



AN ACT DEFINING THE MEDICAID REIMBURSEMENT CONVERSION FACTOR FOR PHYSICAL THERAPIST, SPEECH-LANGUAGE PATHOLOGIST, AND OCCUPATIONAL THERAPIST SERVICES; REVISING DEFINITIONS; PROVIDING RULEMAKING AUTHORITY; AMENDING SECTION 53-6-124, MCA; AND PROVIDING AN EFFECTIVE DATE.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Physical therapist, speech-language pathologist, and occupational therapist services reimbursement. (1) The fee for a covered service provided by a physical therapist, speech-language pathologist, or occupational therapist under the medicaid program is determined by multiplying the conversion factor times the relative value unit for that service times any applicable policy adjusters.

(2) (a) For state fiscal year 2026, the conversion factor is \$39.56.

(b) For each subsequent fiscal year, the department may adjust the conversion factor upward in a manner to achieve an overall change in provider expenditures equivalent to the consumer price index for medical care for the previous year, as calculated by the bureau of labor statistics of the United States department of labor.

Section 2. Section 53-6-124, MCA, is amended to read:

"53-6-124. Definitions. As used in 53-6-125, 53-6-127, [section 1], and this section, the following definitions apply:

(1) "Conversion factor" means the dollar value that is multiplied by the appropriate relative value unit to calculate a price for a service provided by a physician, physical therapist, speech-language pathologist, or occupational therapist.

(2) "Department" means the department of public health and human services.

(3) "Medicaid" means the Montana medical assistance program established under Title 53, chapter 6.

(4) "Occupational therapist" has the same meaning as provided in 37-24-103.

(5) "Physical therapist" has the same meaning as provided in 37-11-101.

(4)(6) "Physician" has the meaning provided in 37-3-102.

(5)(7) "Policy adjuster" means a factor by which the fee determined under 53-6-125 or [section 1] is multiplied to increase the fee paid by medicaid for certain categories of services.

(6)(8) "Relative value unit" means a numerical value assigned in the resource-based relative value scale to each procedure code used to bill for services provided by a physician, physical therapist, speech-language pathologist, or occupational therapist.

(7)(9) "Resource-based relative value scale" means the medicare resource-based relative value scale contained in the physician's medicare fee schedule adopted by the centers for medicare and medicaid services of the U.S. department of health and human services.

(10) "Speech-language pathologist" has the same meaning as provided in 37-15-102."

Section 3. Codification instruction. [Section 1] is intended to be codified as an integral part of Title 53, chapter 6, part 1, and the provisions of Title 53, chapter 6, part 1, apply to [section 1].

Section 4. Effective date. [This act] is effective July 1, 2025.

- END -

I hereby certify that the within bill,
HB 585, originated in the House.

Chief Clerk of the House

Speaker of the House

Signed this _____ day
of _____, 2025.

President of the Senate

Signed this _____ day
of _____, 2025.

HOUSE BILL NO. 585

INTRODUCED BY E. BUTTREY, S. NOVAK, W. MCKAMEY, K. SULLIVAN

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