



ADMINISTRATIVE RULES OF MONTANA



24.29.975 DESCRIPTION OF BENEFITS PAID FOR PURPOSES OF ASSESSMENT

- (1) Compensation benefits paid include periodic and lump-sum payments for:
 - (a) permanent total disability;
 - (b) permanent partial disability;
 - (c) temporary total disability;
 - (d) temporary partial disability;
 - (e) loss of hearing, whether under the Workers' Compensation or Occupational Disease Act for occupational diseases that occurred prior to July 1, 2005;
 - (f) rehabilitation benefits (biweekly compensation paid to claimants);
 - (g) death benefits;
 - (h) disfigurement payments;
 - (i) SIF cases, to the extent paid by the insurer and not reimbursed by the SIF;
 - (j) settlement amounts paid pursuant to 39-71-741, MCA, except to the extent any portion of the settlement is reported as being medical benefits paid;
 - (k) benefits paid pursuant to 39-71-608, MCA; and
 - (l) settlement amounts paid pursuant to 39-71-405, MCA.
- (2) Medical benefits paid include payments for:
 - (a) medical and dental treatment;
 - (b) prescription drugs;
 - (c) prosthetics and orthotics;
 - (d) other durable medical goods;
 - (e) hospital care;
 - (f) domiciliary care;
 - (g) diagnostic examinations for the purpose of determining what treatment is necessary;
 - (h) medical benefits paid pursuant to 39-71-615, MCA; and

- (i) hearing loss treatment, whether under the Workers' Compensation or Occupational Disease Act for occupational diseases that occurred prior to July 1, 2005.
- (3) Miscellaneous expense costs are not included in the calculation of the administration fund assessment. Miscellaneous expense costs are all workers' compensation or occupational disease costs incurred by an insurer other than compensation or medical benefits paid. These costs include, but are not limited to:
 - (a) rehabilitation services provided by a licensed rehabilitation provider or the Department of Public Health and Human Services;
 - (b) rehabilitation expenses, such as books and tuition, or auxiliary rehabilitation benefits, such as relocation expenses;
 - (c) administrative costs for the processing of claims, such as the costs of investigating or adjusting the claim;
 - (d) independent medical examinations requested by the insurer, where the purpose of the examination(s) is not for the diagnosis or treatment of the claimant's condition;
 - (e) matching payments to a catastrophically injured worker's family; and
 - (f) various other miscellaneous costs that do not constitute a compensation benefit or medical benefit provided to the claimant or beneficiary.
- (4) Benefits paid include any amount paid by the insurer or the employer, regardless of any deductible paid by the employer or reimbursements to the insurer from reinsurance or excess insurance other than by the claimant. Copayments actually made by the claimant are not considered to be "benefits paid" for the purposes of this rule.
- (5) The department may inspect the insurer's records to determine whether the insurer is properly reporting compensation paid and medical benefits paid.

Authorizing statute(s): 39-71-203, MCA

Implementing statute(s): 39-71-201, 39-71-306, 39-71-915, 39-71-1049, 50-71-128, MCA

History: NEW, 2024 MAR p. 1066, Eff. 5/11/24.