Professional Pricing Policy

Subject: **Modifier 22 (Increased Procedural Services)**	
Policy Number: HLCP-0004	Policy Section: **Coding**
Last Approval Date: September 1, 2020	Effective Date: October 17, 2020

Disclaimer

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for allowed amounts for HealthLink members. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or Revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to participating providers and facilities.

If appropriate coding/billing guidelines are not followed, HealthLink and/or its Payors may:

- *Reject or deny the claim*
- *Recover and/or recoup claim payment*

These policies may be superseded by provider or State contract language, or State, Federal requirements or mandates.

We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or adjust pricing accordingly to the effective date. HealthLink reserves the right to review and revise its policies periodically when necessary. When there is an update, we will publish the most current policy to the website. Note: medical claim pricing and processing services provided by HealthLink are available to a payor; however not all payors purchase such services for the benefit plans they sponsor.

Policy

HealthLink allows additional allowance for procedure codes appended with modifier 22. The use of Modifier 22 should follow correct coding guidelines for claims submission.

Documentation submitted for use of Modifier 22 must:

- Include the substantial additional work performed and the reason for the additional work.
- Compare the normal time to complete the average surgical procedure versus the time required to complete the increased procedure based on the patient's complexities and/or complications that the provider encountered during the increased procedure.
- Include the typical average circumstances versus the patient's circumstances, comparing normal time to complete the procedure to the actual time to complete the procedure making clear why additional time was required.

Procedure codes reported with a modifier 22 along with the operative notes/office notes may be reviewed to determine if additional allowance is warranted for services eligible for reimbursement.

NOTE: Modifier 22 is allowed with surgical procedures identified with global period 000, 010, 090, or YYY.

Related Coding

Standard correct coding applies

Exemptions

Definitions

Modifier	Made up of a two-character alpha/numeric indicator that is appended to a *Current Procedural Terminology* (CPT®') or Healthcare Common Procedure Coding System (HCPCS Level II) code. A modifier is used as a means of reporting a specific circumstance that further defines or alters the reported code but does not change the definition of the procedure performed.
Modifier 22	An increased procedural service. 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. The modifier should not be reported with evaluation and management services.
General Professional Pricing Policy Definitions	

Related Policies and Materials

None

References and Research Materials

This policy has been developed through consideration of the following

- CMS
- Healthcare Common Procedural Coding System (HCPCS Level II)
- American Medical Association (AMA) Current Procedural Terminology (CPT)

Use of Pricing Policy

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member's benefits on the date of service. Pricing Policy is constantly evolving and we reserve the right to review and update these policies periodically.