

Coding Policy

Modifier -63: Procedures Performed on Infants Less Than 4 kg

CODING POLICY NUMBER: 50

Effective Date: 6/1/2026	POLICY STATEMENT.....	1
Last Review Date: 5/2026	PROCEDURE	2
Next Annual Review: 2027	CROSS REFERENCES.....	2
	REFERENCES.....	2
	POLICY REVISION HISTORY.....	2

SCOPE: Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”). **The full Company portfolio of current coding policies is available online and can be [accessed here](#).**

POLICY APPLICATION

- Providence Health Plan Participating Providers
- Non-Participating Practitioners
- Commercial
- Medicaid/Oregon Health Plan
- Medicare

*Medicaid/OHP Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Coding policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

POLICY STATEMENT

- I. Company does not administer modifier 63 based on the following rationale:

- A. The resource-based relative value scale (RBRVS) fee schedule has factored complexity of the surgical procedure into the relative value for many procedures such as those performed on infants or revisions of previously performed procedures.
- B. Company allows use of modifier 22, which is used to report “unusual procedural services” and allows for additional reimbursement when the service provided is greater than that usually required for the listed procedure. *See Coding Policy 10.0 (Modifier 22: Increased Procedural Services)*
- C. Company policy does not recognize CPT policy which states: “Procedures performed on neonates and infants up to a body weight of 4 kg may involve significantly increased complexity and physician work commonly associated with these patients.” *The CPT manual states this circumstance may be reported by adding the modifier 63 to the procedure code. (This applies only to procedure codes 20100- 69990 and select codes from Medicine/Cardiovascular section listed in CPT Appendix A).*

PROCEDURE

Providers may continue using modifier 22 to identify services that require additional work beyond the work normally expected for the procedure. Modifier 63 will not be administered.

CROSS REFERENCES

- Coding Policy 10.0 (Modifier 22: Increased Procedural Services)

REFERENCES

1. Centers for Medicare & Medicaid Services (cms.gov)
2. American Medical Association. Current Procedural Terminology (CPT)
3. Providence Health Plan Clinical Coding Edits

POLICY REVISION HISTORY

Date	Revision Summary
1/2003	Original policy effective date.
1/2023	Annual review. Converted to new template 5/2023.
1/2024	Annual review. No changes to policy.

1/2025	Annual review. No changes to policy.
5/2025	Annual review. Updated procedure codes modifier 63 applies to.
5/2026	Annual review. Added Cross References section, minor formatting changes.