Modifier 63 - Procedure Performed on Infants Less Than 4 kg

Last Updated: 11/12/2025 **Last Reviewed:** 11/12/2025 **Originally Effective:** 10/23/2018
Last update includes payment policy changes, subject to 28 TAC §3.3703(a)(20)(D)? No
If yes, Texas Last Update Effective Date: n/a
Policy #: RPM062

Scope

Companies: Moda Partners, Inc. and its subsidiaries & affiliates (All)
Claim Forms: CMS1500 & CMS1450 (paper and electronic versions)
Provider Contract Status: Any
Claim Dates: All

Reimbursement Guidelines

A. Definition and Documentation.

1. Appending modifier 63 to an appropriate CPT code indicates:
   a. The infant's weighed less than 4 kilograms at the time of service.
   b. This low weight resulted in increased complexity or effort.
2. Medical record documentation must support:
   a. The significantly greater effort required.
   b. The reason for the additional work, which may include, but not be limited to:
      i. Increased intensity or time.
      ii. Technical difficulty not captured by a more comprehensive procedure code.
      iii. Severity of the patient's condition.
      iv. Increased physical and mental effort.
3. Medical records may be requested at our discretion support additional payment.

B. Impact to reimbursement.

1. Eligible procedures reported with modifier 63 appended will be reimbursed at 120% of the standard allowance (contracted fee or maximum plan allowable).
2. Ineligible procedures submitted with modifier 63 will be denied.

C. Claims and codes eligible for modifier 63 additional reimbursement.

1. Professional claims.
2. CPT codes in the 20005-69990 code series. [1]
3. Codes not listed in section D (below).

D. Claims and codes not eligible for modifier 63 or additional reimbursement.

1. Facility claims.
2. Claims where reimbursement is based on a percentage of billed charges.
3. CPT codes listed in Appendix F of the CPT book for the date of service which include the instruction "(Do not report modifier 63 in conjunction with….)." [2]
4. Codes that already include "neonate" or "infant" in the code description. The reimbursement rate for these procedure codes include additional work for these infants.

5. Procedure codes outside of the 20005-69990 code series. [1]
    a. E/M codes.
    b. Anesthesia.
    c. Integumentary services.
    d. Radiology services.
    e. Pathology/Laboratory services.
    f. Medicine services.
    g. Category III code services.
    h. HCPCS codes.
6. Note: Modifier 63 and modifier 22 cannot be reported on the same code.

Definitions

Acronyms/Abbreviations

Acronym	Definition
AMA	American Medical Association
CMS	Centers for Medicare and Medicaid Services
CPT	Current Procedural Terminology
HCPCS	Healthcare Common Procedure Coding System (acronym often pronounced as "hick picks")
RPM	Reimbursement Policy Manual (e.g., in context of “RPM052” policy number, etc.)

Definition of Terms

Term	Definition
Homeostasis	A property of cells, tissues, and organisms that allows the maintenance and regulation of the stability and constancy needed to function properly. Homeostasis is a healthy state that is maintained by the constant adjustment of biochemical and physiological pathways. An example of homeostasis is the maintenance of a constant blood pressure in the human body through a series of fine adjustments in the normal range of function of the hormonal, neuromuscular, and cardiovascular systems. These adjustments allow the maintenance of blood pressure needed for body function despite environmental changes and changes in a person's activity level and position. Other homeostatic mechanisms, for example, permit the maintenance of body temperature within a narrow range. [3]
Infant	A baby younger than one year old; from birth up to (but not including) their first birthday.
Neonate	A newborn baby, specifically a baby in the first 4 weeks after birth. After a month, a baby is no longer considered a neonate. [3]

Modifier Definitions

Modifier	Modifier Description & Definition
Modifier 63	**Procedure Performed on Infants less than 4 kg -** 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. **Note:** Unless otherwise designated, this modifier may only be appended to procedures/services listed in the 20005-69990 code series. Modifier 63 should not be appended to any CPT codes listed in the Evaluation and Management Services, Anesthesia, Radiology, Pathology/Laboratory, or Medicine sections.
Modifier 22	**Increased Procedural Services -** When the work required to provide a service is substantially greater than typically required, it may be identified by adding modifier 22 to the usual procedure code. Documentation must support the substantial additional work and the reason for the additional work (ie, increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required). **Note:** This modifier should not be appended to an E/M service.

Related Policies

A. "Moda Health Reimbursement Policy Overview." Moda Health Reimbursement Policy Manual, RPM001.
B. "Modifier 22 – Increased Procedural Services." Moda Health Reimbursement Policy Manual, RPM007.
C. "Medical Records Documentation Standards. " Moda Health Reimbursement Policy Manual, RPM039.

Resources

1. American Medical Association. "Appendix A – Modifiers; Modifier 63 Definition." *Current Procedural Terminology (CPT)*. Chicago: AMA Press.
2. American Medical Association. "Appendix F – Summary of CPT Codes Exempt from Modifier 63." *Current Procedural Terminology (CPT)*. Chicago: AMA Press.
3. Medical Definitions of Homeostasis, Infant, and Neonate. Medicinenet.com. November 19, 2018. https://www.medicinenet.com/medterms-medical-dictionary/article.htm .
4. CMS. *Medicare Claims Processing Manual* (Pub. 100-4). Chapter 12 – Physician Practitioner Billing, § 20.4.4, 20.4.6.

Policy History

Reminder: The most current version of our reimbursement policies can be found on our provider website. If you are using a printed or saved electronic version of this policy, please verify the current information by going to: https://www.modahealth.com/medical/policies_reimburse.shtml

Date	Summary of Update
11/12/2025	Acronyms updated. Added details to 8/10/2022 history entry. Minor rewording. Formatting updates. No policy changes. Retired sections: Background Information, Coding Guidelines & Sources, and Important Statement (info found in Related Policy RPM001).
10/9/2024	Updated Related Policies. Formatting Updates. No policy changes.
10/11/2023	Formatting Updates. No policy changes.

Date	Summary of Update
8/10/2022	Formatting Updates. Policy History section added; entries prior to 2022 omitted (in archive storage). No policy changes.
12/12/2018	Policy initially approved by the Reimbursement Administrative Policy Review Committee & initial publication.
10/23/2018	Original Effective Date (with or without formal documentation). Policy based on AMA & CMS guidelines for modifier 63.