

## **Procedure 1215- Increased Procedural Service Reimbursement**

**Lines of Business: All** 

<u>Purpose:</u> This guideline describes Network Health's reimbursement for medical services billed with the increased procedural services modifier.

<u>Procedure:</u> Network Health will not provide additional reimbursement for services billed with the increased procedural modifier. The term "increased procedural services" is used to reference a service provided by a physician or other health care professional in which is substantially greater than typically required for the procedure or service as defined in the Current Procedural Terminology (CPT) book. The modifier is appended to the usual procedure code that is billed.

The modifier is appropriate in reporting increased procedural cases, such as:

- Trauma extensive enough to complicate the particular procedure and that cannot be billed with additional procedure codes.
- Significant scarring requiring extra time and work.
- Extra work resulting from morbid obesity or other unusual anatomic anomalies.
- · Increased time resulting from extra work by the physician.
- Additional work and time involved in managing a patient's co-morbid conditions throughout the procedure, and
- · When work associated with bundled procedures is more extensive than usual.

The increased procedural modifier should only be reported with procedure codes that have a global period of 0, 10, 42, or 90 days. This modifier should not be appended to an Evaluation and Management (E/M) service code. In addition, multiple procedure reductions and clinical code edits relative to bundled services still apply.

This guideline is not a guarantee of coverage or payment. The claim(s) will be denied if it does not meet with all the terms and provisions of the members Certificate of Coverage. Actual benefits will be determined when the claim(s) or bill(s) are submitted to NHP/NHIC/NHAS. NHP/NHIC/NHAS reserves the right to periodically review and update all claim guidelines, policies and procedures.

HMO plans underwritten by Network Health Plan. POS Plans underwritten by Network Health Insurance Corporation, or Network Health Insurance Corporation and Network Health Plan. Self-funded HMO and POS plans administered by Network Health Administrative