the "Policy" section for more information.
3. Services requiring prior-authorization may not be covered, if prior-authorization is not obtained.
4. **This Medical Policy does not guarantee coverage or payment of the service. The service must be a benefit in the member's plan and the member must be eligible for coverage at the time of service. Additional payment guidelines may be applied that are not included in this policy.**

Description:

Procedures performed on neonates and infants up to a present body weight of 4 kg may involve significantly increased complexity and physician (or other qualified healthcare professional) work. When this circumstance occurs it may be appropriate to add modifier -63 to the procedure number.

Policy Statement and Criteria

1. Commercial Plans/CHIP

U of U Health Plans reimburses modifier -63 at a premium of the fee schedule or other allowed amount when the procedure(s):

A. Is performed on a neonate or infant weighing 4kg or less; AND

B. Is an invasive procedure; AND

C. Associated with one of the following CPT codes:

- | | | |
|----------------|------------|-------------|
| i. 93312-93318 | iv. 92953 | viii. 92990 |
| ii. 92920 | v. 92960 | ix. 92997 |
| iii. 92928 | vi. 92986 | x. 92998 |
| | vii. 92987 | xi. 93452 |

xii. 93505	xix. 93575	xxvi. 93594
xiii. 93563	xx. 93580	xxvii. 93595
xiv. 93567	xxi. 93581	xxviii. 93596
xv. 93568	xxii. 93582	xxix. 93597
xvi. 93569	xxiii. 93590	xxx. 93598
xvii. 93573	xxiv. 93592	xxxi. 93615
xviii. 93574	xxv. 93593	xxxii. 93616

OR

Procedures/services listed in the **20100-69990** CPT code series.

U of U Health Plans does NOT allow reimbursement for modifier -63 in the following circumstances:

- A. For facility billing;
- B. With evaluation and management codes;
- C. With anesthesia codes;
- D. With radiology codes;
- E. With pathology/laboratory codes;
- F. With medicine codes (other than those appropriate for the modifier);
- G. With Modifier 63-exempt codes;
- H. In addition to Modifier 22 (Unusual Services) for the same procedure code(s);
- I. With codes denoting invasive procedures that include “neonate or infant” in the description, since the reimbursement rate for the code already reflects the additional work.

2. Medicaid Plans

Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website at: <https://medicaid.utah.gov/utah-medicaid-official-publications/> or the [Utah Medicaid code Look-Up tool](#)

CPT/HCPCS codes covered by Utah State Medicaid may still require further evaluation to determine medical necessity for coverage.

Applicable Coding

Modifiers:

63 Procedure Performed on Infants less than 4 kg

CPT Codes

20100-69990 CPT Surgical Coding Sections

92920 Percutaneous transluminal coronary angioplasty; single major coronary artery or branch

92928 Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch

92953 Temporary transcutaneous pacing

92960 Cardioversion, elective, electrical conversion of arrhythmia; external

92986 Percutaneous balloon valvuloplasty; aortic valve

92987 Percutaneous balloon valvuloplasty; mitral valve

92990 Percutaneous balloon valvuloplasty; pulmonary valve

92997 Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel

92998 Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)

93312-93318 Transesophageal echocardiography

93452 Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed

93505 Endomyocardial biopsy

93563 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)

93564 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (e.g., aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (e.g., internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)

93568 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)

- 93569** ; for selective pulmonary arterial angiography, unilateral (List separately in addition to code for primary procedure)
- 93573** ; for selective pulmonary arterial angiography, bilateral (List separately in addition to code for primary procedure)
- 93574** ; for selective pulmonary venous angiography of each distinct pulmonary vein during cardiac catheterization (List separately in addition to code for primary procedure)
- 93575** ; for selective pulmonary angiography of major aortopulmonary collateral arteries (MAPCAs) arising off the aorta or its systemic branches, during cardiac catheterization for congenital heart defects, each distinct vessel (List separately in addition to code for primary procedure)
- 93580** Percutaneous transcatheter closure of congenital interatrial communication (i.e., Fontan fenestration, atrial septal defect) with implant
- 93581** Percutaneous transcatheter closure of a congenital ventricular septal defect with implant
- 93582** Percutaneous transcatheter closure of patent ductus arteriosus
- 93590** Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve
- 93591** Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve
- 93592** Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)
- 93593** Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections
- 93594** ; abnormal native connections
- 93595** Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections
- 93596** Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections
- 93597** Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal native connections
- 93598** Cardiac output measurement(s), thermodilution or other indicator dilution method, performed during cardiac catheterization for the evaluation of

congenital heart defects (List separately in addition to code for primary procedure)

93615 Esophageal recording of atrial electrogram with or without ventricular electrogram(s);

93616 Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing

HCPCS Codes

No applicable codes

References:

1. American Medical Association (AMA). AMA CPT Professional Edition 2024.
2. Centers for Medicare and Medicaid Services (CMS). Available at: <https://www.cms.gov/>
3. Optum360 EcoderPro.com for Payers Professional. (2024).

Disclaimer:

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The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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