



## Modifier “22” (Unusual Procedural Service) Explanation Form

When the work required to provide a service is substantially greater than typically required, it may be identified by adding modifier 22 to the usual procedure code. Documentation must support the substantial additional work and the reason for the additional work (ie, increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required).  
Note: This modifier should not be appended to an E/M service.

WVCH may provide additional reimbursement for increased procedural services billed with Modifier 22, in accordance with the Centers for Medicare & Medicaid Services (CMS) and National Correct Coding Initiative (NCCI) edits.

For claims with Modifier 22, we require submission of medical records and other documentation supporting the substantial additional work, including an operative report and a concise statement about how the service differed from what is usually necessary.

Member Name: \_\_\_\_\_

Member ID Number: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Length of Surgery: \_\_\_\_\_

Unusual circumstances during the surgery that may indicate additional reimbursement:

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