Modifier -22

Policy REIMB-039

Origination Date: 12/13/2023

Reviewed/Revised Date: 12/13/2023

Next Review Date: 12/13/2024

Current Effective Date: 02/13/2024

Disclaimer:

1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline coverage determinations for U of U Health Plans Commercial, CHIP and Healthy U (Medicaid) plans. Refer to the "Policy" section for more information.
3. Services requiring prior-authorization may not be covered, if prior-authorization is not obtained.
4. This Medical Policy does not guarantee coverage or payment of the service. The service must be a benefit in the member's plan and the member must be eligible for coverage at the time of service. Additional payment guidelines may be applied that are not included in this policy.

Description:

The term "increased procedural services" designates a service provided by a physician or other health care professional that is substantially greater than typically required for the procedure or service as defined in the Current Procedural Terminology (CPT®) book. Increased procedural services are reported by appending Modifier -22 to the usual procedure code.

Policy Statement and Criteria

1. Commercial Plans/CHIP

U of U Health Plans will consider additional reimbursement of 10% of the allowable amount for the unmodified service (not to exceed the billed charges) when appending Modifier -22, if the supporting documentation submitted includes thorough medical records and/or reports that demonstrate both the specified additional work and the reason as to why the service performed, required substantially increased work and/or complexity.

Documentation Requirements:

The following information must be provided to allow for payment consideration of codes appended with modifier -22:

A. Increased intensity;

B. Additional time;

C. Technical difficulty of procedure that is not described by a more comprehensive procedure code;

D. Severe patient condition, which causes the surgery to be difficult, dangerous to the patient, and requires additional physical and mental effort from the physician;

E. Code submitted is a surgical procedure code with 0, 10 or 90 day global periods.

U of U Health Plans will not provide additional reimbursement for claims with Modifier -22 appended including but not limited to the following:

A. Evaluation and Management (E/M) services

B. Anesthesia services

C. DME services

D. Unlisted codes

E. An obese person

F. Surgeries that take longer than usual to complete but has no other complexity

G. Procedures that are prolonged or complicated by the surgeon's choice of approach.

H. Situations where the extent of adhesions requiring lysis is average or expected, and therefore should be included as part of the primary procedure.

I. Use of the -22 modifier based solely on performance of a robotic-assisted procedure or other specialized techniques.

2. Medicaid Plans

Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website at: https://medicaid.utah.gov/utah-medicaid-official-publications/ or the Utah Medicaid code Look-Up tool

CPT/HCPCS codes covered by Utah State Medicaid may still require further evaluation to determine medical necessity for coverage.

Clinical Rationale

Per the American Medical Association (AMA), any time the modifier -22 is used, when filing an insurance claim, the operative report is to be sent along with the claim to indicate and justify the unusual service. The medical record documentation must support both the substantial additional work and the reason for the additional work (e.g., increased intensity, time, technical difficulty of procedure, severity of the patient's condition, physical and mental effort required).

Recognize that truly unusual circumstances will occur in only a minority of cases. CMS guidelines stipulate that you should apply modifier 22 to indicate a substantial increment of work that is infrequently encountered with a particular procedure and is not described by any other code. Situations that might call for modifier 22 include (but are not limited to): – excessive blood loss – presence of excessively large surgical specimen (especially in abdominal surgery) – trauma extensive enough to complicate the particular procedure and not billed as additional procedure codes – other pathologies, tumors, malformation (genetic, traumatic, surgical) that directly interfere with the procedure but are not billed separately – services rendered that are significantly more complex than described by the CPT code in question.

Applicable Coding

Modifiers

Mod -22 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.

References:

1. American Medical Association (AMA). Current Procedural Coding (CPT®) (2023).
2. Centers for Medicare and Medicaid Services (CMS) (Revised 01/31/2023). General Correct Coding Policies for Medicare National Correct Coding Initiative Policy Manual. Chapter 1; section E. Accessed October 30, 2023. Available at: https://www.cms.gov/files/document/medicare-ncci-policy-manual-2023-chapter-1.pdf
3. Centers for Medicare and Medicaid Services (CMS) (2023). Medicare Claims Processing Manual, Chapter 12 - Physicians/Non-physician Practitioners - Section 40.2 - Billing Requirements for Global Surgeries - Unusual Circumstances.
4. Noridian Medicare Portal (2022). Modifier 22. Accessed October 30, 2023. Available at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf
5. Optum® EncoderPro.com for Payers Professional (2023).