

Part B Insider (Multispecialty) Coding Alert

NOC Or -22: Send Letter, Documentation

When you're billing with the -22 modifier or a Not Otherwise Classified (NOC) code, you need to explain to the carrier what happened and the reason why you're seeking extra reimbursement.

WPS Medicare Administrators says it can't automate the processing of claims with NOC codes or the -22 modifier, because there are no consistent or standardized payment criteria which it can apply. Thus, the carrier suspends these claims for manual review by a human. This person will want to see an operative note or a procedure report.

"The minimum you have to send is an op note," says **Laura Talbert** with **Shore Billing & Management** in Allen, MD. "It's recommended that you send a letter" explaining the billing as well. And if the physician uses a NOC code instead of the -22 modifier, the letter should go into the reasons for that decision as well. But in many cases, you should be prepared to receive a partial denial and appeal it.

"The letter, in the case of a claim containing an NOC code, should indicate exactly why an existing code is not being used and which definitive, existing CPT Codes would most closely describe the NOC service," says WPS. "Any additional, precise information you can supply will help us adjudicate these claims in a fair and timely fashion," the carrier adds.

Be prepared to "work to get those claims paid," advises Talbert.