

MEDICAL STATUS FORMS

There was a revision under the Montana Administrative Rules - Documentation Requirements (24.29.1513)(3) which will allow payment to providers for filling out the Medical Status Forms when seeing Montana injured workers. They became effective as of January 9th. The criteria for payment eligibility per the ARM is:

(1) A treating physician or emergent or urgent care provider must provide the insurer with the following documents within seven days of the first claim-related visit:

- (a) initial report.
- (b) medical status form; and
- (c) treatment bill (CMS 1500).

(2) The treating physician must prepare a treatment plan. The treatment plan must be provided to the insurer as soon as possible. The treating physician must provide any changes to the treatment plan to the insurer.

(3) To be eligible for payment, the provider must provide to the insurer:

- (a) CMS 1500.
- (b) functional improvement status with respect to the functional goals; and
- (c) applicable treatment notes.

(4) Documentation, excluding (1)(b), is considered to be a service to the injured worker and no charge is allowed for the documentation required by this rule.

To have the Medical Status Form paid, the provider must provide within 7 days of the office visit:

- CMS Billing Form
- The Medical Status Form filled out
- Treatment notes.

They will need to bill MT001 for filling out the Medical Status Form.