

Part B Insider (Multispecialty) Coding Alert

In other news

If you consider yourself modifier 22's biggest fan, chances are high that your MAC is questioning why that might be the case. Part B MAC NGS Medicare sent out a clarification on Aug. 6 noting that using modifier 22 requires you to maintain documentation that supports the "substantial additional work and the reason for the additional work (i.e., increased intensity, time, technical difficulty of procedure," etc.

In addition, NGS says that when you submit claims with modifier 22 (Increased procedural services) appended, "you may attempt to explain justification on the electronic comment field," on which you explain why you have appended the modifier and what additional work the physician performed to warrant its use.

"Please note that having this information up front does speed up the processing time for these claims and will save mailing costs for providers," NGS advises. You can add the information in box 19 of the CMS-1500 form or attach records to your claim.

Hint: If, however, you are appending modifier 22 to an E/M code, don't expect any consideration at all. This is an inappropriate use of the modifier, NGS adds.