

Montana Medical Status Form Update

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WESTERN ASSOCIATION OF WORKERS' COMPENSATION BOARDS



Montana Department of
LABOR & INDUSTRY

Objectives

1. Articulate the medical and regulatory ecosystem involving use of the Montana Medical Status Form.
2. Understand the historical context of form standardization and policy informing form adoption and compliance.
3. Discuss practical challenges following form implementation and DLI-led efforts to improve utility of the form.

Medical and Regulatory Background

Montana “Treating Physician” duties outlined in statute ([MCA 39-71-1101](#)).

- responsible for coordinating the worker's receipt of medical services
- provide timely determinations, including but not limited to, maximum medical healing, physical restrictions, return to work, and approval of job analyses, and shall provide documentation;
- provide or arrange for treatment within the utilization and treatment guidelines or obtain prior approval for other treatment; and
- conduct or arrange for timely impairment ratings.

Few board-certified occupational and environmental medicine treating physicians in the system

Outline

1. Situation
2. Background
 - Historical background for creating the Medical Status Form
 - Review the Medical Status Form as it exists in statute and administrative rule.
 - Context for the proposed update.
3. Assessment
 - Survey findings
 - Stakeholder meetings & opportunity for feedback on the forms
4. Response
 - 2025 statutory update with [House Bill 428](#) to modify the minimum Medical Status Form requirements (MCA [39-71-1036](#))
 - Present considerations for Administrative Rules of Montana (ARM) updates relevant to the Medical Status Form.
 - Draft Medical Status Form options offered by DLI that meet the minimum statutory requirements

MEDICAL STATUS FORM

Employer Contact Information (Optional)

Employee Info

Employee's Name (Last, First)

Date of Birth (mm/dd/yyyy)

Provider Timestamp

Claim Number

Date of Injury (mm/dd/yyyy)

Provider Contact Information

Released for Work?

☐ Employee Released to Full Duty

Date

To

☐ Employee Released to Modified Duty (See Work Abilities)

Date

To

☐ Employee May Work Limited Hours: Hours Per Day

Date

To

☐ Employee May Work Part-time:

Date

To

☐ Employee Not Released to Work

Date

To

☐ Capacity Duration (Estimate Days): ☐ 1-10 ☐ 11-20 ☐ 21-30 ☐ 30+ ☐ Permanent

Modified Work Abilities

Blank Space = Not Restricted (NR)

Continuous

Frequent

Occasional

Never

Hand/Wrist	L	R	B					
Grasping	L	R	B					
Pushing/Pulling	L	R	B					
Fine Manipulation	L	R	B					
Reaching	L	R	B					
Bending								
Climbing								
Lifting 01-10 lbs.								
Lifting 11-20 lbs.								
Lifting 21-25 lbs.								
Lifting 26-50 lbs.								
Lifting 51-70 lbs.								

Number of Hours Employee May: Sit Stand Walk

List Other Restrictions:

Signatures

Employee Signature

Date

Provider Signature

Date

☐ Copy of Medical Status Form to Employee

Date of Next Visit

Medical Status Form

Communication tool between physician, the injured worker, and the employer for current work abilities

Form exists in triplicate form with copies for the injured worker, insurer, and employer (excludes treatment plan)

To be completed by the physician or a designee after every office visit

Historical basis for creating the Medical Status Form

SITUATION

Anecdotal issues from stakeholders – difficulty getting providers to complete the form after each visit, the information not being useful to return to work, the need to redact medical information before sharing with employers, or employers inadvertently receiving medical information.

Statutory background

MCA 39-71-1036 - Medical status form.

39-71-1036. Medical status form. (1) The department shall create a medical status form to be provided to a health care provider providing treatment for a compensable injury or occupational disease.

(2) The form must contain, at a minimum, the following information:

- (a) the worker's first and last names and claim number;
- (b) the diagnosed condition that is a direct result of the compensable injury or occupational disease;
- (c) the treatment plan for the worker;
- (d) identification of any medications prescribed for treatment of the worker;
- (e) the timeframe during which the treating physician recommends that the worker be completely off work;
- (f) the date or anticipated date of the worker's release to modified duty;
- (g) the date or anticipated date of the worker's release to full duty;
- (h) any temporary work restrictions applicable to the worker;
- (i) any permanent work restrictions applicable to the worker;
- (j) the anticipated date of maximum medical improvement; and
- (k) the date of the worker's next appointment.

(3) An insurer may request additional information from the health care provider not contained in the department's form.

(4) The treating physician or a designee shall complete the form following every office visit with the worker.

Administrative Rules of Montana (ARM)

Per ARM [24.29.1513](#) (4), documentation is considered to be a service to the injured worker and no charge is allowed for the documentation required by the rule (refers to initial report, medical status form, and treatment bill)

Per ARM [24.29.1515](#), the functional improvement status can be sufficiently documented on the Medical Status Form.

ARM [24.29.1534](#) (8)(d) specifically excludes the Medical Status Form from reimbursement consideration.

Context

SITUATION

Anecdotal issues from stakeholders – difficulty getting providers to complete the form after each visit, the information not being useful to return to work, the need to redact medical information before sharing with employers, or employers inadvertently receiving medical information.

BACKGROUND

The Department of Labor and Industry sought stakeholder feedback on ways to improve the Medical Status Form through key employer interviews (to inform survey content) and survey to employers, claim examiners, medical providers, and attorneys.

ASSESSMENT & RESPONSE

This presentation will highlight some of the survey findings and proposed changes to the status form. We continue to solicit stakeholder feedback.

MEDICAL STATUS FORM SURVEY

From 2023 to 2024, DLI sought stakeholder feedback on the Medical Status Form with the intent of facilitating form completion and utility in the system.

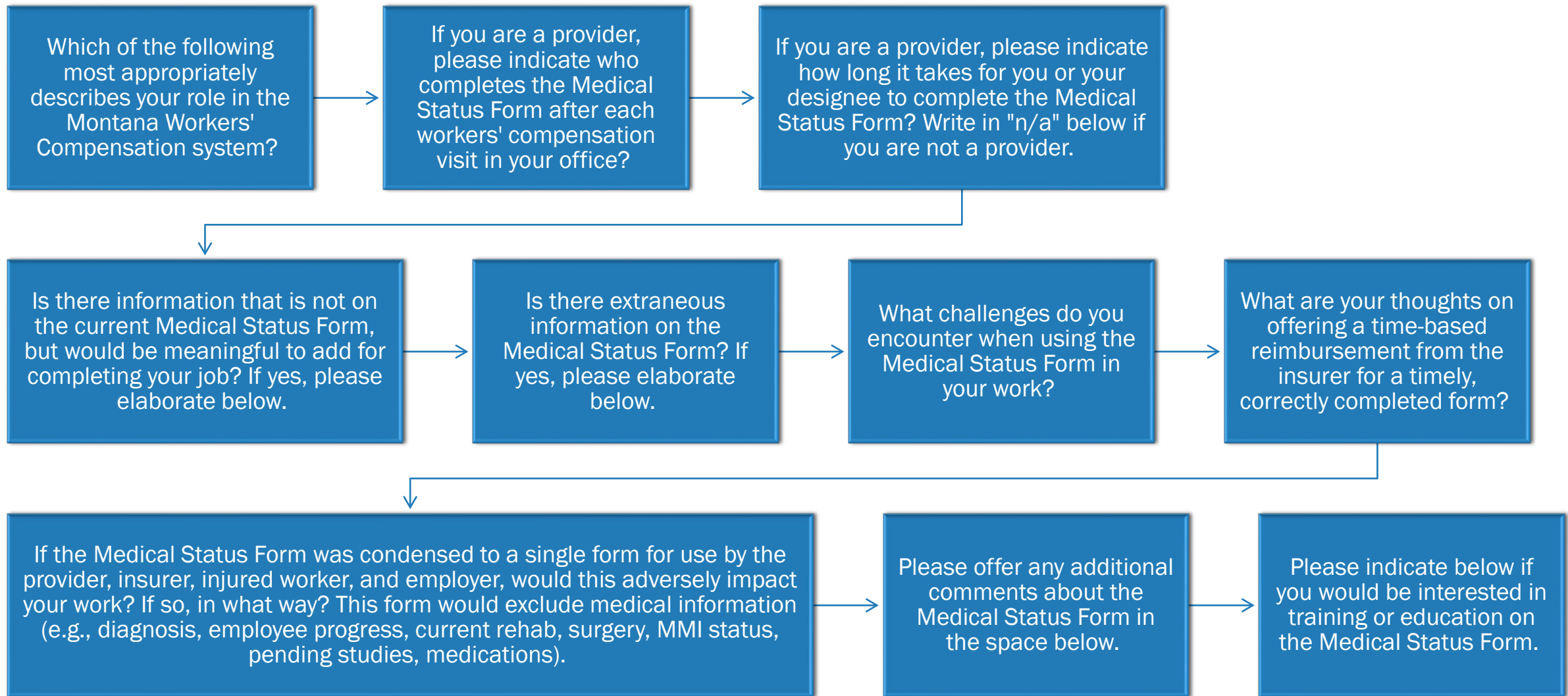
METHODS

Survey link distributed in 2023 & 2024

- During on-site visits
- Professional email lists (e.g., claim examiner certification) – December 2023
- Posted on Medical Status Form Website – January 2024
- Representative employer (based on industry, company size) – February 2024
- Through email (e.g., providers, attorneys) – February 2024



SURVEY CONTENT - 10 QUESTIONS

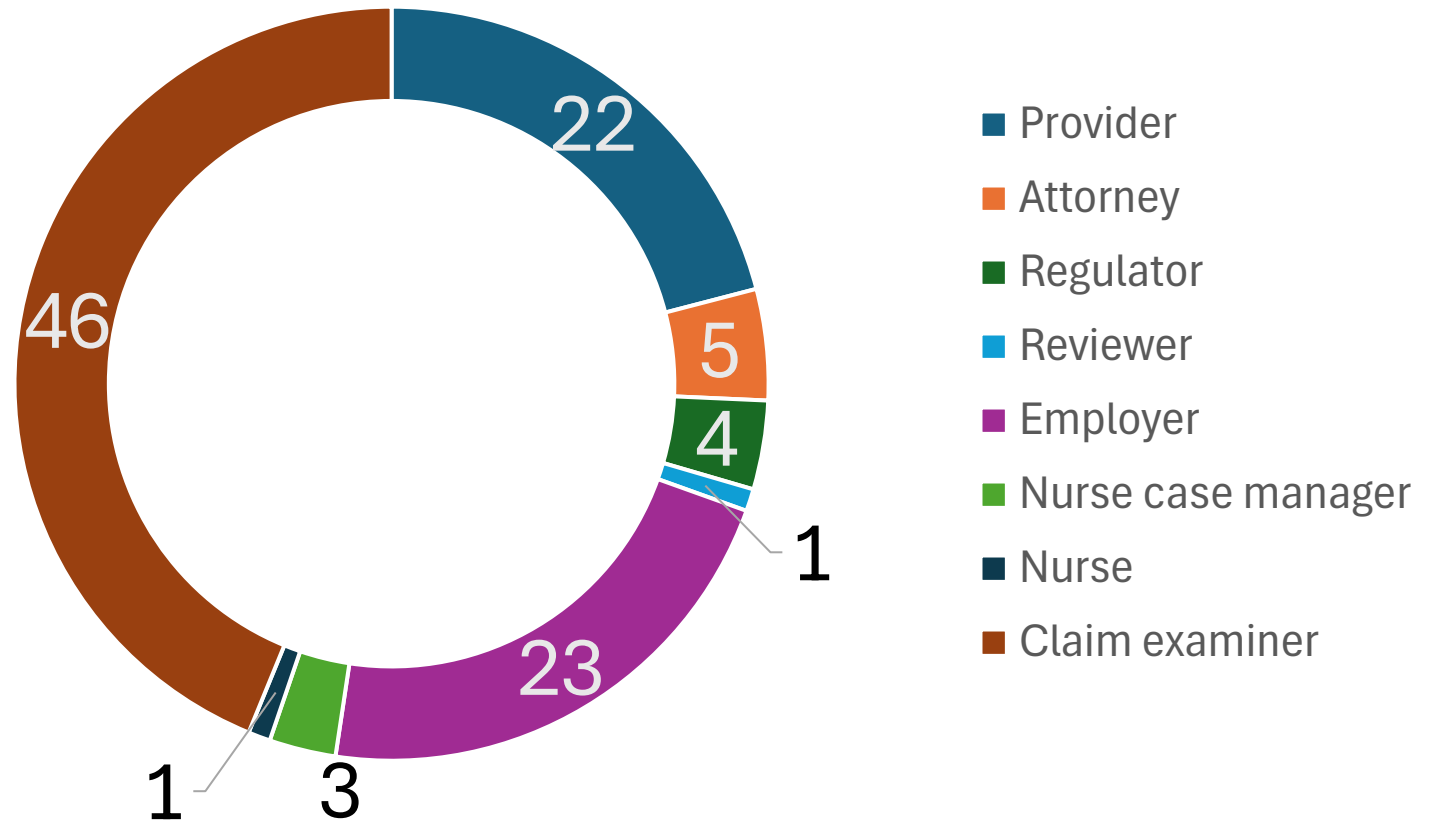


SURVEY RESULTS

105 Responses

Average time to
complete survey
– 10:22 minutes

RESPONDENT CHARACTERISTICS



***RELATIVELY SMALL NUMBER OF
RESPONDENTS***

Provider-Specific Questions

WHO COMPLETES THE MEDICAL STATUS FORM AFTER EACH WORKERS' COMPENSATION VISIT IN YOUR OFFICE?

19/22 (90.5%) medical providers endorsed completing the form versus a designee.

- One indicated they have designated someone else in their practice to complete the form.
- Two did not answer

HOW LONG DOES IT TAKE FOR YOU OR YOUR DESIGNEE TO COMPLETE THE MEDICAL STATUS FORM?

17 respondents provided a meaningful time estimate to complete the form.

Most commonly reported = 5 mins.

Ranged from 30 seconds to 15 mins.

Many cited the nature of the visit (e.g., initial, progress, or closing) and the complexity of the injury as drivers for how long it takes to complete

RESPONSES

Is there information that is not on the current Medical Status Form, but would be meaningful to add for completing your job? If yes, please elaborate below.

Summary: Administrative details; add fields for anticipated MMI, return to work status, specific restrictions; and definitions for frequencies.

RESPONSES

Is there extraneous information on the Medical Status Form? If yes, please elaborate below.

Summary: Treatment plan, work restriction table, capacity duration.

RESPONSES

What challenges do you encounter when using the Medical Status Form in your work?

Summary: Incomplete/unclear information (most common), delay or lack of receipt, need to redact medical information, length of time to complete, redundancy of medical information with medical record, difficulty establishing what an injured worker can do, lack of free text space.

RESPONSES

What are your thoughts on offering a time-based reimbursement from the insurer for a timely, correctly completed form?

Summary: Most claim examiners (56.5%) and providers (81.8%) supported reimbursement; smaller proportion of employers (40.9%) supported reimbursement.

RESPONSES

If the Medical Status Form was condensed to a single form for use by the provider, insurer, injured worker, and employer, would this adversely impact your work? If so, in what way?

Summary: Employers (50%), claim examiners (52.2%), and providers (50%) did not believe this would adversely impact their work. Small proportion of claim examiners concerned about losing early medical information if treatment plan were removed.

Emerging themes

Needs

- define terminology on the form and provide instruction
- education about the Medical Status Form (e.g., purpose, logistics)
- education on how to write meaningful work restrictions
- include understandable and practically useful information on the form
- prevent the inadvertent sharing of medical information/need to redact

Promote ease of sharing the form amongst stakeholders to promote timely delivery to employer

Reimbursement may be one way to enhance timely and accurate completion

What are potential ways to improve this situation?

Policy (minimum requirements, reimbursement)

Education

Form revision

Policy 2025 Statutory Update

HB 428: Revising workers compensation definitions and reporting requirements

"39-71-1036. Medical status form. (1) The department shall create a medical status form to be provided to a health care provider providing treatment for a compensable injury or occupational disease.

(2) The form must contain, at a minimum, the following information:

(a) the worker's first and last names and claim number;

(b) ~~the diagnosed condition~~ affected body part that is ~~a direct result of~~ directly related to the compensable injury or occupational disease;

~~(c) the treatment plan for the worker;~~

~~(d) identification of any medications prescribed for treatment of the worker;~~

~~(e)~~(c) the timeframe during which the treating physician recommends that the worker be completely off work;

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HB 428: Revising workers compensation definitions and reporting requirements

~~(i)~~(g) any permanent work restrictions applicable to the worker; and

~~(j)~~ — the anticipated date of maximum medical improvement; and

~~(k)~~(h) the date of the worker's next appointment.

(3) An insurer may request additional information from the health care provider not contained in the department's form.

(4) The treating physician or a designee shall complete the form following every office visit with the worker."

Signed into law: 05/01/25

Effective date: 10/01/25

Policy

2025 ARM Considerations

24.29.1515 FUNCTIONAL IMPROVEMENT STATUS

Functional improvement status must consist of objective findings of the claimant's functional status, and document the effect of interventions (positive, neutral, or negative) on functional goals. The functional improvement status can be sufficiently documented on the Medical Status Form. The Montana Utilization and Treatment Guidelines outline the standards for functional improvement.

24.29.1515 FUNCTIONAL IMPROVEMENT STATUS

Functional improvement status must **consist of** identify objective medical findings of the claimant's **functional** medical status, and **document** ~~note~~ the effect of **interventions** (positive, neutral, or negative) ~~of the medical services, with respect to the~~ **on functional** goals ~~of the treatment plan~~. The functional improvement status can be sufficiently documented on the Medical Status Form. The Montana Utilization and Treatment Guidelines outline the standards for functional improvement.

Remove reference to treatment plan.

24.29.1515 FUNCTIONAL IMPROVEMENT STATUS

Functional improvement status must consist of objective findings of the claimant's functional status, and note the effect (positive, neutral, or negative) of interventions on functional goals. The functional improvement status can be sufficiently documented on the Medical Status Form. The Montana Utilization and Treatment Guidelines outline the standards for functional improvement.

Considerations for revision.

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 treatment plan; and
 - (c) applicable treatment notes.
- (4) Documentation 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.



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, meeting the minimum statutory requirements, such as the department's versions 1, 2, or 3; 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 treatment plan; 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.



24.29.1534 PROFESSIONAL FEE SCHEDULE

(8) When billing the services listed below, the Montana unique code, MT001, must be used and a separate written report is required describing the services provided. The reimbursement rate for this code is 0.54 RVUs per 15 minutes with time documented by the provider. These requirements apply to the following services:

- (a) face-to-face conferences with payor representative(s) to update the status of a patient upon request of the payor;
- (b) a report associated with nonphysician conferences required by the payor;
- (c) completion of a job description or job analysis form requested by the payor; or
- (d) written questions that require a written response from the provider, excluding the Medical Status Form.

24.29.1534 PROFESSIONAL FEE SCHEDULE

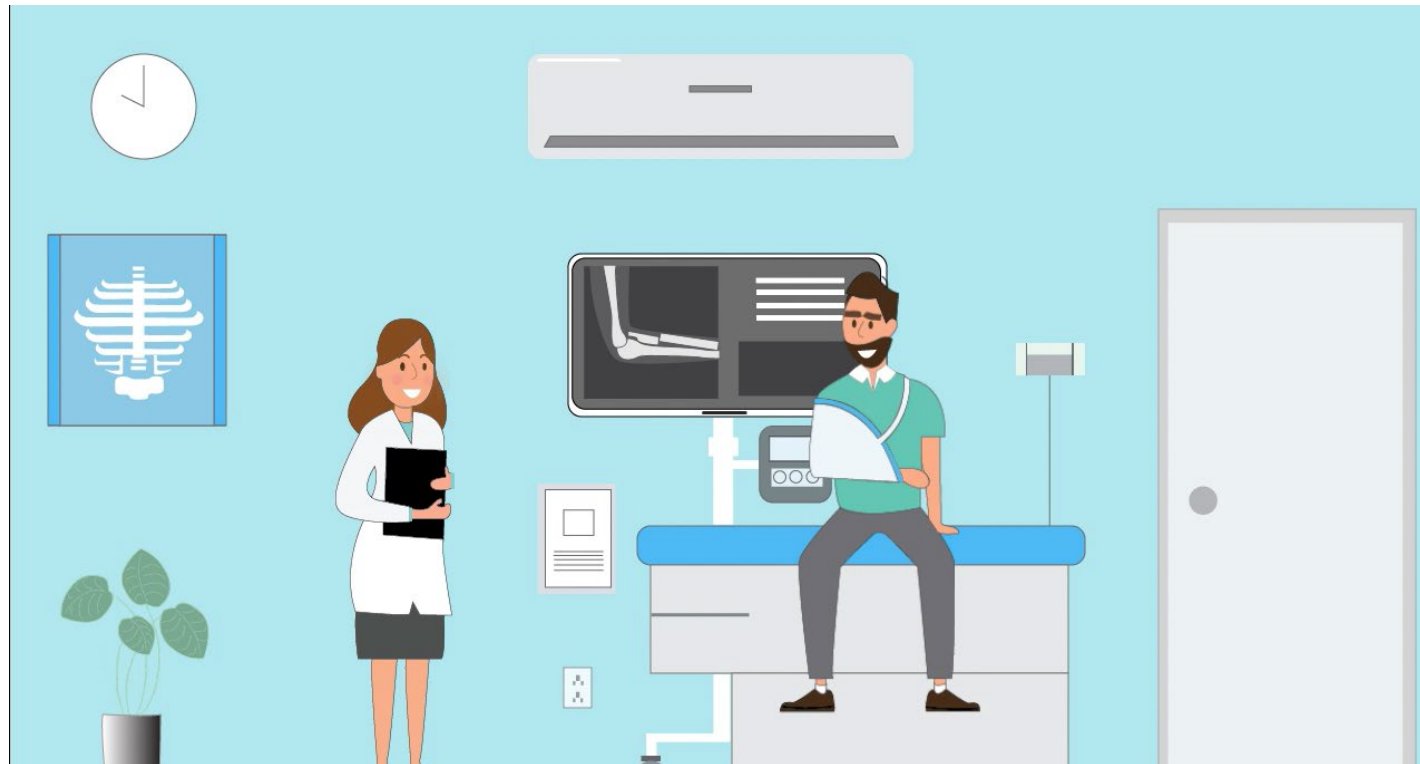
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- (d) written questions that require a written response from the provider, **excluding the Medical Status Form.**

Education

Medical Status Form

Instructional video created by DLI in 2023 for Medical Status Form users – since removed
Stakeholder engagement meetings
2025-2026 – “Considerations for writing meaningful work restrictions”



Form revision – draft templates meeting the minimum statutory requirements

Visit [DLI Medical Status Form](#) to review and comment on draft forms and to view the June 18, 2025 stakeholder meeting

Recommendations

1. Policy

Minimum statutory requirement revision

Remove policy prohibitions on offering reimbursement for form completion.

2. Bolster education on effective use of the medical status form.

3. Offer draft templates to better fit provider needs and encourage form completion.

Thank you!

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