

| | | |
|--|---|------------------------|
| Coding Policy Policy and Procedure | | |
| SUBJECT: Coding Policy 51.0 MODIFIER 47 Anesthesia by Surgeon | DEPARTMENT: Health Care Services | |
| ORIGINAL EFFECTIVE DATE: 02/2003 | DATE(S) REVIEWED/REVISED: 02/03, 03/04, 01/05, 01/06, 01/07, 01/08, 01/10, 01/11, 01/12, 01/13, 01/14, 01/15, 01/16, 01/17, 01/18, 01/19, 01/20, 01/21, 01/22, 01/23 | |
| APPROVED BY: Coding Policy Review Committee | NUMBER: MC 51.0 | PAGE: 1 of 1 |

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:

Current Procedural Terminology (CPT)
CMS / Medicare Administrative Rules and Regulations
Providence Health Plan Coding Edits