

5221.4051 FEE ADJUSTMENTS FOR PHYSICAL MEDICINE AND REHABILITATION SERVICES.

Subpart 1. **Multiple procedure payment reduction.** For procedures identified in part 5221.4050, subpart 2d, with indicator 5 in column S, the following rules apply to establish the maximum fee according to the formula in part 5221.4020, subpart 1b:

A. When more than one unit or procedure with an indicator of 5 is provided to the same patient on the same day, full payment is made for the unit or procedure with the highest practice expense (PE) relative value unit (RVU).

B. For subsequent units and procedures furnished to the same patient on the same day in office settings and other noninstitutional settings, full payment is made for the work and malpractice expense RVUs and 80 percent payment is made for the PE RVU.

C. For subsequent units and procedures furnished to the same patient on the same day in institutional settings, full payment is made for the work and malpractice expense RVUs and 75 percent payment is made for the PE RVU.

D. For therapy services furnished by a provider, a group practice, or incident to a provider's service, the reduction described in this part applies to all services furnished to a patient on the same day, regardless of whether the services are provided in one therapy discipline or multiple disciplines, such as physical therapy, occupational therapy, or speech-language pathology, and regardless of the type of provider or supplier.

E. For example, for illustrative purposes only; example does not reflect actual maximum fee:

	Unadjusted Maximum Fee, Procedure 1 Unit 1	Unadjusted Maximum Fee, Procedure 1 Unit 2	Unadjusted Maximum Fee, Procedure 2	Total Adjusted Maximum Fee	Calculation of Total Adjusted Maximum Fee
Work	\$7	\$7	\$11	\$25	No reduction
PE	\$10	\$10	\$8	\$23.50	$\$10 + (.75 \times \$10) + (.75 \times \$8)$
Mal- practice	\$1	\$1	\$1	\$3	No reduction
Total	\$18	\$18	\$20	\$51.50	$\$18 + (\$7 + \$1) + (.75 \times \$10) + (\$11 + \$1) + (.75 \times \$8)$

Subp. 2. **Electrical stimulation.** For purposes of the workers' compensation fee schedule, CPT code 97014, electrical stimulation therapy, is subject to the multiple procedure payment reduction provided in subpart 1. Indicator 9 in column S of the RVU table does not apply to CPT code 97014.

Statutory Authority: *MS s 14.38; 14.386; 14.388; 175.171; 176.101; 176.135; 176.1351; 176.136; 176.231; 176.83*

History: *18 SR 1472; 20 SR 530; 25 SR 1142; 35 SR 227; 38 SR 306*

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