

Medicare Advantage | Colorado • Connecticut • Georgia • Indiana • Kentucky • Maine • Missouri • Nevada • New Hampshire • New York • Ohio • Virginia • Wisconsin

Reimbursement Policy

Subject: **Modifier 63**

Policy Number: **G-06015**

Policy Section: **Coding**

Last Approval Date: **09/06/2024**

Effective Date: **08/28/2020**

**** Visit our provider website for the most current version of the reimbursement policies. If you are using a printed version of this policy, please verify the information by going to <https://www.anthem.com/medicareprovider>. ****

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if Anthem Medicare Advantage covered the service for the member's benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence.

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology® (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem Medicare Advantage may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Anthem Medicare Advantage strives to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Policy

Anthem Medicare Advantage allows reimbursement for surgery on neonates and infants up to a present body weight of 4 kg when billed with modifier 63 unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise.

Reimbursement is based on 100% of the applicable fee schedule or contracted/negotiated rate for the procedure code when the modifier is valid for services performed.

The neonate weight should be documented clearly in the report for the service.

When an assistant surgeon is used and/or multiple procedures are performed on neonates or infants less than 4 kg in the same operative session, assistant surgeon and/or multiple procedure rules and fee reductions apply.

Nonreimbursable

Anthem Medicare Advantage does not allow reimbursement for modifier 63 billed in the following circumstances:

- For facility billing
- With Evaluation and Management (E/M) codes
- With anesthesia codes
- With radiology codes
- With pathology/laboratory codes
- With medicine codes (other than those appropriate for the modifier)
- With modifier 63-exempt codes
- In addition to modifier 22 (unusual services) for the same procedure code(s)
- 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

Related Coding

Standard correct coding applies

Policy History

09/06/2024	Review approved: no changes
11/04/2022	Review approved and effective: updated minor language; updated title to only include modifier 63; updated definition for modifier 63
08/28/2020	Review approved and effective: updated policy language, Background, References and Research Materials, and Definitions sections
11/16/2018	Review approved and effective: updated policy template
09/15/2016	Review approved and effective: updated policy language; updated policy template
01/01/2015	Initial approval and effective

References and Research Materials

This policy has been developed through consideration of the following:

-
- CMS
- Optum EncoderPro 2024

<ul style="list-style-type: none"> State contract 	
Definitions	
Modifier 63	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 commonly associated with these patients. This circumstance may be reported by adding modifier 63 to the procedure number.
General Reimbursement Policy Definitions	

Related Policies and Materials

Modifier 22
Modifiers 50 and 51: Multiple and Bilateral Surgery
Modifiers 80, 81, 82, and AS: Assistant at Surgery
Modifier Usage

©2015-2024 Anthem Blue Cross and Blue Shield. All Rights Reserved.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In 17 southeastern counties of New York: Anthem HealthChoice Assurance, Inc. and Anthem HealthChoice HMO, Inc. In these same counties, Anthem Blue Cross and Blue Shield HP is the trade name of Anthem HP, LLC and Anthem Blue Cross and Blue Shield Retiree Solutions is the trade name of Anthem Insurance Companies, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. Anthem Blue Cross and Blue Shield and its affiliate Healthkeepers, Inc. serve all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI). BCBSWI underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by Compicare Health Services Insurance Corporation (Compicare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compicare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

MULTI-BCBS-CR-RP-074234-24-CPN73987 January 2025