

CHAPTER 5221
DEPARTMENT OF LABOR AND INDUSTRY
FEE SCHEDULE
FEE SCHEDULE PAYMENT LIMITS

5221.0600 PAYER RESPONSIBILITIES.

5221.4020 DETERMINING FEE SCHEDULE PAYMENT LIMITS.

5221.0600 PAYER RESPONSIBILITIES.*[For text of subps 1 to 3, see M.R.]*

Subp. 4. **Notification.** Within 30 calendar days of receipt of the bill, the payer shall provide written notification to the employee and provider of denial of part or all of a charge, or of any request for additional information, except that the employer or insurer is not required to notify the employee of payment of charges that have been reduced according to Minnesota Statutes, section 176.136, subdivision 1, 1a, or 1b. Written notification shall include:

*[For text of items A to D, see M.R.]**[For text of subps 5 and 6, see M.R.]***Statutory Authority:** *MS s 14.388***History:** *35 SR 2015***5221.4020 DETERMINING FEE SCHEDULE PAYMENT LIMITS.***[For text of subps 1 and 1a, see M.R.]***Subp. 1b. Conversion factors and maximum fee formulas.***[For text of item A, see M.R.]*

B. The conversion factors for services, articles, and supplies included in parts 5221.4030 to 5221.4061 are as provided in Minnesota Statutes, section 176.136, subdivision 1a, as adjusted by paragraph (g) of that subdivision, as follows:

(1) for dates of service from October 1, 2010, to September 30, 2011, the conversion factors are:

(a) for medical/surgical services identified by procedure codes described in part 5221.4030, subpart 3: \$67.23;

(b) for pathology and laboratory services identified by procedure codes described in part 5221.4040, subpart 3: \$39.60;

(c) for physical medicine and rehabilitation services identified by procedure codes described in part 5221.4050, subpart 2d: \$52.35; and

(d) for chiropractic services identified by procedure codes described in part 5221.4060, subpart 2d: \$53.48;

(2) for dates of service from October 1, 2011, to September 30, 2012, the conversion factors are:

(a) for medical/surgical services identified by procedure codes described in part 5221.4030, subpart 3: \$68.84;

(b) for pathology and laboratory services identified by procedure codes described in part 5221.4040, subpart 3: \$40.55;

(c) for physical medicine and rehabilitation services identified by procedure codes described in part 5221.4050, subpart 2d: \$53.61; and

(d) for chiropractic services identified by procedure codes described in part 5221.4060, subpart 2d: \$54.76; and

(3) for dates of service from October 1, 2012, to September 30, 2013, the conversion factors are:

(a) for medical/surgical services identified by procedure codes described in part 5221.4030, subpart 3: \$69.87;

(b) for pathology and laboratory services identified by procedure codes described in part 5221.4040, subpart 3: \$41.16;

(c) for physical medicine and rehabilitation services identified by procedure codes described in part 5221.4050, subpart 2d: \$54.41; and

(d) for chiropractic services identified by procedure codes described in part 5221.4060, subpart 2d: \$55.58.

[For text of subps 1c to 4, see M.R.]

Statutory Authority: *MS s 14.386; 176.136*

History: *36 SR 314; 37 SR 373*