3050.2700 TREATMENT PLANS.

Subpart 1. **Applicability.** The board, when necessary to evaluate the reasonableness of treatment provided claimants under parts 3050.2700, subpart 5, and 3050.2800, may require suppliers of mental health, physical therapy, chiropractic, medical, and home care services to submit treatment plans before consideration of their charges as a part of a reparations claim

- Subp. 2. **Treatment plan contents.** Treatment plans must include, but not be limited to, information concerning the date treatment began and the actual or expected date of termination, the diagnosis of record, measurable treatment goals, and the proposed method for treatment including measurable outcomes, information regarding preexisting conditions, and prognosis.
- Subp. 3. **Submission procedures.** Forms for the submission of treatment plans must be provided by the board. Forms will be supplied at the time the board requests certification of charges for treatment provided a claimant. Suppliers shall submit treatment plans, where required by subpart 1, at the time the certificate is returned to the board.
- Subp. 4. **Treatment plan updates.** Treatment plans must be revised to reflect current treatment status after the first six months of treatment for which the board has provided compensation and quarterly after that. The board may withhold or deny benefits for failure to submit revisions as required in this subpart.
- Subp. 5. **Board action.** The board may use treatment plans to aid in the determination of reasonableness of care, and may grant or deny compensation for a specific service based upon information submitted in a treatment plan. The board may also request a provider of services to revise or restate information provided in order to meet the board's requirements for compensation.
- Subp. 6. **Extension beyond termination dates.** If treatment is likely to continue more than 30 days beyond the projected date of termination submitted in the treatment plan, the provider is responsible for submitting a new treatment plan and a revised termination date. No compensation must be authorized for services rendered more than 30 days beyond a projected termination date without staff approval of an extension.

Statutory Authority: MS s 611A.56

History: 13 SR 661; 23 SR 519

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