

5221.4061 FEE ADJUSTMENTS FOR CHIROPRACTIC SERVICES.

Subpart 1. **Multiple procedure payment reduction.** For procedures identified in part 5221.4060, subpart 2d, with indicator 5 in column S, the rules in items A to D 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, full payment is made for the work and malpractice expense RVUs and 50 percent payment is made for the PE RVU.

C. 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.

D. 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	\$19	$\$10 + (.50 \times \$10) + (.50 \times \$8)$
Mal- practice	\$1	\$1	\$1	\$3	No reduction
Total	\$18	\$18	\$20	\$47	$\$18 + (\$7 + \$1) + (.50 \times \$10) + (\$11 + \$1) + (.50 \times \$8)$

Subp. 1a. **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.

Subp. 2. **Extraspinal code.** If the extraspinal code (98943) is used in conjunction with any of the spinal chiropractic manipulative treatment (CMT) codes (98940 to 98942) on the same day, the extraspinal code must be coded with CPT modifier 51. The CPT modifier 51 reduces the RVU of

98943 when used in conjunction with any of the CMT codes (98940 to 98942) on the same day by 50 percent.

Subp. 3. **Diagnostic imaging procedures.** For diagnostic imaging procedures with an indicator of 4 in column S, special rules for the technical component and professional component (PC) apply if the procedure is billed with another diagnostic imaging procedure with indicator 88 in column AB. If the procedure is furnished by the same provider, or different providers in the same group practice, to the same patient in the same session on the same day as another procedure with indicator 88, the procedures must be ranked according to the maximum fee for the technical component and professional component, calculated according to the formula in part 5221.4020, subpart 1b. The technical component with the highest maximum fee is paid at 100 percent, and the technical component of each subsequent procedure is paid at 50 percent. The professional component with the highest maximum fee is paid at 100 percent, and the professional component of each subsequent procedure is paid at 95 percent. For example (for illustrative purposes):

	Unadjusted Maximum Fee, Procedure 1	Unadjusted Maximum Fee, Procedure 2	Total Adjusted Maximum Fee	Calculation of Total Adjusted Maximum Fee
PC	\$100	\$80	\$160	\$176 ($\$100 + (.95 \times \$80)$)
TC	\$500	\$400	\$700	\$700 ($\$500 + (.50 \times \$400)$)
Global	\$600	\$480	\$860 ($\$600 + (.75 \times \$80) + (.50 \times \$400)$)	\$876 ($\$600 + (.95 \times \$80) + (.50 \times \$400)$)

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; 25 SR 1142; 35 SR 227; 38 SR 306; 41 SR 385; 44 SR 412*

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