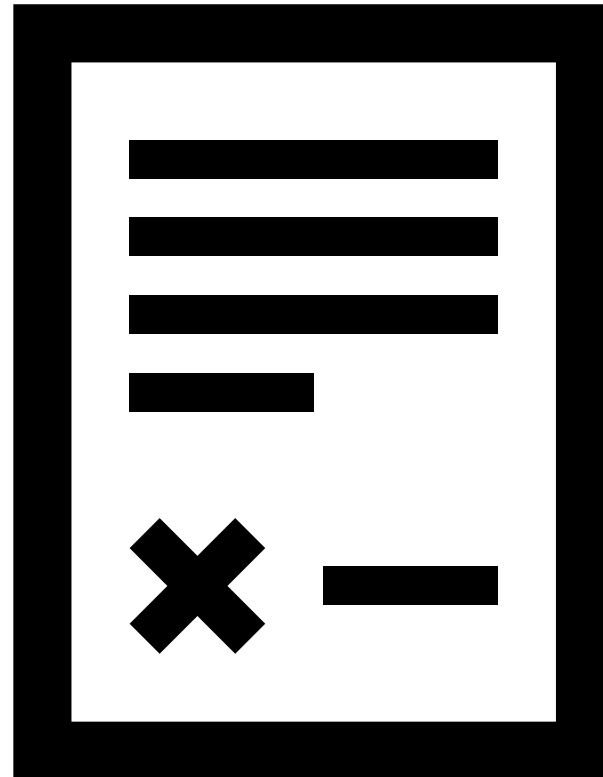


Petition for Settlements Discussion

Presented by

Workers' Compensation Section



Disputed Initial Compensability

39-71-741 (2) (a) all benefits if a claimant and an insurer dispute the initial compensability of an injury and there is a reasonable dispute over compensability

- COMPLETED SIGNED PETITION
- COPY OF DENIAL LETTER, A COVER LETTER, OR EMAIL DESCRIBING THE DISPUTE RESULTING IN DENIAL OF THE CLAIM. PLACING THE CLAIM UNDER 39-71-608 OR 39-71-615 NOT SUFFICIENT. WE NEED TO KNOW THE ULTIMATE REASON THE CLAIM WAS DENIED.



Montana Department of
LABOR & INDUSTRY

Medical **Reserved** on an Accepted Claim

39-71-741 (2) (b) permanent partial disability benefits if an insurer has accepted initial liability for an injury. The total of any lump-sum payment in part that is awarded to a claimant prior to the claimant's final award may not exceed the anticipated award under [39-71-703](#). The department may disapprove an agreement under this subsection (2)(b) only if the department determines that the lump-sum payment amount is inadequate.

- COMPLETED SIGNED PETITION
- DEPENDING ON THE DATE OF INJURY, THE PETITION MUST CONTAIN LANGUAGE REGARDING WHEN MEDICAL BENEFITS WILL TERMINATE AND THE RE-OPENING PROCESS.
- COMPLETED RECAP SHEET SPECIFICALLY IF THE SETTLEMENT INCLUDES PERCENTAGES IN THE 5 PPD CATEGORIES. IF THE SETTLEMENT IS A NEGOTIATED AGREEMENT AND DOES NOT INCLUDE PPD BENEFITS, INDICATE THE STATUS OF RTW/RELEASE TO RTW.

Medical Closed on an Accepted Claim Disputed Medical

39-71-741 (2) (e) medical benefits on an accepted claim if an insurer disputes the insurer's continued liability for medical benefits and there is a reasonable dispute over the medical treatment or medical compensability;

- COMPLETED SIGNED PETITION
- COMPLETED RECAP SHEET SPECIFICALLY IF THE SETTLEMENT INCLUDES PERCENTAGES IN THE 5 PPD CATEGORIES. IF THE SETTLEMENT IS A NEGOTIATED AGREEMENT AND DOES NOT INCLUDE PPD BENEFITS, INDICATE THE STATUS OF RTW/RELEASE TO RTW
- COVER LETTER, LANGUAGE ON THE PETITION DESCRIBING THE DISPUTE RESULTING IN CLOSURE OF MEDICAL BENEFITS, OR A COPY OF A LETTER TO THE CLAIMANT ADVISING DENIAL OF FURTHER MEDICAL BENEFITS
- THE PETITION NEEDS TO INCLUDE LANGUAGE: *I UNDERSTAND AND ACKNOWLEDGE THIS SETTLEMENT WILL END ALL WORKERS' COMPENSATION COVERAGE FOR MEDICAL CARE FOR THE CLAIM(S) INCLUDED ABOVE AND MY MEDICAL BENEFITS WILL TERMINATE. I FURTHER UNDERSTAND THIS SETTLEMENT OF MEDICAL BENEFITS MAY OR MAY NOT RESULT IN SECONDARY PAYERS, SUCH AS MEDICARE, MEDICAID, OR HEALTH INSURERS, DENYING COVERAGE FOR MEDICAL EXPENSES FOR CONDITION(S) RELATED TO THE CLAIMS INCLUDED ABOVE.*



Montana Department of
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Medical Closed on an Accepted Claim Best Interest Medical Settlement

39-71-741 (2) (f) medical benefits on an accepted claim if the claimant has reached maximum medical improvement and the following applicable conditions are met:

(i) the insurer and claimant mutually agree to a settlement of all or a portion of medical benefits; and (ii) a settlement is in the best interest of the parties to the settlement.

(3) The parties to a medical settlement agreement shall set out the rationale that is the basis for the settlement under subsection (2) (f), and the claimant shall indicate by a signed acknowledgment an understanding of what medical benefits will terminate because of the settlement.

- COMPLETED SIGNED PETITION
- COMPLETED RECAP SHEET SPECIFICALLY IF THE SETTLEMENT INCLUDES PERCENTAGES IN THE 5 PPD CATEGORIES. IF THE SETTLEMENT IS A NEGOTIATED AGREEMENT AND DOES NOT INCLUDE PPD BENEFITS, INDICATE THE STATUS OF RTW/RELEASE TO RTW
- COMPLETED SUMMARY OF SETTLEMENT OF MEDICAL BENEFITS FORM, INCLUDE MMI MEDICAL RECORDS.
- THE PETITION NEEDS TO INCLUDE LANGUAGE: *I UNDERSTAND AND ACKNOWLEDGE THIS SETTLEMENT WILL END ALL WORKERS' COMPENSATION COVERAGE FOR MEDICAL CARE FOR THE CLAIM(S) INCLUDED ABOVE AND MY MEDICAL BENEFITS WILL TERMINATE. I FURTHER UNDERSTAND THIS SETTLEMENT OF MEDICAL BENEFITS MAY OR MAY NOT RESULT IN SECONDARY PAYERS, SUCH AS MEDICARE, MEDICAID, OR HEALTH INSURERS, DENYING COVERAGE FOR MEDICAL EXPENSES FOR CONDITION(S) RELATED TO THE CLAIMS INCLUDED ABOVE.*



Montana Department of
LABOR & INDUSTRY

Petition for Settlement Permanent Total Disability Medical **Reserved** on an Accepted Claim

39-71-741 (2) (c) permanent total disability benefits if the total of all lump-sum payments in part that are awarded to a claimant do not exceed \$20,000. The approval or award of a lump-sum permanent total disability payment in whole or in part by the department or court is the exception. It may be given only if the worker has demonstrated financial need that: (i) relates to: (A) the necessities of life; (B) an accumulation of debt incurred prior to the injury; or (C) a self-employment venture that is considered feasible under criteria set forth by the department; or (ii) arises subsequent to the date of injury or arises because of reduced income as a result of the injury.

- COMPLETED SIGNED PETITION
- PETITION WILL NOT CONTAIN MEDICAL BENEFIT RE-OPENING LANGUAGE
- FINANCIAL DOCUMENTATION JUSTIFYING PTD BENEFITS IN A LUMP SUM AS OPPOSED TO BIWEEKLY PAYMENTS. REFER TO ARM 24.29.1202

Petition for Settlement Permanent Total Disability

Medical **Closed** on an Accepted Claim **Best Interest Medical Settlement**

39-71-741 (2) (c) permanent total disability benefits if the total of all lump-sum payments in part that are awarded to a claimant do not exceed \$20,000. The approval or award of a lump-sum permanent total disability payment in whole or in part by the department or court is the exception. It may be given only if the worker has demonstrated financial need that: (i) relates to: (A) the necessities of life; (B) an accumulation of debt incurred prior to the injury; or (C) a self-employment venture that is considered feasible under criteria set forth by the department; or (ii) arises subsequent to the date of injury or arises because of reduced income as a result of the injury.

- COMPLETED SIGNED PETITION
- COMPLETED SUMMARY OF SETTLEMENT OF MEDICAL BENEFITS FORM, INCLUDE MMI MEDICAL RECORDS.
- FINANCIAL DOCUMENTATION JUSTIFYING PTD BENEFITS IN A LUMP SUM AS OPPOSED TO BIWEEKLY PAYMENTS. REFER TO ARM 24.29.1202
- THE PETITION NEEDS TO INCLUDE LANGUAGE: *I UNDERSTAND AND ACKNOWLEDGE THIS SETTLEMENT WILL END ALL WORKERS' COMPENSATION COVERAGE FOR MEDICAL CARE FOR THE CLAIM(S) INCLUDED ABOVE AND MY MEDICAL BENEFITS WILL TERMINATE. I FURTHER UNDERSTAND THIS SETTLEMENT OF MEDICAL BENEFITS MAY OR MAY NOT RESULT IN SECONDARY PAYERS, SUCH AS MEDICARE, MEDICAID, OR HEALTH INSURERS, DENYING COVERAGE FOR MEDICAL EXPENSES FOR CONDITION(S) RELATED TO THE CLAIMS INCLUDED ABOVE.*



Montana Department of
LABOR & INDUSTRY

Other

39-71-741 (2) (d) except as otherwise provided in this chapter, all other settlements and lump-sum payments agreed to by a claimant and insurer;

OFTEN TIMES, ISSUES ARE SETTLED RESERVING INDEMNITY AND MEDICAL BENEFITS. AN EXAMPLE WOULD BE SETTLEMENT OF TTD FOR A DISPUTED TIME FRAME, YET THE CLAIM REMAINS ACTIVE, AND ALL OTHER BENEFITS RESERVED. USE A PETITION FOR SETTLEMENT MEDICAL BENEFIT RESERVED ON AN ACCEPTED CLAIM AND INCLUDE LANGUAGE OF THE ISSUE BEING SETTLED AND THAT ALL OTHER BENEFITS ARE RESERVED.



Issues

- PETITION, RECAP SHEET, SUMMARY OF SETTLEMENT OF MEDICAL BENEFITS FORM LACKS SIGNATURE(S)
- INCORRECT INFORMATION ON THE DOCUMENTATION, I.E. EMPLOYER NAME, DATE OF INJURY, CLAIM NUMBER
- NUMERIC DOLLAR AMOUNT DIFFERS FROM ALPHA NUMERICAL AMOUNT
- BEST INTEREST SETTLEMENT OF MEDICAL BENEFITS WITH MEDICAL RECORDS NOT INCLUDED, I.E. MMI, IR
- NO INDICATION ON THE RECAP SHEET REGARDING THE STATUS OF RTW/RELEASE TO RTW.
- PER INSTRUCTION FROM THE WCC, WHEN SETTLING MULTIPLE CLAIMS, INCLUDE LANGUAGE ALLOCATING A DOLLAR AMOUNT TO EACH CLAIM OR A STATEMENT THE SETTLEMENT AMOUNT ENCOMPASSES ALL CLAIMS.



Electronic Signatures

- PER 24.29.221, THE DEPARTMENT ACCEPTS SIGNATURES AS AN ELECTRONIC SCAN OR PHOTOCOPY OF A MANUAL SIGNATURE FOR DOCUMENTS TRANSMITTED TO THE DEPARTMENT BY FAX OR ATTACHED TO ELECTRONIC MAIL, ZIX, OR FILE TRANSFER SERVICE.
- A SIGNATURE PROPERLY AUTHENTICATED AND VERIFIED BY AN ELECTRONIC SIGNATURE FOR WHICH APPROPRIATE AUDITABLE RECORDS ARE AVAILABLE.
- NOT ACCEPTED ARE FILL AND SIGN SIGNATURES OR SIGNATURES THAT CANNOT BE AUTHENTICATED.
- COPIES OF WET SIGNATURES ARE ALLOWED. PLEASE MAKE SURE TO USE BLUE OR BLACK INK.

AS ALWAYS, PLEASE REACH OUT WITH ANY QUESTIONS!