

Modifier -63

Policy Reimb-033

Origination Date: 04/26/2021

Reviewed/Revised Date: 05/24/2021

Next Review Date: 05/24/2022

Current Effective Date: 07/24/2021

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.

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	x. 93312-93318	xix. 93563
ii. 92928	xi. 93452	xx. 93567
iii. 92953	xii. 93505	xxi. 93568
iv. 92960	xiii. 93530	xxii. 93580
v. 92986	xiv. 93531	xxiii. 93582
vi. 92987	xv. 93532	xxiv. 93590
vii. 92990	xvi. 93533	xxv. 93592
viii. 92997	xvii. 93561	xxvi. 93615
ix. 92998	xviii. 93562	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:

<http://health.utah.gov/medicaid/manuals/directory.php> or the [Utah Medicaid code Look-Up tool](#)

3. Medicare Plans

Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicare policies and coverage, please visit their search website at:

<http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from2=search1.asp&> or [the manual website](#)

Applicable Coding

Modifiers:

63 Procedure Performed on Infants less than 4 kg

CPT Codes

20100-69990 AND

- 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 transeptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies
- 93533** Combined right heart catheterization and transeptal 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 2021.
2. Centers for Medicare and Medicaid Services (CMS). Available at: <https://www.cms.gov/>
3. Optum360 EcoderPro.com for Payers Professional. (2021).

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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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