

## Outpatient Facility Coding Alert

### Reader Question: Don't Always Count on Time for Modifier 22

**Question:** One of my doctors performed a procedure to excise a lesion on an obese patient. Because of the patient's obesity, the procedure that should have taken 30 minutes, took 45 minutes. Can I code the procedure with modifier 22?

Georgia Subscriber

**Answer:** The answer depends on your payer. Some experts say you shouldn't use modifier 22 (Increased procedural services) unless the procedure takes at least twice as long as usual, where other experts say that the procedure should take at least 25 percent more time and effort. CMS simply states that the modifier should be used for surgeries where services performed are significantly greater than usual.

Knowing four possible reasons why a surgical procedure warrants the use of modifier 22 may help you define "twice as long" and "greater than usual." Particular instances that cause increased intensity, time, technical difficulty, and/or severity of patient's condition include:

- excessive scarring from a previous injury or surgery
- excessive patient blood loss
- trauma extensive enough to complicate the procedure (but doesn't need to be billed with additional procedure codes)
- anatomical variants.