

5220.1900 REHABILITATION SERVICE FEES AND COSTS.

Subpart 1. **Monitoring.** The insurer has the primary responsibility for monitoring and paying the cost of necessary rehabilitation services provided.

The commissioner shall monitor rehabilitation services and costs and shall also conduct periodic audits of costs, services, case outcomes, and compliance with reporting and record keeping requirements. The insurer and the rehabilitation provider shall furnish the commissioner with itemized listings of case services and costs upon request.

Subp. 1a. **Billing.** All rehabilitation provider billings shall be on the vocational rehabilitation invoice prescribed by the commissioner containing substantially the following:

A. identifying information on the insurer, rehabilitation providers, employee and employer, including the insurer file number;

B. information about the cost and duration of the rehabilitation plan, including the date the plan was filed and cost-to-date amounts billed by the qualified rehabilitation consultant firm, job placement vendor, and previous qualified rehabilitation consultant firms and job placement vendors;

C. a listing of the services billed, including date of service, service description, service category code, time units, mileage, and expenses. Service category codes are available from the department upon request; and

D. a summary of the charges billed, including a total of the professional services provided, the professional hourly rate, a total of the nonprofessional services provided, the nonprofessional hourly rate, the number of miles driven, the mileage rate, and the total expenses.

Sample vocational rehabilitation invoice forms are available from the department upon request. Billing information on job placement costs shall be provided to the qualified rehabilitation consultant who shall report those costs on a monthly basis on the vocational rehabilitation invoice. The job placement vendor shall bill the insurer directly.

Subp. 1b. **Fees.** Hourly fees for rehabilitation services shall not exceed the maximum rates in subparts 1c, 1d, 1e, and 1f, except that the maximum rates may be increased annually beginning October 1, 1993, but any annual increase is limited by the annual adjustment under Minnesota Statutes, section 176.645.

Subp. 1c. **Consultants.** When billing on an hourly basis for the services of qualified rehabilitation consultants, a qualified rehabilitation consultant or qualified rehabilitation consultant firm shall bill at an hourly rate not to exceed \$65 per hour as adjusted under subpart 1b. A rehabilitation provider shall bill one-half of the hourly rate for wait time, and

three-fourths of the hourly rate for travel time. Travel time shall be prorated as outlined in part 5220.1805, item E.

Subp. 1d. **Interns.** When billing on an hourly basis, the upper billing limit for qualified rehabilitation consultant interns shall be \$10 per hour less than the hourly rate charged for services provided by qualified rehabilitation consultants employed by that qualified rehabilitation consultant firm.

Subp. 1e. **Job development and placement services.** Whether provided by registered rehabilitation vendors or qualified rehabilitation consultant firms, job development and job placement services, when billed on an hourly basis, shall be billed at an hourly rate not to exceed \$50 per hour as adjusted under subpart 1b.

Subp. 1f. **Fee reduction.** Billing for services by the qualified rehabilitation consultant or qualified rehabilitation consultant intern based upon an hourly rate shall be reduced by \$10 per hour when:

A. the duration of the rehabilitation case exceeds 39 weeks from the date of the first in-person visit between an assigned qualified rehabilitation consultant and the employee; or

B. the costs of rehabilitation services billed by the qualified rehabilitation consultant have exceeded \$3,500, whichever comes first. Payment exceeding that permitted by this rule is prohibited.

Subp. 1g. **Payment.** As soon as reasonably possible, and no later than 30 calendar days after receiving the rehabilitation provider's bill for rehabilitation services, the employer or insurer shall pay the charge or any portion of the charge that is not denied, deny all or a part of the charge stating the specific service charge and the reason it is excessive or unreasonable, or specify the additional data needed, with written notification to the rehabilitation provider.

Subp. 2. **Reasonable and necessary services.** A rehabilitation provider shall bill for only those necessary and reasonable services which are rendered in accordance with Minnesota Statutes, section 176.102 and the rules adopted to administer that section. A dispute about reasonable and necessary services and costs shall be determined by the commissioner or a compensation judge. The commissioner's or a compensation judge's review must include all the following factors:

A. the employee's unique disabilities and assets in relation to the goals, objectives, and timetable of the rehabilitation plan;

B. the type of rehabilitation services provided and the actual amount of time and expense incurred in providing the service;

C. an evaluation of whether services provided were unnecessary, duplicated other services, were available at no charge to public, or were excessive relative to the actual needs of the employee; and

D. an evaluation of whether services rendered were expressly called for by the employee's rehabilitation plan.

Subp. 3. [Repealed, 16 SR 2520]

Subp. 4. [Repealed, 16 SR 2520]

Subp. 5. [Repealed, 16 SR 2520]

Subp. 6. [Repealed, 16 SR 2520]

Subp. 6a. **Billing limits on qualified rehabilitation consultant services.** When a rehabilitation provider other than a qualified rehabilitation consultant is providing and billing for job development or job placement services pursuant to an approved rehabilitation plan, the qualified rehabilitation consultant shall limit the qualified rehabilitation consultant's billing to no more than two hours in any 30-calendar-day period. Billing beyond this limit will require specific approval of the parties or a determination by the department or a compensation judge.

Subp. 6b. **Plans; exceptions.** The qualified rehabilitation consultant shall bill no more than eight hours for a rehabilitation consultation as described in Minnesota Statutes, section 176.102, subdivision 4, and part 5220.0100, subpart 26, and the development, preparation, and filing of a rehabilitation plan as described in Minnesota Statutes, section 176.102, subdivision 4, and part 5220.0410. If conditions exist that necessitate traveling over 50 miles to visit the employee, employer, or health care provider, or an unusually difficult medical situation is documentable, billing beyond this limit is allowed upon the express consent of the parties or a determination by the department or compensation judge.

Subp. 7. **Case activities requiring insurer consent for payment.** The rehabilitation provider must obtain the consent of the insurer before billing for the following case activities, however, the presence or absence of consent shall not preclude the commissioner or a compensation judge from determining the reasonable value or necessity of these case activities:

A. when not directed by the plan, phone calls, or visits to health care providers and accompanying employee to appointments or examinations;

B. follow-up activity with employers during job placement services to verify employee applications or applications not arranged by the rehabilitation provider;

C. phone calls to the department regarding general procedures or questions on rehabilitation direction not related to a specific rehabilitation plan;

- D. unanswered attempted phone calls;
- E. time spent for report writing not required by rules or requested by a party;
- F. assigned qualified rehabilitation consultant service during vendor activity periods beyond required reporting or specific problem solving activity;
- G. time for attendance at an administrative conference by the supervisor of the qualified rehabilitation consultant intern who is providing services to the employee;
- H. before a determination of eligibility, services rendered when a rehabilitation waiver has been requested and was not denied or when the insurer disputes the employee's eligibility for rehabilitation services;
- I. time spent reviewing the file and initial contact to establish rapport with interested parties by an assigned qualified rehabilitation consultant or registered rehabilitation vendor when a case has been transferred from another qualified rehabilitation consultant or vendor within the same rehabilitation firm;
- J. time spent by a supervisor, another qualified rehabilitation consultant, or support staff in addition to the assigned qualified rehabilitation consultant;
- K. job placement activities beyond 90 days from the start of the job placement effort without a formal plan review or case planning meeting with the employee and insurer;
- L. wait time for a visit without a prearranged meeting or early arrival for a prearranged appointment;
- M. services that duplicate services already provided;
- N. charges beyond the hourly fee for testimony at a judicial hearing when the qualified rehabilitation consultant or registered rehabilitation vendor has provided rehabilitation services under the plan;
- O. travel costs beyond those needed to develop or complete a plan; or
- P. services after a request to suspend or terminate the rehabilitation plan has been filed.

Subp. 8. **Disputes.** In the event of a dispute about the reasonableness and necessity or cost of a rehabilitation service, the insurer or a rehabilitation provider may make a request for a determination by the commissioner or a compensation judge of reasonable costs and necessity of services. Such a request may be made by filing a request for assistance according to Minnesota Statutes, chapter 176 or part 5220.0950.

Subp. 9. **Collection prohibited.** No rehabilitation provider shall attempt to collect a fee or reimbursement for an unnecessary or unreasonable service from any party, including the employee, another insurer, the special compensation fund, or any government program.

This prohibition shall apply to any fee determined excessive in amount by the commissioner or a compensation judge.

Statutory Authority: *MS s 176.102; 176.83*

History: *8 SR 1777; 9 SR 1478; 16 SR 2520; 17 SR 3361; 25 SR 81; 29 SR 1480*

Published Electronically: *June 11, 2008*