



		<b>Reimbursement Policy</b>
<b>Subject: Modifier 22: Increased Procedural Service</b>		
Effective Date: <b>10/26/18</b>	Committee Approval Obtained: <b>10/26/18</b>	Section: <b>Coding</b>
<p>*****The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to <a href="https://mediproviders.anthem.com/nv">https://mediproviders.anthem.com/nv</a>.*****</p> <p>These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement by Anthem Blue Cross and Blue Shield Healthcare Solutions (Anthem). 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 as well as to the member's state of residence. 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 CPT codes, 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 both participating and nonparticipating providers and facilities.</p> <p>If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem may:</p> <ul style="list-style-type: none"> <li>• Reject or deny the claim.</li> <li>• Recover and/or recoup claim payment.</li> </ul> <p>Anthem reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Anthem strives to minimize these variations.</p> <p>Anthem reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.</p>		
<b>Policy</b>	<p>Anthem allows reimbursement for procedure codes appended with Modifier 22 unless provider, state, federal or CMS contracts and/or requirements indicate otherwise.</p> <p>Reimbursement is based on 125% of the fee schedule or contracted/negotiated rate when the procedure or service provided is greater than what is usually required for the listed procedure code. The use of Modifier 22 should follow correct coding guidelines for claims submission.</p> <p>Note: Modifier 22 is allowed with surgical procedures identified with a global period of 000, 010, 090 or YYY.</p>	

<https://mediproviders.anthem.com/nv>

<b>History</b>	<ul style="list-style-type: none"> <li>• Biennial review approved and effective <b>10/26/18</b></li> <li>• Policy template updated effective <b>02/01/18</b></li> <li>• Biennial review approved <b>10/03/16</b> and effective <b>11/01/17</b>: Policy language updated; Nevada exemption updated</li> <li>• Biennial review approved <b>04/28/14</b></li> <li>• Policy approved <b>03/12/12</b> and effective <b>10/01/12</b></li> <li>• Review approved <b>09/12/11</b> and effective <b>11/10/09</b>: Language clarified for ease of understanding; Background and Definitions sections; Policy template updated</li> <li>• Review approved <b>07/13/09</b> and effective <b>11/10/09</b>: Denial for no documentation removed; Modifier definition updated; Background section updated</li> <li>• Initial approval effective <b>02/01/09</b></li> </ul>
<b>References and Research Materials</b>	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> <li>• CMS</li> <li>• State Medicaid</li> <li>• State contracts</li> </ul>
<b>Definitions</b>	<ul style="list-style-type: none"> <li>• <b>Modifier 22:</b> indicates that the work required to provide a service is substantially greater than typically required</li> <li>• <b>General Reimbursement Policy Definitions</b></li> </ul>
<b>Related Policies</b>	<ul style="list-style-type: none"> <li>• Modifier Usage</li> </ul>
<b>Related Materials</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>