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

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