-22 Increased Services Modifier

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When, due to medical necessity, the work and technical skill required to provide a service is significantly greater than typically required, or it was necessary to alter the procedure due to circumstances that arose but did not change the definition of the service provided the -22 modifier should be used.

Product Information

The information outlined below applies to all UCare products.

Payment Information

- Additional payment will be considered only when the operative report and any other supporting documentation submitted clearly states the exceptional nature of the service provided. A separate statement indicating how the services furnished differ from those usually performed must also be submitted with the claim.
- Modifier 22 should only be reported with procedure codes that have a global period of 0, 10, or 90 days.
- When use of modifier 22 is valid, the base allowed amount will be increased by 20%. However, additional payment may not be applied to all services furnished during the same session.

Appropriate Use

Examples of appropriate use of the -22 Increased Services modifier include, but are not limited to:

- Extensive trauma complicating the procedure that cannot be reported by reporting additional services.
- The patient's comorbidities cause significant complications during the operative session.
- The patient is morbidly obese and as a result the surgery is significantly more complex.
- Due to significant scarring the surgical procedure is significantly more complex or requires significant additional effort.

Inappropriate Use

- The procedure took more time than normally required.

Additional Links

[CMS Internet Only Manual (IOM), Publication 100-04, Medicare Claims Processing Manual, Chapter 12, Section 20.4.6, Section 40.2, Section 40.4, and Section 40.6](#)

[Modifiers - NGSMEDICARE](#)

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