

Modifier 22 – Unusual Procedural Services
Guidelines for Requesting Additional Reimbursement

Allowances are based upon typical physician work and practice expense. Physician work is the product of time and intensity. Intensity relates to complexity, skill, and risk. Modifier 22 relates to a specific service component (typically the intraoperative period in procedures with global periods). In order to understand your request for additional reimbursement, we need to understand the basis of the request and the additional work or expense claimed. Please complete the applicable elements of the questions below so that we may evaluate your request. For surgical procedures, an operative note is required. If multiple procedures were billed with the same date of service, you must clearly define the procedure(s) for which the request applies.

1. Please identify the procedure(s) requested for review of additional reimbursement.

2. Please define the intra-service time for the procedure(s) compared to the median intra-service time as published by CMS. (*Example: This surgery took 120 minutes compared to the average intra-service time of 60 minutes.*) Please ensure this information is reflected on the attached operative note if applicable.

3. Why was the patient/procedure atypical? Please include clinical details.
(*Example: Procedure requiring additional manipulation due to obesity. Patient BMI 45.*)

4. Provide contact person and preferred method of communication in case additional information is required.

Please fax this form to (401) 459-1581 or mail it to:

Individual Consideration Unit of Basic Claims Administration
Blue Cross & Blue Shield of Rhode Island
500 Exchange St
Providence, RI 02903

For questions about this form, please call the Physician and Provider Service Center at (401) 274-4848 or 1-800-230-9050.

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