

1. What is a modifier-22?

A modifier-22 is an additional code added to the claim. It can be used when the work required to perform the procedure is substantially greater than typical clinical effort. BCBSM has authorized the use of a modifier-22 (35% uplift payment) for transperineal prostate biopsy surgical procedures performed under local anesthesia.

2. What aspects of the transperineal biopsy procedure will be part of the modifier-22?

The uplift payment will be provided for the normal medical procedures that are performed and billed for during a transperineal prostate biopsy procedure under **local anesthesia** and can be applied to CPT 55700 and CPT 55706.

3. How and when will the modifier-22 be added?

You should follow your practices normal billing procedures and add the modifier-22 to the billing claim for a transperineal biopsy procedure for patients with primary BCBSM PPO commercial insurance. This does not apply to patients with BCN insurance, HMO or Advantage plans.

Note: A couple key items to remember are the 'PWK' field in claim should be populated with "F" or "M" indicating that additional paperwork will be submitted by mail or fax and the 'NTE' (notes) field should include the following statement: "Documentation attached." The attached should include medical record documentation confirming that the transperineal biopsy was performed under local anesthesia.

4. How long will the modifier-22 be supported for transperineal biopsy procedures?

BCBSM tentatively plans to institute the modifier-22 for 24 months, but no definitive end date has been set. The MUSIC Coordinating Center will notify all MUSIC practices if an end date is established.



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