

September 27, 2000

**PHYSICAL, OCCUPATIONAL, AND SPEECH
THERAPISTS AND SCHOOL-BASED PROVIDERS
MONTANA MEDICAID NOTICE**

Page 8 of the Therapists Provider Manual indicates time increments to be utilized when billing for modifiers -52 or -22. Effective immediately, disregard this portion of the manual and adopt the following criteria when billing these modifiers:

-52 modifier must be with the procedure code when a service is reduced from what the customary service normally entails. For example, a service was not completed in its entirety as a result of extenuating circumstances or the well being of the individual was threatened.

-22 modifier is usually billed with the procedure code when a service is greater than what the customary service normally entails. This modifier may be utilized when a service is more difficult than usual, there was an increased risk to the individual, etc. Slight extension of the procedure beyond the usual time does not validate the use of this modifier.

When utilizing either of these codes, the individual's medical record must clearly state the reason why a service was reduced or the unusual circumstances that warranted the selection of these modifiers.

If you have any questions or require additional information, please call Provider Relations at:

Helena and out-of-state: 406-442-1837
In-state toll-free: 800-624-3958