Modifier Coding Alert

Reader Questions: Rely On Documentation to Drive Modifier 22 Claims

Question: I work for a four-physician gastroenterology practice. Three weeks ago, one of our physicians performed a proctosigmoidoscopy for a morbidly obese patient. Due to the patient's obesity and excessive bleeding during the proctosigmoidoscopy, the procedure lasted 54 minutes. The physician typically completes a proctosigmoidoscopy in 20 to 25 minutes. Is there a way to code for the extra time the physician devoted to the procedure?

Illinois Subscriber

Answer: In this instance, you may be able to code for the extra time with an assist from modifier 22 (Increased procedural services). You can use this modifier to code for extra time or service, such as when a patient's obesity or excessive, unexpected bleeding lengthen the procedure difficulty and time.

On the claim, you should report 45300 (Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen[s] by brushing or washing ([separate procedure]) with modifier 22 attached to show that it took increased effort from the physician to complete the proctosigmoidoscopy.

Documentation alert: When a payer gets a modifier 22 claim, it typically wants proof that the physician performed an "increased procedural service." In this instance, you will need to make certain the documentation your GI physician provides supports the unusual nature of the extended time and attention. The information could read:

"The proctosigmoidoscopy took 54 minutes to complete, instead of the usual 25. Patient's morbid obesity and excessive, unexpected bleeding during the procedure were the causes of the increased procedure time."

Also: The physician should also further elaborate on why the excessive bleeding occurred and what he did to stop it.