Department of Labor and Industry

Adopted Exempt Permanent Rules Updating Workers' Compensation Independent Medical Examination Fees and Workers' Compensation Conversion Factors

5219.0500  INDEPENDENT MEDICAL EXAMINATION FEES.

[For text of subps 1 to 3, see M.R.]

Subp. 4. Adjustments. On October 1, 1994, and on October 1 of each succeeding year, the fees in this part must be adjusted by the percentage determined under Minnesota Statutes, section 176.645, in the same manner as the conversion factor of the relative value fee schedule is adjusted under Minnesota Statutes, section 176.136. This provision does not apply to expenses under subpart 3, item E, subitem (1). The fees shall be adjusted as follows:

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

W. on October 1, 2016, there shall be no further adjustment to the fees set forth in item V; and

X. on October 1, 2017, the fees adjusted in item V shall be increased by 0.2 percent; and

Y. on October 1, 2018, the fees adjusted in item X shall be increased by 0.45 percent.

5221.4020  DETERMINING FEE SCHEDULE PAYMENT LIMITS.

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

Subp. 1b. Conversion factors and maximum fee formulas.

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

B. The conversion factors for services, articles, and supplies included in parts 5221.4030 to 5221.4061 are as provided in Minnesota Statutes, section 176.136, subdivision 1a, as follows:
(7) for dates of service from October 1, 2016, to September 30, 2017, the conversion factors are:

(8) for dates of service from October 1, 2017, to September 30, 2018, the conversion factors are:

(9) for dates of service from October 1, 2018, to September 30, 2019, the conversion factors are:

(a) for medical/surgical services identified by procedure codes described in part 5221.4030, subpart 3: $69.93;

(b) for pathology and laboratory services identified by procedure codes described in part 5221.4040, subpart 3: $57.07;

(c) for physical medicine and rehabilitation services identified by procedure codes described in part 5221.4050, subpart 2d: $55.93; and

(d) for chiropractic services identified by procedure codes described in part 5221.4060, subpart 2d: $49.66.
3.1

[For text of subps 1c to 4, see M.R.]