PAYMENT POLICY ID NUMBER: 10-034

Original Effective Date: 06/29/10

Revised: 05/31/12

Increased Procedural Services

THIS PAYMENT POLICY IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS PAYMENT POLICY APPLIES TO ALL LINES OF BUSINESS AND PROVIDERS OF SERVICE. IT DOES NOT ADDRESS ALL POTENTIAL ISSUES RELATED TO PAYMENT FOR SERVICES PROVIDED TO BCBSF MEMBERS AS LEGISLATIVE MANDATES, PROVIDER CONTRACT DOCUMENTS OR THE MEMBER’S BENEFIT COVERAGE MAY SUPERSEDE THIS POLICY.

DESCRIPTION:

The term “increased procedural services” designates a service provided by a physician or non-physician that is substantially greater than typically required for the procedure or service as defined in the Current Procedure Terminology (CPT®) book. Increased procedural services are reported by appending modifier -22 to the usual procedure code.

Modifier -22 should be used to report only procedures that have a 0, 10, or 90 day global period that required a level of work far more extensive than usually necessary for the listed procedure. To identify those procedures which have a 0, 10, or 90 day global period, please refer to the Medicare Physician Fee Schedule Database (MPFSDB).

The modifier -22 should not be appended to E/M services (99201-99499).

REIMBURSEMENT INFORMATION:

Covered services submitted with modifier -22 will be reimbursed based on the regular fee schedule amount. For any given procedure code, there could typically be a range of work effort or practice expense required to provide the service. Thus, Florida Blue may increase the payment for a service only under very unusual circumstances based upon review of medical records and other documentation. Submission of modifier -22 does not assure coverage or additional reimbursement.

Two or more of the following factors should be present:

- Unusually lengthy procedure.
- Excessive blood loss during the procedure.
- Presence of an excessively large surgical specimen (especially in abdominal surgery).
- Trauma extensive enough to complicate the procedure and not billed as separate procedure codes.
- Other pathologies, tumors, malformations (genetic, traumatic, surgical) that directly interfere with the procedure but are not billed as separate procedure codes.
- The services rendered are significantly more complex than described for the submitted CPT or HCPCS code.

Modifier -22 should not be used to report the following:

- Increased complexity due to a surgeon’s choice of approach
- Describing a re-operation
- Describing a weight reduction surgery
- Describing the use of robotic assistance
- An unspecified procedure code

If the provider feels additional reimbursement is appropriate, they must appeal for additional payment by submitting medical documentation to support the appeal. In order to qualify for additional reimbursement, any clinical records or reports must clearly document the substantial, additional work performed and the reason for the additional work (i.e., increased intensity, time, technical difficulty of procedure, and severity of patient's condition, physical and mental effort required). Depending on the circumstances surrounding the procedure(s), Florida Blue may allow an additional amount, not to exceed an additional 20% or billed charges, whichever is less.

BILLING/CODING INFORMATION:

The following codes may be used to describe Increased Procedural Services:

HCPCS Coding/Modifiers:

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Description</th>
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<tbody>
<tr>
<td>22</td>
<td>Increased Procedural Services</td>
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</table>

REFERENCES:

1. Centers for Medicare and Medicaid Services: Medicare Claims Processing Manual, Chapter 12 – Physicians/Nonphysician Practitioners, Sec. 40.2.10
2. Centers for Medicare and Medicaid Services: Medicare Physician Fee Schedule Database (MFSDB)

COMMITTEE APPROVAL:

This Payment Policy was approved by the Florida Blue Payment Policy Committee on 06/29/10.

GUIDELINE UPDATE INFORMATION:

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>06/29/10</td>
<td>New policy.</td>
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<tr>
<td>05/31/12</td>
<td>Revised – Changed name from BCBSF to Florida Blue</td>
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