



Modifier 22 Fact Sheet

Definition:

- Unusual Procedural Service requiring significant additional physician work more than the usual amount performed for this procedure.

Appropriate Usage:

- Surgeries for which services performed are significantly greater than usually required may be billed with modifier 22.
- This modifier is intended for anatomical variants.
- "Outside the norm" for complications beyond the usual complications.
- Assistant at surgery claims where a procedure is significantly greater than usual.
- Procedures that have a global surgery indicator of 000, 010, or 090 on the Medicare Physician Fee Schedule Database (MPFSDB).
- Procedures that have a global period but are not surgical services (i.e. 77761, 77777, 77782).

Inappropriate Usage:

- Additional time to perform the procedure is not adequate documentation to support the use of this modifier.
- Do not use when there is an existing code to describe the service.
- Do not use to indicate that a specialist performed the service.
- When the documentation submitted supports another existing code, the claim may be denied.

Documentation:

- Each claim must indicate that an operative report including a statement of how the service differs from the usual service is available upon request.
- A short, concise statement describing exactly how the service was unusual and what the physician did that was significantly different from normal procedure is very helpful.
- Carrier Medical Review staff determine the amount of reimbursement based on the information in the documentation.

Unassigned Claim:

- For unassigned claims, an increase in the limiting charge is allowed only when a charge above the fee schedule amount is justified.



Example:

Procedure code 66984 has a 90-day global period on the MPFSBD.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a.		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES									
										17b. NPI		FROM MM DD YY TO MM DD YY									
19. RESERVED FOR LOCAL USE										20. OUTSIDE LAB? \$ CHARGES											
										<input type="checkbox"/> YES <input type="checkbox"/> NO											
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E)										22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.											
1. 64421										23. PRIOR AUTHORIZATION NUMBER											
2. _____																					
3. _____																					
4. _____																					
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES			E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSDT Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #		
From To		Service				(Explain Unusual Circumstances)															
MM DD YY MM DD YY		CPT/HCPCS		MODIFIER																	
1		12 18 06		21		66984 22			1		1400.00		001				NPI		1234567890		
2																	NPI				
3																	NPI				

Procedure code 77781 does not contain a global period on the MPFSDB.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a.		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES									
										17b. NPI		FROM MM DD YY TO MM DD YY									
19. RESERVED FOR LOCAL USE										20. OUTSIDE LAB? \$ CHARGES											
										<input type="checkbox"/> YES <input type="checkbox"/> NO											
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E)										22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.											
1. 64421										23. PRIOR AUTHORIZATION NUMBER											
2. _____																					
3. _____																					
4. _____																					
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES			E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSDT Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #		
From To		Service				(Explain Unusual Circumstances)															
MM DD YY MM DD YY		CPT/HCPCS		MODIFIER																	
1		12 18 06		21		77781 22			1		1400.00		001				NPI		1234567890		
2																	NPI				
3																	NPI				