



Montana Department of  
**LABOR & INDUSTRY**

Employment Relations Division

Steve Bullock, Governor  
Pam Bucy, Commissioner

**Workers' Compensation  
Claims Assistance Bureau**  
Medical Regulations Unit,  
Subsequent Injury Fund

October 16, 2013

**Amended Guidance / Clarification**

**Treatment Room Billing at a Facility**

**Physical Therapy (PT), Speech Therapy (ST), and Occupational Therapy (OT)**

Effective: Immediately and applies to current fee schedule for dates of service on or after July 1, 2013.

Continued discussions with interested parties and legal review by the Department have indicated the need to provide this added clarification regarding the application of the Professional Fee Schedule as it applies to hospital provided services. This Amended Guidance and Clarification is intended to provide payers and billers direction regarding the application of those fee schedules. This Amended Guidance and Clarification supersedes prior written guidance for the application of the Facility Fee Schedule and Professional Fee Schedule regarding PT, OT and ST services provided in a hospital setting.

ARM24.29.1401A – did not define “professional services” provided in facilities. Under Montana Workers Compensation law only those who are eligible as treating physicians, 39-71-116(41), MCA, are to bill on the CMS 1500 form and will be reimbursed using the Professional Fee Schedule, even if they are employees of a hospital. All other services provided in a hospital setting are to be billed under the Facility Fee Schedule.

Specifically, hospitals must bill outpatient PT, ST, and OT therapeutic fees on a UB04. For Critical Access Hospitals (CAHs), the therapeutic services will be reimbursed at 100% of usual and customary. For Acute Care Hospitals the billed procedures will be reimbursed using the reimbursement rates referred to in the Facility Fee Schedule. No additional PT, ST, or OT therapeutic service charges billed on the CMS 1500 will be reimbursed.

If a provider has questions regarding any reviews or adjustments for previous billing, the provider's first contact should be to the insurer handling the claim. If a provider wishes to have a bill reconsidered, please request reconsideration or reevaluation rather than rebilling the insurer. For these situations, the date of the reconsideration request will be used for consideration of timely payment.

If there are additional questions or issues that need to be addressed, please contact us at the Department of Labor and Industry.

Maralyn Lytle, Administrative Officer

Medical Regulations Unit

Employment Relations Division

[mlytle@mt.gov](mailto:mlytle@mt.gov)

(406) 444-6604