

Socioeconomic tips of the month

Modifier -22: Unusual procedural services

Q. How can a surgeon be reimbursed for the increased physician work involved in an unusual operative case?

A. In some instances, surgeons perform services or procedures that entail greater physician work than described by Current Procedural Terminology (CPT) code descriptors. In such cases, there are not additional secondary codes to report increased procedural services. It is in these cases that modifier -22 should be appended to a CPT code. Modifier -22 is not intended for use with evaluation and management codes.

Modifiers have been moved from the introductory text of various sections of CPT to Appendix A in 1999. It is important to review the list and understand appropriate use and placement of modifiers. The modifier -22 descriptor in CPT 2000 reads:

-22 Unusual Procedural Services: When the service(s) provided is greater than that usually required for the listed procedure, it may be identified by adding modifier -22 to the usual procedure number or by use of the separate five digit modifier code 09922. A report may also be appropriate.

Important aspects of modifiers

- Modifiers describe special circumstances involved in the patient encounter.
- Modifiers describe services rendered—not risk.
- Modifiers describe work issues—not just the use of specialized technology.
- Modifiers describe significant and distinct content of a procedure as described by CPT terminology in selected codes.

Modifier -22 would be appropriate in report-

ing a complex or unusual operative case such as unusual bleeding, significant scarring, or adhesions. This modifier will probably place a claim in manual review. This translates into a longer waiting period for a practice to receive payment. So, a surgical practice needs to decide whether the delay in payment for the entire claim is worth the potential additional 20 to 25 percent expected increase. Insurance carriers will not consider claim forms using modifier -22 unless physicians provide additional documentation. As a result, this type of claim form cannot be submitted electronically.

For Medicare,

...carriers continue to have authority to increase payment for unusual circumstances (-22) or decrease payment for reduced services (-52), based on review of medical records and other documentation. Modifier -22 may be reported with all surgical procedures, including assistant-at-surgery services, regardless of the duration of the global period. Documentation of the unusual circumstances must accompany the claim (for example, a copy of the operative report and a separate statement written by the physician explaining the unusual amount of work required).*

This type of claim must be submitted manually with the following documentation.

Special report from the surgeon

Sample wording: "I am requesting special consideration for the operative procedure performed on Fred Jones (provide health insurance number), on May 1, 2000. I am requesting a payment increase of 25 percent to my usual fee for this procedure, which is proportionate with the extra work effort due to (indicate the patient's

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* American Medical Association: *Medicare RBRVS: The physicians' guide*. Chicago, IL: American Medical Association, 2000, p. 83-84.

special condition here).”

Briefly describe, in one or two paragraphs, the difficult nature of the service(s) that justify why the service was unusual and the increased work that was necessary. Use simple medical explanations and terminology, realizing that the letter will (hopefully) initially be read by a nurse or other reviewer; it may never be reviewed by a surgeon, so it must be clear to a non-surgeon. Include the typical average circumstances vs. the actual circumstances. Compare normal time to complete a typical procedure and the actual time to complete the procedure.

Where possible, include diagnoses with appropriate ICD-9-CM codes or simple descriptive diagnoses that explain the reasons for the added difficulty. Some examples of appropriate use of modifier -22 are: prior irradiation of the operative field; morbid obesity; major trauma to the operative field; low birth weight; and conversion of laparoscopic procedure to open procedure. Other examples are: when laparoscopy requires mini-laparotomy (Hasson Technique); prior peritonitis and intestinal obstruction surgery; reoperation; the medical reason for increased bleeding; or when secondary procedures involve significant additional time and effort. End your letter by suggesting that the reader “refer to the attached operative report. If you have any questions, you may reach me at my office (include practice telephone number).”

Copy of the operative report

The report must be clear, easily understood, complete, and contain a concise summary. The report needs to show the reviewing personnel the complex nature of the service and describe why it took additional physician work for the procedure.

Medicare honors modifiers but not all private insurance carriers honor all modifiers. Surgeons should have their offices develop a system of tracking denials based on the inclusion of a modifier. Practices can also develop a survey that they send to carriers asking them which modifiers they recognize. It’s important to re-

fer to individual provider manuals to ascertain whether modifiers will be accepted by individual carriers. Another method to track denials is by referring and tracking the Explanation of Benefits (EOBs) that accompany reimbursement checks. Compare these EOBs to the provider manual and resubmit claims when denials are inappropriate.

Avoid routine use of the -22 modifier. This modifier should be used only when a surgeon provides a service that is greater than usually required and is unable to report a secondary code that would claim the additional work. The use of specialized technology (for example, a laparoscope or laser) does not automatically qualify for use of modifier -22. Abuse of the modifier will attract unwanted scrutiny. Repeated misuse could trigger an audit. □

“Socioeconomic tips of the month” responds to questions from Fellows and their staffs, and provides useful tips for surgical practices. Developed by College staff and consultants, this information will be accessible on our Web site for easy retrieval and future access. If there are topics you would like to see addressed in future columns, please contact the Chicago staff of the Socioeconomic Affairs Department, tel. 312/202-5150; fax 312/202-5021; or e-mail socioecon@facs.org.

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