

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, and 1e, except that the maximum rates may be adjusted annually according to Minnesota Statutes, section 176.102, subdivision 2, paragraph (a), beginning October 1, 2018. Any annual increase is limited by the annual adjustment for injured employees 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 \$103.10 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 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 \$82.58 per hour as adjusted under subpart 1b.

Subp. 1f. [Repealed, 43 SR 361]

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. An employer or insurer is subject to penalties pursuant to Minnesota Statutes, chapter 176, for failure to pay or deny the payment as required by this chapter and Minnesota Statutes, section 176.102.

Subp. 2. **Reasonable and necessary services.** A rehabilitation provider shall bill for only those necessary and reasonable services that are rendered according to 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. **Payment 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, payment for more than six hours of qualified rehabilitation consultant services per calendar month requires

specific approval by the insurer or a determination by the commissioner or a compensation judge that the services were reasonable and necessary under subpart 2. Travel time and wait time are not included in the six-hour limit.

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, payment beyond this limit is allowed upon specific approval by the insurer or a determination by the commissioner or a compensation judge that the services were reasonable and necessary under subpart 2.

Subp. 7. **Case activities that require approval or are not billable.** The services and activities described in items A and B either require approval or are not billable by the rehabilitation provider.

A. The following services and activities are not compensable unless the rehabilitation plan specifies them, the insurer approves them, or the commissioner or a compensation judge determines that they were reasonable and necessary under subpart 2:

(1) phone calls or visits to health care providers and accompanying the employee to appointments or examinations; or

(2) time spent by a supervisor or another qualified rehabilitation consultant consulting with or advising the assigned qualified rehabilitation consultant.

B. Rehabilitation providers shall not bill for the following services, activities, or charges:

(1) phone calls to the department regarding general procedures or questions about rehabilitation not related to a specific rehabilitation plan;

(2) unanswered attempted phone calls where the rehabilitation provider does not leave a message;

(3) time for attendance at an administrative conference by the supervisor of the qualified rehabilitation consultant intern who is providing services to the employee;

(4) time spent reviewing the file by an assigned qualified rehabilitation consultant or rehabilitation vendor when a case has been transferred from another qualified rehabilitation consultant or rehabilitation vendor within the same rehabilitation firm;

(5) wait time exceeding 15 minutes for early arrival for a prearranged meeting or appointment; or

(6) charges beyond the hourly fee for testimony at a hearing or administrative conference when the qualified rehabilitation consultant or rehabilitation vendor has provided rehabilitation services under the plan.

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; 43 SR 361; 49 SR 1383*

Published Electronically: *July 10, 2025*