Medicare Advantage reimbursement policy provider bulletin

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 Anthem Blue Cross (Anthem) benefit plan. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member’s state of residence. Proper billing and submission guidelines are required along with the use of industry-standard, compliant codes on all claim submissions. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, we strive to minimize these variations. For more information on these and other Anthem reimbursement policies, go to www.anthem.com/ca/medicareprovider.

Modifier 63: Procedure Performed on Infants Less Than 4 kg
(Policy 06-015, effective 11/16/2018)

Anthem allows reimbursement for surgery on neonates and infants up to a present body weight of 4 kg when billed with Modifier 63 at 100% of the applicable fee schedule or contracted/negotiated rate. Please note, the neonate weight should be documented clearly in the report for the service.

Assistant surgeon and/or multiple procedure rules and fee reductions apply when:
- An assistant surgeon is used.
- Multiple procedures are performed on neonates or infants less than 4 kg in the same operative session.

Key Definition
Modifier 63: 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.

In applicable circumstances, Anthem does not allow reimbursement for Modifier 63. To view these circumstances, please refer to the Modifier 63: Procedure Performed on Infants Less Than 4 kg reimbursement policy at www.anthem.com/ca/medicareprovider.