

Modifier 22 is used when the work required to provide a procedural service is substantially greater than typically required. Documentation must support the substantial additional work and the reason for the additional work.

Application: Only report with procedure codes that have a 0, 10, or 90-day global period. Do not apply to Evaluation & Management codes. Do not append Modifier 22 if the additional work performed has a specific procedure code.

Impact: Modifier 22 may result in additional “payment for unusual circumstances”. Modifier 22 may be priced individually by payors after reviewing documentation submitted with the claim.

Substantiating Modifier 22

When a clinician or coder appends Modifier 22 to a procedure, documentation should be present in the procedure report that:

1. Clearly supports substantial additional work that is far beyond the difficulty of other procedures of the same type, such as:
 - a. increased intensity or time
 - b. technical difficulty of the procedure not described by a more comprehensive code
 - c. severity of the patient’s condition
 - d. increased physical and mental effort required

2. Clearly indicates and explains the difficulty of the procedure beyond the norm

Best Practice: Include a separate paragraph or note entitled “Increased Procedural Services” or “Unusual Procedure”. Do not append Modifier 22 without any indication in the medical record that an increased or unusual procedural service occurred.

Unacceptable Modifier 22 Statements

Vague phrases without a detailed explanation as to why a procedural service was unusual do not support Modifier 22, the below statements are unacceptable:

- Surgery took an extra two hours
- This was a difficult surgery
- Surgery was for an obese patient
- Surgery was harder/longer than average
- Distorted anatomy

Special Claims Requirements

Most payors require medical record documentation with the claim. National Government Services (NGS) specifically, requires Modifier 22 claims to be submitted with the following two items:

1. A concise statement about how the service differs from the usual (electronic notepad or Item 19 paper claims)
2. An operative report with the claim

NGS claims are reviewed by medical review staff to determine whether payment is justified. If needed, NGS may also request additional documentation such as pathology reports, progress notes, office notes, etc.

[NGS Reminder for Submission of Modifier 22](#)

[CMS Ch 12 Claims Processing Manual](#)

[NGS Modifier Usage: Modifier 22](#)

[BCBSIL Increased Procedural Services policy](#)

[United Healthcare Increased Procedural Services Policy](#)