

**Department of Labor and Industry****Proposed Permanent Rules Relating to Workers' Compensation Vocational Rehabilitation Fees****5220.1900 REHABILITATION SERVICE FEES AND COSTS.**

*[For text of subps 1 and 1a, see M.R.]*

Subp. 1b. **Fees.** Hourly fees for rehabilitation services shall not exceed the maximum rates in subparts 1c, 1d, and 1e, ~~and 1f~~, except that the maximum rates may be ~~increased~~ adjusted annually according to Minnesota Statutes, section 176.102, subdivision 2, paragraph (a), beginning October 1, 1993, but 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 ~~\$65~~ \$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.

*[For text of subp 1d, see M.R.]*

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~~ \$82.58 per hour as adjusted under subpart 1b.

Subp. 1f. [See repealer.]

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 ~~which~~ that are rendered ~~in accordance with~~ according to Minnesota Statutes, section 176.102<sub>2</sub> 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:

[For text of items A to D, see M.R.]

[For text of subps 3 to 6, see M.R.]

Subp. 6a. **Billing 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, ~~the qualified rehabilitation consultant shall limit the qualified rehabilitation consultant's billing to no~~ payment for more than two six hours in any 30-calendar-day period 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. Billing beyond this limit will require specific approval of the parties or a determination by the department or a compensation judge. 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, billing payment beyond this limit is allowed upon ~~the express consent of the parties~~ specific approval by the insurer or a determination by the department commissioner or a compensation judge that the services were reasonable and necessary under subpart 2.

Subp. 7. **Case activities ~~requiring insurer consent for payment~~ that require approval or are not billable.** ~~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:~~

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:

~~A. (1) when not directed by the plan, phone calls; or visits to health care providers and accompanying the employee to appointments or examinations; or~~

~~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. (2) time spent by a supervisor, or another qualified rehabilitation consultant, or support staff in addition to consulting with or advising 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.~~

B. Rehabilitation providers shall not bill for the following services and activities:

(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 registered rehabilitation vendor when a case has been transferred from another qualified rehabilitation consultant or registered rehabilitation vendor within the same rehabilitation firm; or

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

*[For text of subps 8 and 9, see M.R.]*

**REPEALER.** Minnesota Rules, part 5220.1900, subpart 1f, is repealed.