Medical Fee Schedules

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Montana Department of
LABOR & INDUSTRY

Hospital and Outpatient Rates

Hospital Inpatient Base Rate:

- $10,623

Outpatient Base Rate:

- $136.00

Ambulatory Surgery Base Rate:

- 75% of Outpatient Base Rate
- $102.00

Professional Fee Schedule

Professional Conversion Factor

- $52.79

Anesthesiologist Conversion Factor

- $68.20 for each 15-minute unit
- $4.55 for each minute

Exceptions

24.29.1433 FACILITY SERVICE RULES AND RATES

(4) Any services provided by a type of facility not explicitly addressed by this rule or any services using new codes not yet adopted by this rule must be paid at 75 percent of the facility's usual and customary charges.

This includes long-term acute care hospitals such as Advanced Care Hospital of Montana

Medical Status Form

ARM 24.29.1513

24.29.1513 DOCUMENTATION REQUIREMENTS

(1) A treating physician or emergent or urgent care provider must provide the insurer 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.

(5) The treating physician must report immediately to the insurer the date total disability ends or the date the injured worker is released to return to work.

If a provider bills for the Medical Status Form, make sure it is complete. You can deny for not enough documentation.

They are to bill using code MT001. One unit equals 15 minutes. They must document their time.

The fee schedule for this code is:

Effective 7/1/25 - $32.97

Effective 7/1/26 - $32.25

Drug Formulary

Updated-

ARM 24.29.1616 Incorporation by Reference and Updates to the Formulary

(2) The department adopts and incorporates by reference its formulary as follows:

(a) for prescriptions written on or after July 1, 2026, the April 2026 edition of the ODG Drug formulary

Contact Information

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