



		Reimbursement Policy
Subject: Modifier 22: Increased Procedural Service		
Effective Date: 11/01/17	Committee Approval Obtained: 10/03/16	Section: Coding
<p>*****The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to https://providers.amerigroup.com/ia.*****</p> <p>These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement by Amerigroup Iowa, Inc. if the service is covered by a member's Amerigroup 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 code(s) 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.</p> <p>If appropriate coding/billing guidelines or current reimbursement policies are not followed, Amerigroup may:</p> <ul style="list-style-type: none"> • Reject or deny the claim. • Recover and/or recoup claim payment. <p>Amerigroup reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal, or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Amerigroup strives to minimize these variations.</p> <p>Amerigroup reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.</p>		
Policy	<p>Amerigroup allows reimbursement for procedure codes appended with Modifier 22 unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise.</p> <p>Reimbursement will be based on 110 percent of the fee schedule or contracted/negotiated rate of the procedure. The use of Modifier 22 should follow correct coding guidelines for claims submission.</p>	
History	<ul style="list-style-type: none"> • Biennial review approved 10/03/16 and effective 11/01/17: Policy 	

	<p>language updated</p> <ul style="list-style-type: none"> Initial review approved 08/04/15 and effective 04/01/16
References and Research Materials	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> CMS State Medicaid State contract American Medical Association: Coding with Modifiers, Fifth Edition Optum Learning: Understanding Modifiers, 2014 Edition
Definitions	<ul style="list-style-type: none"> Modifier 22: Indicates that the work required to provide a service is substantially greater than typically required General Reimbursement Policy Definitions
Related Policies	<ul style="list-style-type: none"> Modifier Usage
Related Materials	<ul style="list-style-type: none"> None