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| <b>Policy</b>         | <b>REIMB-014</b>   |
| <b>Effective Date</b> | <b>09/01/2024</b>  |
| Reviewed/Revised Date | 07/17/2024         |
| Next Review Date      | 10/01/2026         |
| Origination Date      | 06/01/2024         |
| Originated Department | Medical Management |

### Modifier - 63

|                            |
|----------------------------|
| <b>Audience</b>            |
| Medical Management, Claims |

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| <b>Purpose</b>  |
| <p>Medical policies provide general support for applying Mountain Health Co-Op member policy document coverage decisions, and the member-specific benefit plan document must be referenced. The terms of the member-specific Policy document may differ from the standard benefit plan based on this medical policy. If there is a conflict between a member-specific policy document and the Mountain Health Co-Op medical policy, the document supersedes this policy. Any person(s) applying this medical policy must identify member eligibility, the member-specific policy document, and related policies or guidelines before applying this medical policy, including the existence of any state or federal guidance. Mountain Health Co-Op medical policies are designed for informational purposes only and are not an authorization, explanation of benefits, or contract. Receipt of benefits is subject to the satisfaction of all terms and conditions of the member-specific policy document coverage. Mountain Health Co-Op reserves the sole discretionary right to modify all policies and guidelines at any time.</p> |

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| <b>Definition</b>  |
| <p>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.</p> |

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| <b>Policy/Procedure</b>  |
| <p><b>Mountain Health Co-Op reimburses modifier -63 at a premium of the fee schedule or other allowed amount when the procedure(s):</b></p> <ul style="list-style-type: none"> <li>A. Is performed on a neonate or infant weighing 4kg or less; AND</li> <li>B. Is an invasive procedure; AND</li> </ul> |

C. Associated with one of the following CPT codes:

|                     |       |       |
|---------------------|-------|-------|
| 93312 through 93318 | 93505 | 93590 |
| 92920               | 93563 | 93592 |
| 92928               | 93567 | 93593 |
| 92953               | 93568 | 93594 |
| 92960               | 93569 | 93594 |
| 92986               | 93573 | 93595 |
| 92987               | 93574 | 93596 |
| 92990               | 93575 | 93597 |
| 92997               | 93580 | 93598 |
| 92998               | 93581 | 93615 |
| 93452               | 93582 | 93616 |

**OR**

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

**Mountain Health Co-Op s 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.

**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

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|--------------------|--|
| <b>92990</b>       | Percutaneous balloon valvuloplasty; pulmonary valve  |
| <b>92997</b>       | Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel  |
| <b>92998</b>       | Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)   |
| <b>93312-93318</b> | Transesophageal echocardiography   |
| <b>93452</b>       | Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed  |
| <b>93505</b>       | Endomyocardial biopsy  |
| <b>93563</b>       | 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)   |
| <b>93564</b>       | 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) |
| <b>93568</b>       | Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)  |
| <b>93569</b>       | ;for selective pulmonary arterial angiography, unilateral (List separately in addition to code for primary procedure)  |
| <b>93573</b>       | ;for selective pulmonary arterial angiography, bilateral (List separately in addition to code for primary procedure)   |
| <b>93574</b>       | ;for selective pulmonary venous angiography of each distinct pulmonary vein during cardiac catheterization (List separately in addition to code for primary procedure)   |
| <b>93475</b>       | ;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)  |
| <b>93580</b>       | Percutaneous transcatheter closure of congenital interatrial communication (i.e., Fontan fenestration, atrial septal defect) with implant  |

|                     |   |
|---------------------|---|
| <b>93581</b>        | Percutaneous transcatheter closure of a congenital ventricular septal defect with implant   |
| <b>93582</b>        | Percutaneous transcatheter closure of patent ductus arteriosus  |
| <b>93590</b>        | Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve   |
| <b>93591</b>        | Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve   |
| <b>93592</b>        | Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)   |
| <b>93593</b>        | 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  |
| <b>93594</b>        | ;abnormal native connections  |
| <b>93595</b>        | 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   |
| <b>93596</b>        | 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  |
| <b>93597</b>        | 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  |
| <b>93598</b>        | 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) |
| <b>93615</b>        | Esophageal recording of atrial electrogram with or without ventricular electrogram(s);  |
| <b>93616</b>        | Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing  |
| <b>HCPCS Codes</b>  |   |
| 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).

**Vendors**

- Health Plan Services (HPS)

**Review/Revision/Approval History**

| Date              | Description       |
|-------------------|-------------------|
| <b>06/01/2024</b> | <b>New Policy</b> |
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