

cmi_051716

Title	Modifier 47 – Anesthesia by Surgeon		
Number	CP.PP.183.v2.8		
Last Approval Date	02/06/26	Original Effective Date	10/01/04

Coverage of any service is determined by a member’s eligibility, benefit limits for the service or services rendered and the application of the Plan’s Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the **Plan’s professional or facility services claims coding policies**. Reimbursement is restricted to the provider's scope of practice as well as the fee schedule applicable to that provider.

Purpose	To define when the Plan recognizes services appended with Modifier 47 when submitted on a professional claim.
Scope	Applies to all Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington, LifeWise Assurance Company and Premera Blue Cross HMO lines of business and products.
Policy	<p>The Plan recognizes Modifier 47- <i>Anesthesia by Surgeon</i> when appended to a surgical service to indicate regional or general anesthesia was provided by the attending or assistant surgeon in addition to performing the surgical service.</p> <p>Modifier 47 is not appropriate in the following situations/examples:</p> <ul style="list-style-type: none"> • appended to an anesthesiology code (CPT codes 00100-01999) • used to represent a local anesthesia service • submitted by an Anesthesiologist on any anesthesia codes • appended to any surgical service code when the surgeon renders moderate sedation rather than regional or general anesthesia <p>Modifier 47 is appended only to the surgical procedure code when the surgeon performing the surgery also renders general or regional anesthesia.</p> <p>No additional reimbursement will be available for the anesthesia as it is considered inclusive with the surgery.</p>
Violations of Policy	Violations of this policy by any party that enters into a written arrangement with the Plan may result in increased auditing and monitoring, performance guarantee contractual penalties and/or termination of the contract. Disciplinary actions will be determined by the plan.
Exceptions	Exceptions to the policy may be made where a provider or employer group contract dictates otherwise.
Laws, Regulations & Standards	
References	<ul style="list-style-type: none"> • American Medical Association’s Current Procedural Terminology (AMA/CPT) codebook • Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule (NPFs)

Policy Owner Review	Payment Integrity Oversight Committee
Contact	Any questions regarding the contents of this policy or its application should be directed to the Payment Integrity Department.

Annual Review Dates	02/06/26; 02/04/25; 03/04/24; 05/12/22; 05/27/21; 06/15/20; 07/30/19; 10/18/18; 11/06/17; 11/08/16; 11/15/15; 11/23/14; 01/13/13; 01/26/12; 01/27/11; 02/12/10; 03/05/09; 02/20/09; 03/21/08; 03/05/07; 04/11/06; 11/06/05; 08/29/05; 10/21/04	
Version History	10/18/18	Revised the second paragraph of the Policy statement to bullet out the inappropriate uses of modifier 47 and clarified when it is appropriate to use modifier 47
	07/30/19	Annual review; no changes
	06/15/20	Clarified in the Purpose statement that the policy applies to professional services billed on a CMS-1500 or 837P claim form
	05/27/21	Annual review; no changes
	05/12/22	Clarified in the first paragraph that modifier 47 is appended to a surgical service code.
	04/06/23	Annual review; no changes
	03/04/24	Annual review; no changes
	02/04/25	Annual review; no changes
	02/06/26	Annual review; no changes

Approval	Payment Integrity Oversight Committee
Print Name	Romilla Batra, Chief Medical Officer Clinical Strategy & Solutions
Signature	<i>Electronic signature on file</i>
Date	02/06/26