Modifier -63

Policy REIMB-033

Origination Date: 04/26/2021

Reviewed/Revised Date: 05/24/2023

Next Review Date: 05/24/2024

Current Effective Date: 05/24/2023

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 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

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. 92920
ii. 92928
iii. 92953
iv. 92960
v. 92986
vi. 92987
vii. 92990
viii. 92997
ix. 92998
x. 93312-93318
xi. 93452
xii. 93505
xiii. 93530
xiv. 93531
xv. 93532
xvi. 93533
xvii. 93561
xviii. 93562

xix. 93563
xx. 93567
xxi. 93568
xxii. 93580
xxiii. 93582
xxiv. 93590
xxv. 93592
xxvi. 93615
xxvii. 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
93530	Right heart catheterization, for congenital cardiac anomalies
93531	Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies
93532	Combined right heart catheterization and transseptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies
93533	Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies
93561	Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)
93562	Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output
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)
93580	Percutaneous transcatheter closure of congenital interatrial communication (i.e., Fontan fenestration, atrial 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)
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

References:

1. American Medical Association (AMA). AMA CPT Professional Edition 2022.
2. Centers for Medicare and Medicaid Services (CMS). Available at: https://www.cms.gov/
3. Optum360 EcoderPro.com for Payers Professional. (2022).