## Coding Policy
### Policy and Procedure

<table>
<thead>
<tr>
<th>SUBJECT:</th>
<th>Coding Policy 51.0 MODIFIER 47 Anesthesia by Surgeon</th>
</tr>
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<tbody>
<tr>
<td>DEPARTMENT:</td>
<td>Coding Compliance</td>
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<tr>
<td>ORIGINAL EFFECTIVE DATE:</td>
<td>02/2003</td>
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<td>DATE(S) REVIEWED/REVISED:</td>
<td>2/03, 3/04, 1/05, 1/06, 1/07, 1/08, 01/10, 01/11, 01/12, 01/13, 01/14, 01/15, 01/16, 01/17, 01/18, 01/19, 01/20, 01/21</td>
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<tr>
<td>APPROVED BY:</td>
<td>Coding Policy Review Committee</td>
</tr>
<tr>
<td>NUMBER:</td>
<td>MC 51.0</td>
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<td>PAGE:</td>
<td>1 of 1</td>
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### 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”).

### APPLIES TO:
Health Care Providers
All Lines of Business

### POLICY:
**Company will deny codes billed with modifier 47 based on the following rationale:**

- Anesthesia administered by the performing physician is considered included in the payment for the procedure.

- Medicare does not recognize the use of the modifier.

- Company policy does not recognize CPT policy which states the following:
  “Regional or general anesthesia provided by the surgeon may be reported by adding the modifier 47 to the basic service.”

### PROCEDURE:
Codes billed with modifier 47 will be denied.

### REFERENCE:
CMS / Medicare Administrative Rules and Regulations
Providence Health Plan Coding Edits