

n05762

## Modifier 22/Increased Procedural Services Policy- Commercial

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### *Values*

Accountability • Integrity • Service Excellence • Innovation • Collaboration

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#### **Abstract Purpose:**

This policy outlines Network Health’s process, for the Commercial line of business, when physician services are submitted with Modifier 22.

#### **Policy Detail:**

- I. Network Health does not provide additional reimbursement for services billed with Modifier 22 for increased procedural services.
- II. The term “increased procedural services” is used to reference a service provided by a physician or other health care professional which is substantially greater than typically required for the procedure or service as defined in the Current Procedural Terminology (CPT) book.
- III. The increased procedural modifier should only be reported with procedure codes that have a global period of 0, 10, or 90 days.
- IV. This modifier should not be appended to an Evaluation and Management (E/M) service code.
- V. Multiple procedure reductions and clinical code edits relative to bundled services still apply.

#### **Definitions:**

**Modifier 22** – Increased Procedural Services

#### **Related Policies:**

Modifier 52/Reduced Services Policy – Commercial  
Multiple and Endoscopic Procedure Policy

**Origination Date: 1/1/2011**

**Update Date: 6/2/2026**

**Next Review Date: 6/2/2027**