Excerpted from BCBSM’s Record August 2018 & June 2019

**BCBSM promotes effective pain control through limiting post-operative opioid dispensing in Pain Control Optimization Pathways (POP) program.**

The Pain Control Optimization Pathways (POP) program is an evidence-based prescribing pathway created by surgeons in partnership with Michigan Opioid Prescribing Engagement Network, or Michigan-OPEN, to address opioid overprescribing following surgery.

Effective immediately, Blue Cross’ payment policy will be modified to allow surgeons to report modifier 22 for an additional 35 percent reimbursement when Pain Control Optimization Pathways (POP) are used to support the surgery. It is expected that each claim reporting modifier 22 will include attestation that the POP processes were included as part of the surgery. (see eligible CPT codes)

Six surgical procedures became eligible for the opioid control reward program in August 2018:
- Laparoscopic cholecystectomy
- Inguinal hernia repair
- Thyroidectomy
- Endoscopic sinus surgery and septoplasty
- Prostatectomy
- Sleeve gastrectomy

Eleven new procedures became eligible for the opioid control reward program on July 1, 2019:
- Adrenalectomy
- Appendectomy (adult)
- Carpal tunnel release
- Carotid endarterectomy (CEA)
- Endovascular aneurysm repair (EVAR)
- Parathyroidectomy
- Pediatric appendectomy
- Umbilical hernia repair
- Ureteroscopy
- Vasectomy
- Ventral hernia repair

Surgeons performing any of the above procedures, and following POP, are eligible to bill with modifier 22 on the professional fees, receiving 135% of the TRUST fee schedule. The enhanced fee supports efforts to transform practices, change the standard of care, and engage the patient in education about managing surgery-related pain.

The key factors of the pathway include education and limited opioid prescribing.

Eligible patients receive preoperative education about:
- pain expectations,
- the dangers of opioid use and
- alternatives for pain management (non-opioid and non-pharmacological options).
Continued:

The surgeon also agrees to the following guidelines:

- No opioid prescriptions have been filled within 30 days before surgery, with certain exceptions.
- No additional pills are prescribed after the initial discharge prescription.
  - Blue Cross will allow up to 10 percent to have an additional fill for an opioid within 30 days after surgery to accommodate unexpected excessive pain.

NOTE: The first six procedures will remain eligible for at least 24 months from inception. Each procedure in phase two (listed above) or any future phases will be eligible for POP modifier 22 for a minimum of 18 months, at which time the procedures may be extended, discontinued or replaced by newly eligible procedures. Further details will be announced in future Record articles.

**Blue Cross Blue Shield of Michigan doesn’t own or control the Michigan-OPEN website.**
Frequently Asked Questions: Modifier 22 & Pain Control Optimization Pathway

Q: My hospital would like to start billing for Pain Control Optimization Pathway (POP) modifier 22s. How can I get this started?

A: It would be beneficial to have a meeting with all the key stakeholders to make sure everyone understands the Pain Control Optimization Pathway (POP) and the expected documentation. Our recommendation is the following departments and specialists be represented:

<table>
<thead>
<tr>
<th>Prescribers: Surgeons, Residents, Advanced Practice Providers</th>
<th>Provide patients with POP specifics and write the discharge pain medications.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesia</td>
<td>Support the post-anesthesia care unit’s pain management within the POP guidelines.</td>
</tr>
<tr>
<td>Coders/Billers/Chart Auditors</td>
<td>Prepare, submit, and/or review claims appropriate for POP modifier 22.</td>
</tr>
<tr>
<td>Nurses: Preadmission testing, Preoperative care unit, Post-anesthesia care unit</td>
<td>Provide/reinforce POP discharge instructions, with specific pain management details.</td>
</tr>
<tr>
<td>Leadership</td>
<td>Support POP adoption within surgical services</td>
</tr>
<tr>
<td>Quality and patient safety</td>
<td>Ensure safe and effective implementation of POP</td>
</tr>
</tbody>
</table>

Q: Will my hospital billers and coders know how to bill for the POP Modifier 22?

A: If you currently submit claims with a modifier 22 (for any reason, not specific to POP), then your billers/coders will know how to bill for POP. The process for billing for POP is the same as when modifier 22 is billed for other reasons.

If you have questions about billing, contact your BCBSM provider consultant which can be found using the following link: [https://www.bcbsm.com/providers/help/contact-us/provider-consultants.html](https://www.bcbsm.com/providers/help/contact-us/provider-consultants.html)

Q: Is this the same Modifier 22 as we have used before for other surgical procedures?

A: There are numerous uses of the modifier 22 for increased procedural services. The modifier may be applied to surgical billing claims when work required to provide a service is substantially greater than typically required. In the case of the Pain Control Optimization Pathway (POP) modifier 22, the additional effort is specifically to support the additional care required to counsel patients regarding expectation for pain and recovery, use of non-opioid alternatives, and appropriate use of opioids as specified in the patient education document developed by Michigan OPEN.

Q: Which insurance plans cover modifier 22 for the Pain Control Optimization Pathway?

A: All commercial Blue Cross Blue Shield of Michigan plans will honor appropriately applied and documented claims for the Pain Control Optimization Pathway modifier 22.
Q: **What documentation is necessary for the Pain Control Optimization Pathway modifier 22?**

A: Claim submissions should follow your institution’s existing processes for submitting Modifier 22 claims to BCBSM commercial plans. When submitting the required “additional documentation,” surgeons may submit a simple statement attesting that they followed the pathway with the patient and that additional documentation is available in the medical record.

A sample statement is as follow... “I attest to following the POP, as defined by Michigan OPEN. Additional documentation is available in the medical record.”

The additional documentation should be sent electronically and be accompanied by the medical records review form (below)

![Medical_Records_Review_Form.pdf](Medical_Records_Review_Form.pdf)

Documentation in the medical record should include a note by the surgeon indicating the patient followed the pathway. It is also a good idea to include record of the discharge opioid prescriptions.

Q: **Can my patients follow Michigan OPEN’s POP if the procedures’ CPT is not listed?**

A: Yes, all eligible patients should be provided the opportunity to participate in the Pain-control Optimization Pathway (POP), regardless of their healthcare coverage. The focus of POP is to educate and empower all patients in using OTC medications as a first choice in their pain management, reserving opioids only for severe, breakthrough pain. This message is appropriate for the majority of patients, regardless of procedure or modifier 22 eligibility.