

## Reimbursement Policy

Subject: **Modifier 22**

Policy Number: **G-07020**

Policy Section: **Coding**

Last Approval Date: **12/27/2022**

Effective Date: **12/27/2022**

\*\*\*\* Visit our provider website for the most version of our reimbursement policies. If you are using a printed version of this policy, please verify the information by going to <https://provider.healthybluemo.com>. \*\*\*\*

### Disclaimer

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a member's Healthy Blue benefit plan. 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 codes 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.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Healthy Blue may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

These policies may be superseded by mandates in provider or state contracts, or state, federal, or CMS requirements. System logic or set up may prevent the loading of policies into the claims platforms in the same manner as described; however, Healthy Blue strives to minimize these variations.

Healthy Blue 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 our provider website.

### Policy

Healthy Blue only allows reimbursement of Modifier 22 with those services indicated on the Missouri State fee schedule unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise.

<https://provider.healthybluemo.com>

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MOHB-CD-RP-018918-23-CPN17929 March 2023

Reimbursement is based on 100% of the applicable fee schedule or contracted/negotiated rate for the procedure code. The use of Modifier 22 should follow correct coding guidelines for claims submission.

**Note:** Modifier 22 is allowed with surgical procedures identified with a global period of 000, 010, 090, or YYY.

### Related Coding

Standard correct coding applies

### Policy History

12/27/2022	Review approved; updated policy title from Modifier 22: Increased Procedural Services to Modifier 22; minor language changes
01/01/2021	Initial <del>policy</del> approval <u>and</u> effective

### References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- State Medicaid
- State contracts
- Optum EncoderPro 2022

### Definitions

Modifier 22	Increased Procedural Services: <ul style="list-style-type: none"> <li>• Indicates that the work required to provide a service is substantially greater than typically required. Note: This modifier should not be appended to an E/M service.</li> </ul>
Reimbursement Policy Definitions	

### Related Policies and Materials

Modifier Usage