Office of the Revisor of Statutes Administrative Rules



TITLE: Adopted Exempt Permanent Rules Relating to Workers' Compensation; Independent Medical Examination Fees in Minnesota Rules, chapter 5219; Workers' Compensation Medical Services and Fees in Minnesota Rules, chapter 5221

AGENCY: Department of Labor and Industry

MINNESOTA RULES: Chapters 5219 and 5221

INCORPORATIONS BY REFERENCE: [See attached]



The attached rules are approved as to form

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Sheree Speer Assistant Deputy Revisor

INCORPORATIONS BY REFERENCE:

Part 5221.0405:

The Physician's Current Procedural Terminology, (CPT manual) 2016 Professional Edition, and any subsequent revisions. CPT codes are subject to frequent change. The manual is published by and may be purchased from the American Medical Association, Order Department: P.O. Box 930876, Atlanta, GA, 31193-0876, or from the American Medical Association Web site at https://commerce.ama-assn.org/store/. It is available through the Minitex interlibrary loan system.

The alphanumeric Healthcare Common Procedure Coding System (HCPCS manual), 2016 edition and any subsequent revisions. It is subject to frequent change. It is published by the Practice Management Information Corporation (PMIC) under the authority of the Centers for Medicare and Medicaid Services and may be purchased from medical bookstores, or through PMIC, 200 West 22nd Street, #253, Lombard, IL 60148, (800) 633-7467, or www.pmiconline.com. It is available through the Minitex interlibrary loan system and on the Centers for Medicare and Medicaid Services Web site at http://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS.html.

The Codes on Dental Procedures and Nomenclature (CDT code), 2016, and any subsequent revisions. The CDT code is published by the American Dental Association and may be purchased from its Web site at http://www.ada.org/en/store. It is available through the Minitex interlibrary loan system.

The UB-04 Data Specifications Manual (UB-04 Manual), 2016, and any subsequent revisions adopted by the National Uniform Billing Committee (NUBC). It is subject to frequent change. It is published by and may be purchased from the American Hospital Association. It is available through the Minitex interlibrary loan system and on the American Hospital Association's Web site at http://www.ahaonlinestore.com.

The National Drug Code Directory, published, maintained, and distributed by the federal Department of Health and Human Services, U.S. Food and Drug Administration. The directory is available for viewing or printing free of charge on the Internet at the U.S. Food and Drug Administration's Web site at http://www.fda.gov/cder/ndc/. The directory is subject to frequent change and amendments to the directory are also incorporated by reference into this chapter.

	02/15/17	REVISOR	SS/IL	RD4448
1.1	Department of Labor and Industry			
1.2 1.3 1.4	Adopted Exempt Permanent Rules R Independent Medical Examination Fe Compensation Medical Services and I	es in Minnesota Rule	s, chapter 5219; W	'orkers'
1.5	5219.0200 SCOPE.		2	
1.6	This chapter governs reimbursemen	nt for copies of existing	medical records rel	lated to
1.7	a current claim for compensation under	Minnesota Statutes, ch	apter 176, when req	uested
1.8	by any person or business entity from a	health care provider as	defined in Minnes	ota
1.9	Statutes, section 176.011, subdivision 2-	4 <u>12a</u> .		
1.10	5219.0500 INDEPENDENT MEDICA	AL EXAMINATION	FEES.	
1.11	[For text of	of subp 1, see M.R.]		
1.12	Subp. 2. Definition. For purposes	of this part, the languag	ge contained in Min	inesota
1.13	Statutes, section 176.136, subdivision 1c: "for, or in connection with, independent or			
1.14	adverse medical examinations requested by any party" means charges by a health care			
1.15	provider as defined by Minnesota Statutes, section 176.011, subdivision 24 12a, with			
1.16	regard to examinations conducted pursu	ant to Minnesota Statu	tes, section 176.15	5,
1.17	subdivision 1, for:			
1.18	[For text of i	tems A to J, see M.R.]		
1.19	Subp. 3. Charges. Charges by a h	ealth care provider as	defined by Minneso	ota
1.20	Statutes, section 176.011, subdivision 2	4 <u>12a</u> , for or in connec	tion with independe	ent
1.21	medical examinations pursuant to Minn	esota Statutes, section	176.155, must not e	xceed
1.22	the cost specified in items A to J.		,	
1.23	[For text of i	tems A to J, see M.R.]		
1.24	[For text of	of subp 4, see M.R.]		
	5219.0500	1	Approved by Revisor	AS .

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2.1 5221.0100 DEFINITIONS.

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

Subp. 1b. Appropriate record. "Appropriate record" is a legible medical record or
report which that substantiates the nature and necessity of a service being billed and its
relationship to the work injury.

2.6

[For text of subp 2, see M.R.]

Subp. 3. Charge. "Charge" means the payment requested by a provider on a bill
for a particular service. This chapter does not prohibit a provider from billing usual and
customary charges which that are in excess of the amount listed in the fee schedule.

Subp. 4. Code. "Code" means the alphabetic, numeric, or alphanumeric symbol
used to identify a specific health care service, place of service, or diagnosis as follows:
described in items A to G.

2.13

[For text of item A, see M.R.]

B. "CPT code" means a numeric code included in the Current Procedural
Terminology Coding System manual, incorporated by reference in part 5221.0405, item Đ
B. A CPT code is used to identify a specific medical service, article, or supply.

2.17 C. "HCPCS code" means a numeric or alphanumeric code included in the 2.18 Centers for Medicare and Medicaid Services' Common Procedure Coding System. An 2.19 HCPCS code is used to identify a specific medical service, article, or supply. HCPCS level 2.20 I codes are the numeric CPT codes listed in the CPT manual, incorporated by reference 2.21 in part 5221.0405, item \underline{D} <u>B</u>. HCPCS level II codes are alphanumeric codes created for 2.22 national use. HCPCS level II codes are listed in the HCPCS manual, incorporated by 2.23 reference in part 5221.0405, item <u>E</u> C.

2.24

[For text of item D, see M.R.]

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3.1	E. "Pl	ace of service code" m	eans the code use	d to identify the type	e of facility
3.2	and classification	of service as inpatient	t or outpatient ser	vice on the CMS-15()0 claim form
3.3	or the Uniform H	Billing Claim Form (UI	B-92 CMS 1450),	-incorporated by refe	erence in part
3.4	5221.0405, item	s B and C uniform billi	ing claim formats	required by Minnes	ota Statutes,
3.5	sections 62J.50 t	o 62J.61, and the corre	sponding uniform	n companion guides	adopted by
3.6	the Minnesota D	epartment of Health ur	nder Minnesota St	atutes, section 62J.6	<u>1</u> .
3.7	F. "Pro	ocedure code" means a	numeric or alpha	numeric code used t	o identify a
3.8	particular health	care service. Procedur	e codes used in th	nis chapter include C	CPT codes,
3.9	HCPCS codes, r	evenue codes, dental C	odes on Dental P	rocedures and Nome	enclature
3.10	(CDT codes), an	d codes in the Nationa	l Drug Code Dire	ctory (NDC).	
3.11	G. "Re	evenue code" means a	numeric or alpha	numeric code includ	ed in the
3.12	UB-92 UB-04 D	ata Specifications man	ual, incorporated	by reference in part	5221.0405,
3.13	item <u>GE</u> . Reven	ue codes are used in in	stitutional setting	s such as hospitals to	o identify an
3.14	individual or gro	up of medical services	, articles, or supp	lies.	
3.15		[For text of s	subps 5 and 6, see	<u> M.R.]</u>	
. 3.16	Subp. 6a. C	Conversion factor. "Co	onversion factor"	means the dollar val	lue of the
3.17	maximum fee pa	yable for one relative	value unit of a con	mpensable health ca	re service
3.18	delivered under I	Minnesota Statutes, cha	apter 176, as spec	ified in part 5221.40	20, subpart
3.19	2a_1b .			ι	
3.20		[For text of s	subps 6b to 9, see	<u>M.R.]</u>	
3.21	Subp. 10. N	Aedical fee schedule.	"Medical fee sche	edule" means the list	of codes,
3.22	service description	ons, and corresponding	dollar amounts a	llowed under Minne	sota Statutes,
3.23	section 176.136,	subdivisions 1 and 5, a	and parts 5221.40	05 to 5221.4070.	
3.24		[For text of su	bps 10a to 11a, se	ee M.R.]	
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4.1	Subp. 12. Provider. "Provide	er" is means a health ca	re provider as de	efined in
4.2	Minnesota Statutes, section 176.01	1, subdivision 24<u>12a</u>.		
4.3	[For text	of subps 13 to 15, see	<u>M.R.]</u>	
4.4	5221.0200 AUTHORITY.			
4.5	This chapter is adopted under	the authority of Minnes	ota Statutes, sect	ions 175.171;
4.6	176.101, subdivision 3c; 176.135, s	subdivisions 2 and 7; 17	76.136; 176.231;	and 176.83.
4.7	5221.0405 INCORPORATIONS	BY REFERENCE.		
4.8	The following documents are i	incorporated by referen	ce to the extent c	vited in this
4.9	chapter. Many of these documents	may be accessed throug	3h the Internet by	^r contacting the
4.10	organization listed.			
4.11	[For 1	text of item A, see M.R	<u>L]</u>	
4.12	B: The Centers for Med	icarc and Medicaid Ser	vices claim form	1
4.13	(CMS-1500)(U2)(12-90), and any s	subsequent revisions. If	t is not subject to	+ frequent
4.14	change. It is developed by the Natio	ənal Uniform Claim Co	mmittee, and ma	y-be purchased
4.15	through the Superintendent of Docu	uments, United States (Sovernment-Print	ting Office,
4.16	Washington, D.C. 20402, telephone	: number (202) 512-18()0. It is available	: through the
4.17	Minitex interlibrary loan system.			
4.18	CThe Uniform Billing (Claim form (UB-92, Cl	MS-1450) develo	ped by the
4.19	National Uniform-Billing Committe	ee, and any subsequent	revisions. The C	Centers for
4.20	Medicare and Medicaid Services de	etermines the standards	-for-printing-this	-form. It
4.21	is not subject to frequent change. I	t may be purchased three	ough the Superin	tendent of
4.22	Documents, United States Governn	nent Printing Office, P.C). Box 371954, P	' ittsburgh, PA,
4.23	15250, telephone number (202) 512	-1800 or from local co	mmercial busines	ss office supply
4.24	stores. It is available through the M	linitex-interlibrary loan	system.	

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5.1	$\underline{\mathbf{P}}$ <u>B</u> . The Physician's Current Procedural Terminology, (CPT manual) 4th
5.2	edition, 1998, 1999, 2000 2016 Professional Edition, and any subsequent revisions. CPT
5.3	codes are subject to frequent change. They are The manual is published by and may be
5.4	purchased from the American Medical Association, Order Department: OP054196, P.O.
5.5	Box 10950, Chicago, Illinois 60610 P.O. Box 930876, Atlanta, GA, 31193-0876, or from
5.6	the American Medical Association Web site at https://commerce.ama-assn.org/store/.
5.7	They are It is available through the Minitex interlibrary loan system.
5.8	<u>EC.</u> The alphanumeric Healthcare Common Procedure Coding System
5.9	(HCPCS manual), 2006_2016 edition, (previously known as the HCFA Common
5.10	Procedural Coding System (HCPCS manual) for the 1998-through 2003-editions and
5.11	Healtheare Procedure Coding System (HCPSC manual) for the 2004 and 2005 editions),
5.12	and any subsequent revisions. It is subject to frequent change. It is published by the
5.13	Practice Management Information Corporation (PMIC) under the authority of the Centers
5.14	for Medicare and Medicaid Services and may be purchased from Minnesota's Bookstore,
5.15	(651) 297-3000 or (800) 657-3757, medical bookstores, or through PMIC, 4727 Wilshire
5.16	Blvd., Suite 300, Los Angeles, CA 90010 200 West 22nd Street, #253, Lombard, IL 60148,
5. 17	(800) 633-7467, or www.pmiconline.com. It is available through the Minitex interlibrary
5.18	loan system and on the Centers for Medicare and Medicaid Services Web site at
5.19	http://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS.html.
5.20	F <u>D</u> . Minnesota Standards for the Use of the CMS 1500 Claim Form,
5.21	CMS-1500-Manual, fifth edition, effective May-19, 2004-(previous editions were known
5.22	as-the Minnesota Standards for-the Use of the HCFA 1500 Claim Form), and any
5.23	subsequent revisions adopted by the Department of Health under Minnesota Statutes,
5.24	sections 62J.52 and 62J.61. It is subject to frequent change. It is published by the
5.25	Administrative Uniformity Committee in conjunction with the Department of Health
5.26	pursuant to Minnesota Statutes, sections 62J.52 and 62J.61. It is available on the Internet
5.27	at-www.mmaonline.net/auc-or-it-may-be purchased from Minnesota's Bookstore, (651)

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6.1	297-3000 or (800) 657-3757. The Cod	es on Dental Procedure	s and Nomenclatu	re (CDT
6.2	code), 2016, and any subsequent revisi	ons. The CDT code is j	published by the A	merican
6.3	Dental Association and may be purchas	ed from its Web site at l	nttp://www.ada.org	;/en/store.
6.4	It is available through the Minitex inter	rlibrary loan systèm.		
6.5	GE. The Minnesota UB-92	UB-04 Data Specificat	ions Manual (UB-	<u>04</u>
6.6	Manual), 1994 2016, and any subseque	nt revisions adopted by	the Department of	f Health
6.7	pursuant to Minnesota Statutes, section	us 62J.52 and 62J.61 Na	tional Uniform Bi	lling
6.8	Committee (NUBC). It is subject to fre	quent change. It is dev	eloped by the Min	ncsota
6.9	Uniform Billing Committee incorporat	ing standards establishe	d-by-the National	Uniform
6.10	Billing Committee. It is published by a	nd may be purchased fro	om the Minnesota	American
6.11	Hospital Association, Education Divisi	on, 2550 University Av	enue West, Suite 3	50 S, St.
6.12	Paul, MN, 55114-1900, (651) 641-112	1 or (800) 462-5393 . It	is available throug	gh the
6.13	Minitex interlibrary loan system and or	the American Hospita	1 Association's We	b site at
6.14	http://www.ahaonlinestore.com.		ı.	

6.15 <u>H F.</u> The National Drug Code Directory, published, maintained, and
6.16 distributed by the federal Department of Health and Human Services, U.S. Food
6.17 and Drug Administration. The directory is available for viewing or printing free
6.18 of charge on the Internet at the U.S. Food and Drug Administration's Web site at
6.19 http://www.fda.gov/cder/ndc/. The directory is subject to frequent change and amendments
6.20 to the directory are also incorporated by reference into this chapter.

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6.21 5221.0410 REQUIRED REPORTING AND FILING OF MEDICAL 6.22 INFORMATION.

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[For text of subps 1 and 2, see M.R.]

6.24 Subp. 3. Maximum medical improvement. For injuries occurring on or after
6.25 January 1, 1984, or upon request for earlier injuries, the health care provider must report to
6.26 the self-insured employer or insurer, maximum medical improvement, when ascertainable,

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7.1	on the health care provider report form	or in a narrative report.	"Maximum medi	cal
7.2	improvement" is a medical and legal co	oncept defined by Minne	esota Statutes, sect	tion
7.3	176.011, subdivision 25<u>13a</u>.			
7.4	[For text of i	tems A and B, see M.R.	1	
7.5	C. If the employer or insurer	does not serve a notice	of intention to disc	ontinue
7.6	benefits or a petition to discontinue ber	efits under Minnesota S	tatutes, section 17	6.238,
7.7	at the same time a narrative maximum	medical improvement re	port is served, the	n the
7.8	report must be served with a cover lette	er containing the information	tion in subitems (I	1) to (6).
7.9	Serving the cover letter with the maxim	num medical improveme	nt report does not	replace
7.10	the notice of intention to discontinue be	enefits or petition to disc	ontinue benefits re	equired
7.11	by Minnesota Statutes, section 176.238	. The cover letter must	include:	
7.12	(1) information identify	ing the employee by nar	ne, worker identifi	cation
7.13	number (WID) or Social Security num	per, and date of injury;		
7.14	[For text of sub	pitems (2) to (4), see M.	<u>R.]</u>	
7.15	(5) the definition of max	kimum medical improve	ment as defined by	у
7.16	Minnesota Statutes, section 176.011, su	ubdivision 25<u>13a;</u> and		
7.17	[For text of	subitem (6), see M.R.]		
7.18	[For text of	subps 4 to 8, see M.R.]		
7.19	5221.0500 EXCESSIVE CHARGES	; LIMITÁTION OF PA	YER LIABILITY	Y. '
7.20	[For text	of subp 1, see M.R.]		
7.21	Subp. 2. Limitation of payer lial	bility. A payer is not lial	ole for health care	charges
7.22	which are excessive under subpart 1. In	the charges are not exc	essive under subpa	art 1, a
7.23	payer's liability for payment of charges	is limited as provided in	a items A to F.	
7.24	[For text	of item A, see M.R.]		

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8.1	B. Except as provided in item	s C to F, if the maximu	m fee for service, a	rticle, or
8.2	supply is not limited by parts 5221.4000	5221.4005 to 5221.40	70, the payer's liab	ility for
8.3	payment shall be limited to 85 percent o	f the provider's usual a	nd customary charg	ge, or 85
8.4	percent of the prevailing charge for simi	lar treatment, articles,	or supplies furnishe	ed to an
8.5	injured person when paid for by the inju	red person, whichever	is lower.	
8.6	[For text of a	subitem (1), see M.R.]		
8.7	(2) A prevailing charge u	under Minnesota Statut	es, section 176.136	5,
8.8	subdivision 1b, paragraph (b), is the 75th	h percentile of the usua	l and customary ch	arges as
8.9	defined in subitem (1) in the previous ca	lendar year, based on 1	10 more than two y	ears of
. 8.10	billing data immediately preceding the d	ate of service, for each	i service, article, or	supply
8.11	if the database for the service meets all o	of the following criteria	a:	
8.12	[For text of un	nits (a) to (c), see M.R.	.]	
8.13	C. Under Minnesota Statutes,	section 176.136, subdi	ivision-1b, paragrap	ph (a),
8.14	Payment for services, articles, and suppl	ies provided to an emp	oloyee while an inp	atient
8.15	or outpatient at a hospital with 100 or fe	wer-licensed-beds-shal	He 100 percent of	f the
8.16	usual and customary charge as defined in	n item B, unless the ch	arge is determined-	by the
8.17	commissioner or compensation judge to	be unreasonably exces	sive shall be as pro	ovided
8.18	in parts 5221.4005 to 5221.4070, except	t as provided in Minne	sota Statutes, section	on
8.19	176.136, subdivision 1b. The payer's lia	bility for services prov	ided by a nursing h	home
8.20	that participates in the medical assistanc	e program shall be the	rate established by	/ the
8.21	commissioner of human services.			
8.22	D. Under Minnesota Statutes,	section 176.136, subdi	i vision 1b, paragr aj	p h (b),
8.23	Payment for services, articles, and suppl	ies provided to an emp	loyee who is an inp	patient at
8.24	a hospital with more than 100 licensed b	eds shall be limited to	85 percent of the h	ospital's
8.25	usual and customary charge as defined in	1 item B, or 85 percent	of the prevailing e	harge as
8.26	defined in item B, whichever is lower. C	Outpatient charges for l	ospitals-with-more	≻than

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9.1	100 beds are limited by the maximum fees for any s	ervice set forth in parts	5221.4000-to
9.2	5221.4070. For hospitals with more than 100 beds,	liability for outpatient e	harges-that
9.3	are not included in parts 5221.4000 to 5221.4070 is	limited to 85 percent of	the hospitals
9.4	usual and customary, or prevailing charge, as descri	oed in item B. A hospita	al charge is
• 9.5	considered an inpatient charge if the employee spen	cither the night before	or the night
9.6	after the service in the hospital, and there is an overr	ight room charge shall	be as provided
9.7	in Minnesota Statutes, sections 176.136, subdivision	1b, and 176.1362.	
9.8	[For text of items E and I	, see M.R.]	
9.9	[For text of subp 3, se	e M.R.]	
9.10	5221.0700 PROVIDER RESPONSIBILITIES.		
9.11	Subpart 1. Usual charges. No provider shall su	bmit a charge for a serv	rice which that
9.12	exceeds the amount which that the provider charges	for the same type of ser	vice in cases
9.13	unrelated to workers' compensation injuries.		
9.14	[For text of subp 1a, so	e M.R.]	
9.15	Subp. 2. Submission of information. Provide	rs except for hospitals n	aust supply
9.16	with the bill a copy of an appropriate record that ade	quately documents the	service and
9.17	substantiates the nature and necessity of the service	or charge. Hospitals mu	st submit an
9.18	appropriate record upon request by the payer. All ch	arges billed after Janua	ry 1, 1994,
9.19	for workers' compensation health care services, artic	les, and supplies, excep	t for United
9.20	States government facilities rendering health care set	vices for veterans, mus	t be submitted
9.21	to the payer on in the forms formats prescribed in su	bparts 2a, 2b, and 2c <u>, a</u>	<u>nd 2d,</u> and
9.22	in accordance with items A to C.	, ,	
9.23	A. Charges for services, articles, and supp	lies must be submitted	to the payer
9.24	directly by the health care provider actually furnishing	ig the service, article, or	r supply. This
9.25	includes but is not limited to the following:		

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REVISOR SS/IL 02/15/17 **RD4448** [For text of subitems (1) and (2), see M.R.] 10.1 (3) services performed by a health care provider at a small or large hospital, 10.2 as defined in part 5221.0500, subpart 2, items C and D, if the provider has an independent 10.3 practice, except that a hospital may charge for services furnished by a provider who 10.4 receives at least a base payment from the hospital, which is paid regardless of the number 10.5 of patients seen; and 10.6 [For text of subitem (4), see M.R.] 10.7 B. Charges must be submitted to the payer in the manner required by subparts 10.8 2a, 2b, and 2c, and 2d, within 60 days from the date the health care provider knew the 10.9 condition being treated was claimed by the employee as compensable under workers' 10.10 compensation. Failure to submit charges within the 60 days is not a basis to deny payment, 10.11 but is a basis for disciplinary action against the provider under Minnesota Statutes, section 10.12 176.103. Failure to submit claims within the time frames specified in Minnesota Statutes, 10.13 section 62Q.75, subdivision 3, may result in denial of payment. 10.14 [For text of item C, see M.R.] 10.15 Subp. 2a. Centers for Medicare and Medicaid Services CMS 1500 form ASC 10.16 X12 Health Care Claim: Professional (837) format. Except as provided in subparts 10.17 2b and, 2c, and 2d, charges for all services, articles, and supplies that are provided for a 10.18 claimed workers' compensation injury must be submitted to the payer on electronically in 10.19 the CMS-1500 form. Charges for dental services may be submitted on the dental-claim 10.20 form required by Minnesota Statutes, section 62J.52, subdivision 3. The CMS 1500 form 10.21 must be filled out in accordance with ASC X12 Health Care Claim: Professional (837) 10.22 format required by Minnesota Statutes, section 62J.52, and directions set forth in the 10.23 "Minnesota Standards for the Use of the CMS 1500 Claim Form" manual sections 62J.50 10.24 to 62J.61, and the corresponding uniform companion guide adopted by the Department of 10.25 Health under Minnesota Statutes, section sections 62J.536 and 62J.61. 10.26

02/15/17 REVISOR **SS/IL** RD4448 11.1 Subp. 2b. Uniform billing claim form-UB-92 (CMS-1450) ASC X12 Health Care Claim: Institutional (837) format. 11.2 11.3 A. Hospitals licensed under Minnesota Statutes, section 144.50, must submit itemized charges on electronically in the uniform billing claim form, UB-92, (CMS-1450). 11.4 11.5 The UB-92 form must be filled out according to ASC X12 Health Care Claim: Institutional (837) format required by Minnesota Statutes, section 62J.52 sections 62J.50 to 62J.61, 11.6 11.7 and the "Minnesota UB-92 manual" published by the Minnesota Hospital Association 11.8 corresponding uniform companion guide adopted by the Minnesota Department of Health under Minnesota Statutes, sections 62J.536 and 62J.61. 11.9 11.10 B. When the UB-92 form billing format in item A provides only summary information, an itemized listing of all services and supplies provided during the inpatient 11.11 11.12 hospitalization must be attached to the UB-92 form, except as otherwise provided in Minnesota Statutes, section 176.1362. The itemized list must include: 11.13 A: (1) where a code is assigned to a service, the approved procedure codes 11.14 11.15 and modifiers appropriate for the service, in accordance with subpart 3. Charges for supplies need not be coded, but a description and charge for specific articles and supplies 11.16 11.17 must be itemized; $^{\circ}B$. (2) the charge for each service; 11.18 $C_{-}(3)$ the number of units of each service provided; and 11.19 11.20 \overline{D} (4) the date each service was provided. Subp. 2c. Submission of drug charges. 11.21 11.22 A. Itemized charges for drugs dispensed for a claimed workers' compensation injury by a licensed community/retail community/outpatient pharmacy must be submitted 11.23 11.24 to the payer on a pharmacy billing form that includes the data elements electronically in the National Council for Prescription Drug Programs (NCPDP) Version D, Release 0 11.25

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12.1	format required by Minnesota Statutes,	section 62J.52, sul	odivision 4, or acco	ording-to
12.2	the electronic transaction standards that	t apply to retail pha	rmacics specified i	n Code of
12.3	Federal-Regulations, title 45, part 162,	as amended section	ns 62J.50 to 62J.61	, and the
12.4	corresponding uniform companion guid	le adopted by the M	<u>finnesota</u> Departme	ent of Health
12.5	under Minnesota Statutes, sections 62J.	536 and 62J.61.		
12.6	B. Charges for drugs dispense	ed by a practitione	r as defined in Min	mesota
12.7	Statutes, section 151.01, subdivision 23	3, who is permitted	to dispense drugs	under
12.8	Minnesota Statutes, chapter 151, may b	e submitted to the p	ayer according to t	he applicable
12.9	requirements of any of the following: t	<u>his subpart or</u> subp	art 2a ; Minnesota {	Statutes,
12.10	section 62J.535; or one of the billing m	ethods described in	ritem A .	
12.11	C. Charges for drugs dispens	ed by a hospital ma	iy be submitted acc	ording to the
12.12	applicable requirements of any of the following: this subpart or subpart 2b; Minnesota			
12.13	Statutes, section 62J.535; or one of the	billing methods-de	s cribed in item A .	,
12.14	D. In addition to the requirer	nents of subpart 3 a	und part 5221.4070	, all bills or
12.15	, claims for reimbursement of drug charg	ges-under this part	must include the fo	llowing
12.16	information:			
12.17	(1) the workers' compen	sation file number	(the employee's soc	cial security
12.18	. number), if provided by the employee;			
12.19	(2) -the-employee's name	and address;		
12.20	(3) the insurer's-name an	ud address;		
12.21	(4) the date of the injury	/;		
12.22	(5) the name of the heal	th-care-provider-wh	o ordered the drug;	<u>.</u>
12.23	(6) the name and quantit	ty of each drug pro	vided;	
12.24	(7) the prescription num	ber for the drug;		

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13.1	(8) the date the drug	; was provided;		
13.2	(9) -the total charge	for cach drug provided;		
13.3	(10) the name, addr	ess, and telephone num	ber of the pharma	cy or
13.4	practitioner that provided the drug	and		·
13.5	(11) -the pharmacy's	or practitioner's usual a	nd customarv cha	rge for the
13.6	drug at the time it is dispensed.			-B
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13.7	$\underline{E} \underline{D}$. The terms "comm	mity/retail_community/c	utpatient pharmac	су,"
13.8	"dispense," "drug," "practitioner," a	and "usual and customa	y charge" in this s	subpart have
13.9	the meanings given to them in part	5221.4070, subpart 1a.		4°
13.10	Subp. 2d. ASC X12 Health (Care Claim: Dental (83	7) format. Charg	es for dental
13.11	services must be submitted to the payer electronically in the ASC X12 Health Care Claim:			
13.12	Dental (837) format required by M	innesota Statutes, sectio	ns 62J.50 to 62J.6	51, and the
13.13	corresponding uniform companion	guide adopted by the M	innesota Departm	ent of Health
13.14	under Minnesota Statutes, sections	62J.536 and 62J.61.		
13.15	Subp. 3. Billing code.			
13.16	A. The provider shall un	dertake professional jud	lgment to assign t	he correct
13.17	approved billing code, and any app	plicable modifiers, in the	• CPT, HCPCS, N	DC, or
13.18	UB-92 UB-04 Data Specifications	manual in effect on the	date the service, a	article, or
13.19	supply was rendered, using the app	propriate provider group	designation, and	according
13.20	to the instructions and guidelines i	n this chapter. No provi	der may use a bill	ing code
13.21	which that is assigned a "D," "F,"	'G," or "H" status as de	scribed in part 522	21.4020,
13.22	subpart 2a, item D. Where several	component services whi	ch have different	CPT codes
13.23	may be described in one more com	prehensive CPT code, o	nly the single CP	Γ code most
13.24	accurately describing the procedure	e performed or service r	endered may be re	ported.
	6221.0700	12		

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14.1	Dental procedures not included in	CPT or HCPCS sh	all be coded using a	ny standard
14.2 ·	dental coding system the Code on Dent	tal Procedures and	Nomenclature (CDT	code) as
14.3	published by the American Dental Ass	ociation.		
14.4	Inpatient services shall be coded u	sing the same code	s, formats, and detai	ils that are
14.5	required for billing for hospital inpatier	nt services by the N	Aedicare program as	required by
14.6	Minnesota Statutes, section 176.1362, s	subdivision 1, para	graph (c).	
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B. The codes for services in parts 5221.4030 to 5221.4070 may be submitted
with two-digit or two-letter suffixes called "modifiers" as defined in part 5221.0100,
subpart 10a. Except as otherwise specifically provided in parts 5221.4000 5221.4005
to 5221.4070, the use of a modifier does not change the maximum fee to be calculated
according to part 5221.4020.

14.12

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C. Provider group designation.

(1) General. The provision of services by all health care providers is 14.13 limited and governed by each provider's scope of practice as stated in the applicable 14.14 statute. A provider shall not perform a service which that is outside that the provider's 14.15 scope of practice, nor shall a provider use a procedure code for a service which that is 14.16 outside that the provider's scope of practice. Services delivered at the direction and under 14.17 the supervision of a licensed health care provider listed in this item are considered incident 14.18 to the services of the licensed provider and are coded as though provided directly by the 14.19 licensed provider. Services delivered by support staff such as aides, assistants, or other 14.20 unlicensed providers are incident to the services of a licensed provider only if the licensed 14.21 provider directly responsible for the unlicensed provider is on the premises at the time the · 14.22 service is rendered. Hospital charges are governed by part 5221.0500, subpart 2, items C 14.23 and D. Outpatient charges by hospitals with more than 100 licensed beds are subject to the 14.24 maximum fces-in-parts-5221.4000-to 5221.4070. 14.25

14.26

[For text of subitems (2) to (6), see M.R.]

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15.1	[For text of subps 4 and 5, see M.R.]
15.2	5221.4005 INSTRUCTIONS FOR APPLICATION OF FEE SCHEDULE.
15.3	Subpart 1. Workers' compensation medical fee schedule; incorporation of
15.4	Medicare National Physician Relative Value Files. The workers' compensation medical
15.5	fee schedule consists of items A and B:
15.6	A. the tables in the Medicare National Physician Fee Schedule Relative Value
15.7	File and the Geographic Practice Cost Indices File most recently incorporated by reference
15.8	by the commissioner by publishing in the State Register pursuant to Minnesota Statutes,
15.9	section 176.136, subdivision 1a , paragraph (h) ; and
15.10	[For text of item B, see M.R.]
15.11	Subp. 2. Effective date. The medical fee schedule applies to treatment provided
15.12	on or after the effective date of:
15.13	A. the most recent fee schedule tables adopted pursuant to Minnesota Statutes,
15.14	section 176.136, subdivision 1a , paragraph (h) , as described in subpart 1; and
15.15	B. corresponding rules in parts 5221.4005 to 5221.4061 to implement the fee
15.16	schedule tables.
15.17	[For text of subp 3, see M.R.]
15.18	5221.4035 FEE ADJUSTMENTS FOR MEDICAL/SURGICAL SERVICES.
15.19	[For text of subps 1 and 2, see M.R.]
15.20	Subp. 3. Services not included in global surgical package. The services listed in
15.21	items A to O are not included in the global surgical package. These services may be
15.22	coded and paid for separately. Physicians must use appropriate modifiers as set forth
15.23	in this subpart.
15.24	[For text of items A to N, see M.R.]

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16.1	O. Surgeries for which service	es performed are sign	nificantly greater or	more
16.2	complex than usually required must be c	oded with CPT mod	ifier 22 added to th	e CPT
16.3	code for the procedure. Additional requi	rements for use of th	is modifier are as f o	ollows: in
16.4	subitems (1) to (5).			
16.5	[For text of subi	tems (1) to (3), see I	<u>M.R.]</u>	
		` .		
16.6	(4) The maximum fee for			
16.7	the requirements for use of CPT modifie		•	
16.8	calculated under part 5221.4020, subpart	1b, for that CPT co	de listed in subpart	2b .
		-1 'terre (5) M.D		
16.9	For text of s	subitem (5), see M.R	<u>-</u>	
16.10	For text of s	ibps 4 to 10, see M.I	R.1	
10.10				
16.11	5221.4050 PHYSICAL MEDICINE A	ND REHABILITA	TION PROCEDU	RE
16.12	CODES.			
	Eren tout of a	the 1 to 2d and MD		
16.13	For text of st	ibps 1 to 2d, see M.	<u>K.</u>]	
16.14	Subp. 3. Additional payment inst	ructions. The instru	ctions and example	s in items
16.15	A to D are in addition to CPT code desc			
16.16	instructions include both general instruc	tions for a group of	codes as well as spe	ecific
16.17	instructions for an individual specific co	de.		
16.18	-	ms A and B, see M.	<u>R.]</u>	
				-
16.19	C. Additional specific instruct	ions for therapeutic	procedure codes 97	110 to
16.20	97546.			
	5221,4050	16		

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17.1	CPT	СРТ	
17.2	Code	Description	Specific Instructions and Examples
17.3 17.4 17.5 17.6 17.7 17.8	97110	Therapeutic exercises	Examples include, but are not limited to, any type of range of motion, stretching, or strengthening exercises; e.g., stabilization and closed kinetic chain exercises, passive range of motion, active and assistive range of motion, progressive resistive exercises, prolonged stretch, isokinetic, isotonic, or isometric strengthening exercises.
17.9 17.10	97112	Neuromuscular reeducation	Examples include, but are not limited to, facilitation techniques, NDT, Rood, Brunnstrom, PNF, and FeldenKrais.
17.11 17.12	97113	Aquatic therapy	This code applies to any water-based exercise program such as Hubbard Tank or pools.
17.13 17.14 17.15 17.16 17.17 17.18 17.19 17.20 17.21 17.22 17.23 17.24 17.25 17.26 17.27	97140	, ,	In addition to the services included in the CPT manual incorporated by reference in part 5221.0405, item D, this code also includes, but is not limited to: myofascial release, joint mobilization and manipulation, manual lymphatic drainage, manual traction, soft tissue mobilization and manipulation, trigger point therapy, acupressure, muscle stimulation - manual (nonelectrical), and transverse friction massage. This code is not paid when reported with any of the osteopathic manipulative treatment (OMT) (98925-98929) or chiropractic manipulative treatment (CMT) (98940- 98943) codes on the same regions(s)/body part on the same day. This code may be paid when reported with CMT or OMT codes only if used on a different region(s)/ body part on the same day and must be accompanied by CPT modifier 59 which identifies a distinct procedural service.

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18.1 18.2 18.3 18.4 18.5 18.6 18.7	97150	Group therapeutic	Therapeutic procedure(s) for a group is used when two or more patients are present for the same type of service such as instruction in body mechanics training, or group exercises when participants are doing same type exercises, etc. There is no time definition for this code. Providers may charge only one unit, regardless of size of group, number of areas treated, or length of time involved.
18.8 18.9	97760	Orthotic training	This code applies to fabrication, instruction in use, fitting, and care and precautions of the orthotic.
18.10 18.11 18.12 18.13 18.14 18.15 18.16 18.17 18.18 18.19	97530	Therapeutic activities	This code is used for treatment promoting functional use of a muscle, muscle group, or body part. This code is not to be used for PROM, active assistive ROM, manual stretch, or manual therapy. Examples for use of code: A patient has had rotator cuff repair. When treatment incorporates functional motion of reaching to increase range of motion and strength, 97530 should be used. A patient has a herniated disc. When treatment incorporates instruction in body mechanics and positioning and simulated activities to improve functional performance, 97530 should be used.
18.20 18.21	97537	Community/ work	Community/work reintegration training includes jobsite analysis.
18.22 18.23 18.24 (18.25	97545	Work hardening/ conditioning	Work hardening/conditioning units are for the initial two hours each visit. Codes 97545 and 97546 refer to services provided within a work hardening or work conditioning program described in part 5221.6500 5221.6600, subpart 2, item D.
18.26 18.27 18.28	97546	Work hardening/ conditioning	Work hardening/conditioning additional units are for each additional hour each visit. Refers to time beyond initial two hours of work conditioning or work hardening.
18.29			[For text of item D, see M.R.]
18.30	5221.40	60 CHIROPRA	CTIC PROCEDURE CODES.
18.31		`	[For text of subps 1 to 2d, see M.R.]

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19.1	Subp. 3. Select chiropractic procedure code descriptions, instructions, and			nd	
19.2	examp	examples. The following instructions and examples are in addition to CPT code			
19.3	descrip	tions found in the	CPT manual. Additional instructions	include both gene	ral
19.4	instruct	ions for a group o	f codes as well as specific instructions	s for an individual s	specific
19.5	code.				
19.6	[For text of items A and B, see M.R.]				
19.7		C. Additional s	specific instructions for therapeutic pr	ocedure codes 9711	10 to
19.8	97546.				
19.9	CPT	CPT			-
19.10	Code	Description	Specific Instructions and Examples		
19.11 19.12 19.13 19.14 19.15 19.16	97110	Therapeutic exercises	Examples include, but are not limited to, any type of range o motion, stretching, or strengthening exercises; e.g., stabilizati and closed kinetic chain exercises, passive range of motion, active and assistive range of motion, progressive resistive exercises, prolonged stretch, isokinetic, isotonic, or isometric strengthening exercises.		ilization tion, ve
19.17 19.18	97112	Neuromuscular reeducation	Examples include, but are not limited NDT, Rood, Brunnstrom, PNF, and F	•	miques,
19.19 19.20	97113	Aquatic therapy	This code applies to any water-based Hubbard Tank or pools.	exercise program s	such as
19.21 19.22 19.23 19.24 19.25 19.26 19.27 20.1 20.2	97140	Manual therapy	erapy In addition to the services included in the CPT manual incorporated by reference in part 5221.0405, item D, the also includes, but is not limited to: myofascial release, mobilization and manipulation, manual lymphatic drait manual traction, soft tissue mobilization and manipula trigger point therapy, acupressure, muscle stimulation - (nonelectrical), and transverse friction massage. This code is not paid when reported with any of the osteopa manipulative treatment (OMT) (98925-98929) or chiror manipulative treatment (CMT) (98940-98943) codes o		is code joint age, ion, manual thic practic

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20.3 20.4 20.5 20.6 20.7			same region(s)/body part on the paid when reported with CMT of a different region(s)/body part of accompanied by CPT modifier for procedural service.	or OMT codes only on the same day an	y if used on Id must be
20.15 20.16 20.17 20.18 20.19 20.20 20.21	97150	Group therapeutic	Therapeutic procedure(s) for a g more patients are present for the instruction in body mechanics tr participants are doing same type definition for this code. Provide regardless of size of group, num of time involved.	e same type of serv aining, or group ex exercises, etc. Th ers may charge only	vice such as xercises when ere is no time y one unit,
20.22 20.23	97760	Orthotic training	This code applies to fabrication, care and precautions of the orthogonal statement of		, fitting, and
20.24 20.25 20.26 20.27 20.28 20.29 20.30 20.31 20.32 20.33	97530	Therapeutic activities	This code is used for treatment p muscle, muscle group, or body p for PROM, active assistive ROM therapy. Examples for use of co cuff repair. When treatment inco of reaching to increase range of should be used. A patient has a b incorporates instruction in body simulated activities to improve f should be used.	part. This code is n M, manual stretch, de: A patient has l orporates functions motion and streng herniated disc. Wh mechanics and po	not to be used or manual had rotator al motion gth, 97530 nen treatment sitioning and
20.34 20.35	97537	Community/ work	Community/work reintegration analysis.	training includes j	obsite
20.36 20.37 20.38 20.39	97545	Work hardening/ conditioning	Work hardening/conditioning un each visit. Codes 97545 and 975 within a work hardening or wor described in part 5221.6500 522	546 refer to service k conditioning pro	es provided ogram
20.40 20.41 20.42	97546	Work hardening/ conditioning	Work hardening/conditioning ad additional hour each visit. Refer hours of work conditioning or w	rs to time beyond i vork hardening.	
20.43			[For text of item D, see M.R	<u>L.]</u>	

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21.1	[For text of subp 4, see M.R.]
21.2	5221.4070 PHARMACY.
21.3	Subpart 1. Substitution of generically equivalent drugs. A generically equivalent
21.4	drug must be dispensed according to Minnesota Statutes, section 151.21.
21.5	Subp. 1a. Definitions. The terms in this part have the following meanings:
21.6	A. "Community/retail Community/outpatient pharmacy" has the meaning given
21.7	in Minnesota Rules, part 6800.0100, subpart 2.
21.8	[For text of items B to D, see M.R.]
21.9	E. "Large hospital" is a hospital with more than 100 licensed beds.
21.10	F.E. "Pharmacy" has the meaning given in Minnesota Statutes, section 151.01,
21.11	and includes:
21.12	(1) community/retail community/outpatient pharmacies;
21.13	(2) hospital pharmacies; and
21.14	(3) persons or entities that the pharmacy has designated by contract or other
21.15	means to act on its behalf to submit its charges to the workers' compensation payer.
21.16	G. F. "Practitioner" has the meaning given in Minnesota Statutes, section
21.17	151.01, and includes persons or entities that the practitioner has designated by contract or
21.18	other means to act on its behalf to submit its charges to the workers' compensation payer.
21.19	H. G. "Usual and customary charge" has the meaning given in part 5221.0500,
21.20	subparts 1, item B, and 2, item B, subitem (1).
21.21	<u>H. H.</u> "Workers' compensation payer" or "payer" means any of the following
21.22	entities:
21.23	(1) the workers' compensation insurer or self-insured employer liable for a
21.24	claim under Minnesota Statutes, chapter 176;

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22.1	(2) the special compensation	tion fund liable for a	claim under Minne	sota
22.2	Statutes, section 176.183, where the emp	oloyer was uninsured	at the time of the in	jury; or
22.3	(3) any other person or en	ntity that the workers'	compensation pay	er has
22.4	designated by contract or other means to	o act on its behalf in p	aying drug charges	s, or
22.5	determining the compensability or reaso	nableness and necessi	ty of drug charges	under
22.6	Minnesota Statutes, chapter 176.			
22.7	Subp. 2. Procedure code; usual a	nd customary charge	.	
22.8	A. Providers must use the pro	cedure codes adopted	under United State	s-Code,
22.9	title 42, sections 1320d to 1320d-8, as a	mended, that are in ef	feet on the date the	-drug
22.10	was dispensed. For drugs dispensed from	n a community/retail	pharmacy, the proc	edure
22.11	code is the applicable code in the Nation	al Drug Code Directo	ry maintained and p	oublished
22.12	by the federal Department of Health and	Human Services <u>, Un</u>	ited States Food an	d Drug
22.13	Administration. Procedure codes are not	required for over-the	-counter drugs.	,
22.14	[For text o	f item B, see M.R.]		,
22.15	Subp. 3. Maximum fee.	,		
22.16	A. Except as provided in subp	parts 4 and 5 and Min	nesota Statutes, sec	tion
22.17	176.136, subdivision 1b, the workers' co	mpensation payer's li	ability for compens	sable
22.18	prescription drugs dispensed for outpatie	ent use by a large hosp	ital pharmacy, prac	ctitioner,
22.19	or community/rctail community/outpatie	nt pharmacy shall be	limited to the lower	r of:
22.20	[For text of subit	ems (1) and (2), see N	<u> (.R.]</u>	
22.21	B. Except as provided in subp	arts 4 and 5 and Min	nesota Statutes, sec	tion
22.22	176.136, subdivision 1b, the workers' co	mpensation payer's li	ability for compens	able
22.23	over-the-counter drugs dispensed for our	tpatient use by a large	hospital pharmacy	/,
22.24	practitioner, or community/retail_commu	nity/outpatient pharm	acy shall be, on the	date the
22.25	drug was dispensed, the lower of:			

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	23.1	[For text of	subitems (1) and (2), s	ee M.R.]	7
	23.2	C. Except as provided in	subpart 5, the workers	compensation pa	yer's liability
	23.3	for compensable prescription drugs	s provided for to an inpa	atient use by a larg	ge hospital is
	23.4	governed by part 5221.0500, subp a	rt 2, and Minnesota Sta	tutes, scetion sect	<u>ions 176.136,</u>
	23.5	subdivision 1b, and 176.1362. The	maximum fee for drug	s dispensed for us	e at home, to
	23.6	an inpatient being discharged, is go	overned by item A or B,	or subpart 4, as a	pplicable.
	23.7	D. -Except as provided in	subpart 5, the workers	compensation page	yer's-liability
	23.8	for compensable prescription drugs	s provided by a small h	ospital is governed	l bÿ part
	23.9	5221.0500, subpart 2, and Minnese	ta Statutes, section 176	.136.	
	23.10	Subp. 4. Maximum fee for e	lectronic transactions.		
	23.11	A. The maximum fee spe	ecified in this item appl	ies only if the requ	uirements of
	23.12	item B or D are met. Except as pro	vided in subpart 5, the	workers' compensation	ation payer's
	23.13	liability under items B and D for co	ompensable drugs dispe	ensed for outpatien	nt use by
	23.14	a large hospital pharmacy, a practit	ioner, or a community/	retail community/	outpatient
	23.15	pharmacy shall be, on the date the	drug was dispensed, the	e lower of:	
	23.16	(1) the average who	lesale price (AWP) of t	ne drug minus 12 j	percent, and a
	23.17	professional dispensing fee of \$3.6	5 per prescription filled	• •	•
	23.18	[For text of	subitems (2) and (3), so	ee M.R.]	,
	23.19	B. The maximum fee spe	ecified in item A applie	s if:	
	23.20	(1) the pharmacy or	practitioner electronica	lly requests autho	rization for
	23.21	payment of the drug from the work	ers' compensation paye	er, according to the	e referral
	23.22	certification and authorization stand	dards that apply to retai	<u>l</u> outpatient pharm	nacies in
	23.23	Code of Federal Regulations, title-	4 5, part 162, subpart M	, as amended the]	NCPDP
l	23.24	Version D, Release 0 format, and th	ne corresponding unifor	m companion gui	de adopted

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24.1	by the Minnesota Department of Heal	th under Minnesota S	Statutes, sections (52J.536 and
24.2	<u>62J.61;</u> and			
24.3	(2) the workers' compo	ensation payer, electr	onically and in rea	al time,
24.4	authorizes payment for the drug accord	rding to the referral c	ertification and au	thorization
24.5	standards in Code of Federal Regulati	ions, title 45, part 162	2 <mark>, subpart M, as ar</mark>	nended the
24.6	NCPDP Version D, Release 0 format,	and the corresponding	ng uniform compa	nion guide
24.7	adopted by the Minnesota Departmen	t of Health under Mi	nnesota Statutes, s	sections
24.8	<u>62J.536 and 62J.61</u> .		v	
24.9	[For tex	t of item C, see M.R	<u>.]</u>	
24.10	D. If the requirements in ite	em B have not been n	net, the maximum	fee specified
24.11	in item A also applies if all of the foll	owing requirements a	are met:	
24.12	(1) the pharmacy or pra	actitioner requests ele	ctronic authorizat	ion according
24.13	to the referral certification and author	ization standards in ϵ	Code of Federal Re	gulations,
24.14	title 45, part 162, subpart M, from an	y paying entity, whet	her-or-not-under-el	1apter 176
24.15	the NCPDP Version D, Release 0 for	nat, and the correspo	nding uniform con	mpanion
24.16	guide adopted by the Minnesota Depa	rtment of Health und	er Minnesota Stati	utes, sections
24.17	62J.536 and 62J.61;			
24.18	[For text of st	ubitems (2) to (4), see	e M.R.]	
24.19	[For tex	t of item E, see M.R	.]	
24.20	[For tex	t of subp 5, see M.R	.]	
24.21	EFFECTIVE DATE. The adopted r	ules are effective upo	n publication in th	ne State
24.22	Register.			

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