

		<b>Reimbursement Policy</b>
<b>Subject: Modifier 63: Procedure Performed on Infants Less Than 4 kg</b>		
Effective Date: <b>11/16/18</b>	Committee Approval Obtained: <b>11/16/18</b>	Section: <b>Coding</b>
<p>***** The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to <a href="https://providers.amerigroup.com/DC">https://providers.amerigroup.com/DC</a>. *****</p> <p>These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member’s Amerigroup District of Columbia, Inc. 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 District 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 CPT codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.</p> <p>If appropriate coding/billing guidelines or current reimbursement policies are not followed, Amerigroup may:</p> <ul style="list-style-type: none"> <li>• Reject or deny the claim.</li> <li>• Recover and/or recoup claim payment.</li> </ul> <p>Amerigroup reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, District, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Amerigroup strives to minimize these variations.</p> <p>Amerigroup reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.</p>		
<b>Policy</b>	<p>Amerigroup allows reimbursement for surgery on neonates and infants up to a present body weight of 4 kg when billed with Modifier 63 unless provider, District, federal or CMS contracts and/or requirements indicate otherwise.</p> <p>Reimbursement is based on 100 percent 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.</p>	

	<p>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.</p> <p><b>Nonreimbursable</b>  Amerigroup does not allow reimbursement for Modifier 63 billed in the following circumstances:</p> <ul style="list-style-type: none"> <li>• For facility billing</li> <li>• With Evaluation and Management (E&amp;M) codes</li> <li>• With anesthesia codes</li> <li>• With radiology codes</li> <li>• With pathology/laboratory codes</li> <li>• With medicine codes</li> <li>• With Modifier 63-exempt codes</li> <li>• In addition to Modifier 22 (Unusual Services) for the same procedure code(s)</li> <li>• 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</li> </ul>
<b>History</b>	<ul style="list-style-type: none"> <li>• Biennial review approved and effective <b>11/16/18</b>: Policy template updated</li> <li>• Initial approval <b>07/19/17</b> and effective <b>10/01/17</b></li> </ul>
<b>References and Research Materials</b>	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> <li>• CMS</li> <li>• DC Department of Health Care Finance policies</li> <li>• Amerigroup contract with the DC Department of Health Care Finance</li> <li>• Optum Learning: Understanding Modifiers, 2018 Edition</li> </ul>
<b>Definitions</b>	<ul style="list-style-type: none"> <li>• <b>Modifier 63:</b> 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 health care professional work commonly associated with these patients. This circumstance may be reported by adding Modifier 63 to the procedure number.</li> <li>• <b>General Reimbursement Policy Definitions</b></li> </ul>
<b>Related Policies</b>	<ul style="list-style-type: none"> <li>• Assistant at Surgery (Modifiers 80/81/82/AS)</li> <li>• Modifier Usage</li> <li>• Multiple and Bilateral Surgery: Professional and Facility Reimbursement</li> </ul>
<b>Related Materials</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>