

1.1 **Department of Labor and Industry**

1.2 **Adopted Exempt Permanent Rules Relating to Workers' Compensation; 2022**  
1.3 **Adjustments to Relative Value Fee Schedule Conversion Factors and Amendments to**  
1.4 **Rules Implementing the Workers' Compensation Relative Value Fee Schedule Tables**  
1.5 **in Minnesota Rules, Chapter 5221**

1.6 **5221.4020 DETERMINING FEE SCHEDULE PAYMENT LIMITS.**

1.7 *[For text of subparts 1 and 1a, see Minnesota Rules]*

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

1.9 *[For text of item A, see Minnesota Rules]*

1.10 B. The conversion factors for services, articles, and supplies included in parts  
1.11 5221.4030 to 5221.4061 are as provided in Minnesota Statutes, section 176.136, subdivision  
1.12 1a, as follows:

1.13 *[For text of subitems (1) to (10), see Minnesota Rules]*

1.14 (11) for dates of service from October 1, 2020, to September 30, 2021, the  
1.15 conversion factors are:

1.16 *[For text of units (a) to (c), see Minnesota Rules]*

1.17 (d) for chiropractic services identified by procedure codes described in  
1.18 part 5221.4060, subpart 2d: \$50.70; ~~and~~

1.19 (12) for dates of service from October 1, 2021, to September 30, 2022, the  
1.20 conversion factors are:

1.21 *[For text of units (a) to (c), see Minnesota Rules]*

1.22 (d) for chiropractic services identified by procedure codes described in  
1.23 part 5221.4060, subpart 2d: \$51.30; and

2.1 (13) for dates of service from October 1, 2022, to September 30, 2023, the  
 2.2 conversion factors are:

2.3 (a) for medical/surgical services identified by procedure codes described  
 2.4 in part 5221.4030, subpart 3: \$66.83;

2.5 (b) for pathology and laboratory services identified by procedure codes  
 2.6 described in part 5221.4040, subpart 3: \$60.77;

2.7 (c) for physical medicine and rehabilitation services identified by  
 2.8 procedure codes described in part 5221.4050, subpart 2d: \$60.02; and

2.9 (d) for chiropractic services identified by procedure codes described in  
 2.10 part 5221.4060, subpart 2d: \$52.00.

2.11 Subp. 1c. **Sample calculation.** The following is a sample calculation for determining  
 2.12 the maximum fee, excluding any applicable adjustments in parts 5221.4030 to 5221.4061,  
 2.13 for a new patient office examination between 15 and 29 minutes (procedure code ~~99201~~  
 2.14 99202) in a clinic based on the ~~2019~~ 2022 National Physician Fee Schedule Relative Value  
 2.15 July (~~RVU19C~~) Release:

2.16 ~~-.48~~ .93 [Work RVU (~~-.48~~ .93) \* Work Geographic PCI (1)]  
 2.17 + ~~-.76836~~ 1.1346 [Nonfacility PE RVU (~~-.76~~ 1.12) \* PE GPCI (~~1.011~~ 1.013)]  
 2.18 + ~~-.0181~~ .0318 [MP RVU (~~-.05~~ .09) \* MP GPCI (~~.362~~ .353)]  
 2.19 = ~~1.26646~~ 2.0964 [Total RVU]  
 2.20 \* \$60.00 [Conversion factor for example only]  
 2.21 = ~~\$75.9876~~ \$125.784 [Maximum fee]  
 2.22 = ~~\$75.99~~ \$125.78 [Maximum fee, rounded]

2.23 [For text of subparts 2 to 4, see Minnesota Rules]

3.1 **5221.4033 OUTPATIENT LIMITATION FOR MEDICAL/SURGICAL FACILITY**  
 3.2 **FEE.**

3.3 *[For text of subparts 1 to 2a, see Minnesota Rules]*

3.4 Subp. 2b. **Procedure codes subject to limitation.**

3.5 CPT/HCPCS

3.6 Procedure Code CPT/HCPCS Description

3.7	10040	Acne surgery
3.8	10060	Drainage of skin abscess
3.9	10061	Drainage of skin abscess
3.10	10080	Drainage of pilonidal cyst
3.11	10081	Drainage of pilonidal cyst
3.12	10120	Remove foreign body
3.13	10121	Remove foreign body
3.14	10140	Drainage of hematoma/fluid
3.15	10160	Puncture drainage of lesion
3.16	11000	Surgical cleansing of skin
3.17	11001	Additional cleansing of skin
3.18	<del>11100</del>	<del>Biopsy of skin lesion</del>
3.19	<del>11101</del>	<del>Biopsy, each added lesion</del>
3.20	11200	Removal of skin tags
3.21	11201	Removal of added skin tags
3.22	11300	Shave skin lesion
3.23	11301	Shave skin lesion
3.24	11302	Shave skin lesion
3.25	11303	Shave skin lesion
3.26	11305	Shave skin lesion
3.27	11306	Shave skin lesion
3.28	11307	Shave skin lesion

4.1	11308	Shave skin lesion
4.2	11310	Shave skin lesion
4.3	11311	Shave skin lesion
4.4	11312	Shave skin lesion
4.5	11313	Shave skin lesion
4.6	11400	Removal of skin lesion
4.7	11401	Removal of skin lesion
4.8	11402	Removal of skin lesion
4.9	11403	Removal of skin lesion
4.10	11420	Removal of skin lesion
4.11	11421	Removal of skin lesion
4.12	11422	Removal of skin lesion
4.13	11423	Removal of skin lesion
4.14	11440	Removal of skin lesion
4.15	11441	Removal of skin lesion
4.16	11442	Removal of skin lesion
4.17	11443	Removal of skin lesion
4.18	11600	Removal of skin lesion
4.19	11601	Removal of skin lesion
4.20	11602	Removal of skin lesion
4.21	11603	Removal of skin lesion
4.22	11620	Removal of skin lesion
4.23	11621	Removal of skin lesion
4.24	11622	Removal of skin lesion
4.25	11623	Removal of skin lesion
4.26	11640	Removal of skin lesion
4.27	11641	Removal of skin lesion
4.28	11642	Removal of skin lesion
4.29	11643	Removal of skin lesion

5.1	11730	Removal of nail plate
5.2	11732	Remove additional nail plate
5.3	11740	Drain blood from under nail
5.4	11750	Removal of nail bed
5.5	11752	Remove nail bed/finger tip
5.6	11760	Reconstruction of nail bed
5.7	11762	Reconstruction of nail bed
5.8	11765	Excision of nail fold, toe
5.9	11900	Injection into skin lesions
5.10	11901	Added skin lesion injections
5.11	12031	Layer closure of wound(s)
5.12	12032	Layer closure of wound(s)
5.13	12041	Layer closure of wound(s)
5.14	12042	Layer closure of wound(s)
5.15	12051	Layer closure of wound(s)
5.16	12052	Layer closure of wound(s)
5.17	15780	Abrasion treatment of skin
5.18	15781	Abrasion treatment of skin
5.19	15782	Abrasion treatment of skin
5.20	15783	Abrasion treatment of skin
5.21	15786	Abrasion treatment of lesion
5.22	15787	Abrasion, added skin lesions
5.23	15851	Removal of sutures
5.24	15852	Dressing change, not for burn
5.25	16000	Initial treatment of burn(s)
5.26	16020	Treatment of burn(s)
5.27	16025	Treatment of burn(s)
5.28	17000	Destroy benign/premal lesion
5.29	17106	Destruction of skin lesions

6.1	17107	Destruction of skin lesions
6.2	17110	Destruction of skin lesions
6.3	17250	Chemical cautery, tissue
6.4	17260	Destruction of skin lesions
6.5	17261	Destruction of skin lesions
6.6	17262	Destruction of skin lesions
6.7	17263	Destruction of skin lesions
6.8	17264	Destruction of skin lesions
6.9	17266	Destruction of skin lesions
6.10	17270	Destruction of skin lesions
6.11	17271	Destruction of skin lesions
6.12	17272	Destruction of skin lesions
6.13	17273	Destruction of skin lesions
6.14	17274	Destruction of skin lesions
6.15	17276	Destruction of skin lesions
6.16	17280	Destruction of skin lesions
6.17	17281	Destruction of skin lesions
6.18	17282	Destruction of skin lesions
6.19	17283	Destruction of skin lesions
6.20	17284	Destruction of skin lesions
6.21	17286	Destruction of skin lesions
6.22	17340	Cryotherapy of skin
6.23	17360	Skin peel therapy
6.24	19000	Drainage of breast lesion
6.25	19001	Drain added breast lesion
6.26	20500	Injection of sinus tract
6.27	20520	Removal of foreign body
6.28	20550	Inject tendon/ligament/cyst
6.29	20600	Drain/inject joint/bursa

7.1	20605	Drain/inject joint/bursa
7.2	20610	Drain/inject joint/bursa
7.3	20615	Treatment of bone cyst
7.4	20974	Electrical bone stimulation
7.5	21029	Contour of face bone lesion
7.6	21030	Removal of face bone lesion
7.7	21031	Remove exostosis, mandible
7.8	21032	Remove exostosis, maxilla
7.9	21079	Prepare face/oral prosthesis
7.10	21080	Prepare face/oral prosthesis
7.11	21081	Prepare face/oral prosthesis
7.12	21082	Prepare face/oral prosthesis
7.13	21083	Prepare face/oral prosthesis
7.14	21084	Prepare face/oral prosthesis
7.15	21085	Prepare face/oral prosthesis
7.16	21086	Prepare face/oral prosthesis
7.17	21087	Prepare face/oral prosthesis
7.18	21088	Prepare face/oral prosthesis
7.19	21089	Prepare face/oral prosthesis
7.20	21110	Interdental fixation
7.21	23031	Drain shoulder bursa
7.22	24200	Removal of arm foreign body
7.23	24650	Treat radius fracture
7.24	25500	Treat fracture of radius
7.25	25530	Treat fracture of ulna
7.26	25600	Treat fracture radius/ulna
7.27	25622	Treat wrist bone fracture
7.28	25630	Treat wrist bone fracture
7.29	25650	Repair wrist bone fracture

8.1	26010	Drainage of finger abscess
8.2	26600	Treat metacarpal fracture
8.3	26720	Treat finger fracture, each
8.4	26725	Treat finger fracture, each
8.5	26740	Treat finger fracture, each
8.6	28001	Drainage of bursa of foot
8.7	28010	Incision of toe tendon
8.8	28011	Incision of toe tendons
8.9	28022	Exploration of a foot joint
8.10	28024	Exploration of a toe joint
8.11	28052	Biopsy of foot joint lining
8.12	28108	Removal of toe lesions
8.13	28124	Partial removal of toe
8.14	28126	Partial removal of toe
8.15	28153	Partial removal of toe
8.16	28160	Partial removal of toe
8.17	28190	Removal of foot foreign body
8.18	28220	Release of foot tendon
8.19	28230	Incision of foot tendon(s)
8.20	28232	Incision of toe tendon
8.21	28234	Incision of foot tendon
8.22	28270	Release of foot contracture
8.23	28272	Release of toe joint, each
8.24	28430	Treatment of ankle fracture
8.25	28450	Treat midfoot fracture, each
8.26	28455	Treat midfoot fracture, each
8.27	28470	Treat metatarsal fracture
8.28	28475	Treat metatarsal fracture
8.29	28490	Treat big toe fracture



9.1	28495	Treat big toe fracture
9.2	28510	Treatment of toe fracture
9.3	28515	Treatment of toe fracture
9.4	28530	Treat sesamoid bone fracture
9.5	28540	Treat foot dislocation
9.6	28570	Treat foot dislocation
9.7	28600	Treat foot dislocation
9.8	28630	Treat toe dislocation
9.9	29015	Application of body cast
9.10	<del>29020</del>	<del>Application of body cast</del>
9.11	<del>29025</del>	<del>Application of body cast</del>
9.12	29035	Application of body cast
9.13	29049	Application of shoulder cast
9.14	29065	Application of long arm cast
9.15	29075	Application of forearm cast
9.16	29085	Apply hand/wrist cast
9.17	29105	Apply long arm splint
9.18	29125	Apply forearm splint
9.19	29126	Apply forearm splint
9.20	29130	Application of finger splint
9.21	29131	Application of finger splint
9.22	29200	Strapping of chest
9.23	29260	Strapping of elbow or wrist
9.24	29280	Strapping of hand or finger
9.25	29345	Application of long leg cast
9.26	29355	Application of long leg cast
9.27	29358	Apply long leg cast brace
9.28	29365	Application of long leg cast
9.29	29405	Apply short leg cast

10.1	29425	Apply short leg cast
10.2	29435	Apply short leg cast
10.3	29440	Addition of walker to cast
10.4	29450	Application of leg cast
10.5	29515	Application lower leg splint
10.6	29520	Strapping of hip
10.7	29530	Strapping of knee
10.8	29540	Strapping of ankle
10.9	29550	Strapping of toes
10.10	29580	Application of paste boot
10.11	29700	Removal/revision of cast
10.12	29705	Removal/revision of cast
10.13	29710	Removal/revision of cast
10.14	<del>29715</del>	<del>Removal/revision of cast</del>
10.15	29720	Repair of body cast
10.16	29730	Windowing of cast
10.17	29740	Wedging of cast
10.18	29750	Wedging of clubfoot cast
10.19	29850	Knee arthroscopy/surgery
10.20	30000	Drainage of nose lesion
10.21	30020	Drainage of nose lesion
10.22	30100	Intranasal biopsy
10.23	30110	Removal of nose polyp(s)
10.24	30200	Injection treatment of nose
10.25	30210	Nasal sinus therapy
10.26	30220	Insert nasal septal button
10.27	30300	Remove nasal foreign body
10.28	30901	Control of nosebleed
10.29	31000	Irrigation maxillary sinus

11.1	31002	Irrigation sphenoid sinus
11.2	31505	Diagnostic laryngoscopy
11.3	31575	Diagnostic laryngoscopy
11.4	31579	Diagnostic laryngoscopy
11.5	36000	Place needle in vein
11.6	36400	Drawing blood
11.7	36405	Drawing blood
11.8	36406	Drawing blood
11.9	36410	Drawing blood
11.10	36430	Blood transfusion service
11.11	36450	Exchange transfusion service
11.12	36470	Injection therapy of vein
11.13	36471	Injection therapy of veins
11.14	36510	Insertion of catheter, vein
11.15	40490	Biopsy of lip
11.16	40800	Drainage of mouth lesion
11.17	40804	Removal foreign body, mouth
11.18	40808	Biopsy of mouth lesion
11.19	40810	Excision of mouth lesion
11.20	40812	Excise/repair mouth lesion
11.21	41100	Biopsy of tongue
11.22	41108	Biopsy of floor of mouth
11.23	41825	Excision of gum lesion
11.24	41826	Excision of gum lesion
11.25	42100	Biopsy roof of mouth
11.26	42330	Removal of salivary stone
11.27	42400	Biopsy of salivary gland
11.28	42650	Dilation of salivary duct
11.29	42660	Dilation of salivary duct

12.1	42800	Biopsy of throat
12.2	45300	Proctosigmoidoscopy
12.3	45303	Proctosigmoidoscopy
12.4	45330	Sigmoidoscopy, diagnostic
12.5	45520	Treatment of rectal prolapse
12.6	46083	Incise external hemorrhoid
12.7	46221	Ligation of hemorrhoid(s)
12.8	46230	Removal of anal tabs
12.9	46320	Removal of hemorrhoid clot
12.10	46500	Injection into hemorrhoids
12.11	46600	Diagnostic anoscopy
12.12	46604	Anoscopy and dilation
12.13	46606	Anoscopy and biopsy
12.14	46614	Anoscopy, control bleeding
12.15	46615	Anoscopy
12.16	46900	Destruction, anal lesion(s)
12.17	46910	Destruction, anal lesion(s)
12.18	46916	Cryosurgery, anal lesion(s)
12.19	46917	Laser surgery, anal lesion(s)
12.20	46940	Treatment of anal fissure
12.21	46942	Treatment of anal fissure
12.22	46945	Ligation of hemorrhoids
12.23	46946	Ligation of hemorrhoids
12.24	51700	Irrigation of bladder
12.25	51705	Change of bladder tube
12.26	51720	Treatment of bladder lesion
12.27	52265	Cystoscopy and treatment
12.28	53270	Removal of urethra gland
12.29	53600	Dilate urethra stricture

13.1	53601	Dilate urethra stricture
13.2	53620	Dilate urethra stricture
13.3	53621	Dilate urethra stricture
13.4	53660	Dilation of urethra
13.5	53661	Dilation of urethra
13.6	54050	Destruction, penis lesion(s)
13.7	54055	Destruction, penis lesion(s)
13.8	54056	Cryosurgery, penis lesion(s)
13.9	54200	Treatment of penis lesion
13.10	54230	Prepare penis study
13.11	54235	Penile injection
13.12	55000	Drainage of hydrocele
13.13	55250	Removal of sperm duct(s)
13.14	56420	Drainage of gland abscess
13.15	56501	Destruction, vulva lesion(s)
13.16	56606	Biopsy of vulva/perineum
13.17	57061	Destruction, vagina lesion(s)
13.18	57100	Biopsy of vagina
13.19	57150	Treat vagina infection
13.20	57160	Insertion of pessary
13.21	57170	Fitting of diaphragm/cap
13.22	57452	Examination of vagina
13.23	57454	Vagina examination and biopsy
13.24	57460	LEEP procedure
13.25	57500	Biopsy of cervix
13.26	57505	Endocervical curettage
13.27	57510	Cauterization of cervix
13.28	57511	Cryocautery of cervix
13.29	58100	Biopsy of uterus lining

14.1	58301	Remove intrauterine device
14.2	59200	Insert cervical dilator
14.3	59300	Episiotomy or vaginal repair
14.4	59425	Antepartum care only
14.5	59426	Antepartum care only
14.6	59430	Care after delivery
14.7	60100	Biopsy of thyroid
14.8	61001	Remove cranial cavity fluid
14.9	64400	Injection for nerve block
14.10	64405	Injection for nerve block
14.11	64408	Injection for nerve block
14.12	<del>64412</del>	<del>Injection for nerve block</del>
14.13	<del>64413</del>	<del>Injection for nerve block</del>
14.14	64418	Injection for nerve block
14.15	64435	Injection for nerve block
14.16	64445	Injection for nerve block
14.17	64450	Injection for nerve block
14.18	64505	Injection for nerve block
14.19	<del>64508</del>	<del>Injection for nerve block</del>
14.20	<del>64550</del>	<del>Apply neurostimulator</del>
14.21	64553	Implant neuroelectrodes
14.22	64555	Implant neuroelectrodes
14.23	<del>64565</del>	<del>Implant neuroelectrodes</del>
14.24	64612	Destroy nerve, face muscle
14.25	<del>64613</del>	<del>Destroy nerve, spine muscle</del>
14.26	65205	Remove foreign body from eye
14.27	65210	Remove foreign body from eye
14.28	65220	Remove foreign body from eye
14.29	65222	Remove foreign body from eye

15.1	65286	Repair of eye wound
15.2	65430	Corneal smear
15.3	65435	Curette/treat cornea
15.4	65436	Curette/treat cornea
15.5	65600	Revision of cornea
15.6	65772	Correction of astigmatism
15.7	65855	Laser surgery of eye
15.8	65860	Incise inner eye adhesions
15.9	66761	Revision of iris
15.10	66770	Removal of inner eye lesion
15.11	67145	Treatment of retina
15.12	67210	Treatment of retinal lesion
15.13	67228	Treatment of retinal lesion
15.14	67345	Destroy nerve of eye muscle
15.15	67505	Inject/treat eye socket
15.16	67515	Inject/treat eye socket
15.17	67700	Drainage of eyelid abscess
15.18	67710	Incision of eyelid
15.19	67800	Remove eyelid lesion
15.20	67801	Remove eyelid lesions
15.21	67805	Remove eyelid lesions
15.22	67810	Biopsy of eyelid
15.23	67820	Revise eyelashes
15.24	67825	Revise eyelashes
15.25	67840	Remove eyelid lesion
15.26	67850	Treat eyelid lesion
15.27	67915	Repair eyelid defect
15.28	67922	Repair eyelid defect
15.29	67930	Repair eyelid wound

16.1	67938	Remove eyelid foreign body
16.2	68020	Incise/drain eyelid lining
16.3	68040	Treatment of eyelid lesions
16.4	68100	Biopsy of eyelid lining
16.5	68110	Remove eyelid lining lesion
16.6	68135	Remove eyelid lining lesion
16.7	68200	Treat eyelid by injection
16.8	68400	Incise/drain tear gland
16.9	68420	Incise/drain tear sac
16.10	68440	Incise tear duct opening
16.11	68530	Clearance of tear duct
16.12	68705	Revise tear duct opening
16.13	68760	Close tear duct opening
16.14	68761	Close tear duct opening
16.15	68770	Close tear system fistula
16.16	68840	Explore/irrigate tear ducts
16.17	69000	Drain external ear lesion
16.18	69005	Drain external ear lesion
16.19	69020	Drain outer ear canal lesion
16.20	69100	Biopsy of external ear
16.21	69105	Biopsy of external ear canal
16.22	69200	Clear outer ear canal
16.23	69210	Remove impacted ear wax
16.24	69220	Clean out mastoid cavity
16.25	69222	Clean out mastoid cavity
16.26	<del>69400</del>	<del>Inflate middle ear canal</del>
16.27	<del>69401</del>	<del>Inflate middle ear canal</del>
16.28	<del>69405</del>	<del>Catheterize middle ear canal</del>
16.29	69420	Incision of eardrum



17.1	69433	Create eardrum opening
17.2	69540	Remove ear lesion
17.3	69610	Repair of eardrum
17.4	92002	Eye exam, new patient
17.5	92004	Eye exam, new patient
17.6	92012	Eye exam, established patient
17.7	92014	Eye exam and treatment
17.8	92019	Eye exam and treatment
17.9	92020	Special eye evaluation
17.10	92100	Serial tonometry exam(s)
17.11	<del>92140</del>	<del>Glaucoma provocative tests</del>
17.12	<del>92225</del>	<del>Special eye exam, initial</del>
17.13	<del>92226</del>	<del>Special eye exam, subsequent</del>
17.14	92230	Eye exam with photos
17.15	92260	Ophthalmoscopy/dynamometry
17.16	92287	Internal eye photography
17.17	92311	Contact lens fitting
17.18	92312	Contact lens fitting
17.19	92313	Contact lens fitting
17.20	92315	Prescription of contact lens
17.21	92316	Prescription of contact lens
17.22	92317	Prescription of contact lens
17.23	92352	Special spectacles fitting
17.24	92353	Special spectacles fitting
17.25	92354	Special spectacles fitting
17.26	92371	Repair and adjust spectacles
17.27	92504	Ear microscopy examination
17.28	<del>92506</del>	<del>Speech and hearing evaluation</del>
17.29	92507	Speech/hearing therapy

18.1	92508	Speech/hearing therapy
18.2	92511	Nasopharyngoscopy
18.3	92512	Nasal function studies
18.4	92516	Facial nerve function test
18.5	92520	Laryngeal function studies
18.6	92565	Stenger test, pure tone
18.7	92571	Filtered speech hearing test
18.8	92575	Sensorineural acuity test
18.9	92576	Synthetic sentence test
18.10	92577	Stenger test, speech
18.11	92582	Conditioning play audiometry
18.12	93797	Cardiac rehab
18.13	93798	Cardiac rehab/monitor
18.14	95056	Photosensitivity tests
18.15	95065	Nose allergy test
18.16	95144	Antigen therapy services
18.17	95145	Antigen therapy services
18.18	95146	Antigen therapy services
18.19	95147	Antigen therapy services
18.20	95148	Antigen therapy services
18.21	95149	Antigen therapy services
18.22	95165	Antigen therapy services
18.23	95170	Antigen therapy services
18.24	95180	Rapid desensitization
18.25	<del>95831</del>	<del>Limb muscle testing, manual</del>
18.26	<del>95832</del>	<del>Hand muscle testing, manual</del>
18.27	<del>95833</del>	<del>Body muscle testing, manual</del>
18.28	<del>95834</del>	<del>Body muscle testing, manual</del>
18.29	95851	Range of motion measurements

19.1	95852	Range of motion measurements
19.2	95857	Tensilon test
19.3	96405	Intralesional chemotherapy administration
19.4	96406	Intralesional chemotherapy administration
19.5	96450	Chemotherapy, into central nervous system
19.6	96542	Chemotherapy injection
19.7	98940	Chiropractor manip of spine
19.8	98941	Chiropractor manip of spine
19.9	98942	Chiropractor manip of spine
19.10	98943	Chiropractor manip extra spinal
19.11	<del>99201</del>	<del>Office/outpatient visit, new</del>
19.12	99202	Office/outpatient visit, new
19.13	99203	Office/outpatient visit, new
19.14	99204	Office/outpatient visit, new
19.15	99205	Office/outpatient visit, new
19.16	99211	Office/outpatient visit, established
19.17	99212	Office/outpatient visit, established
19.18	99213	Office/outpatient visit, established
19.19	99214	Office/outpatient visit, established
19.20	99215	Office/outpatient visit, established
19.21	99241	Office consultation
19.22	99242	Office consultation
19.23	99243	Office consultation
19.24	99244	Office consultation
19.25	99245	Office consultation
19.26	99354	Prolonged service, office
19.27	99355	Prolonged service, office

20.1 **5221.4035 FEE ADJUSTMENTS FOR MEDICAL/SURGICAL SERVICES.**20.2 *[For text of subparts 1 to 4, see Minnesota Rules]*

20.3 Subp. 5. **Coding and payment for multiple surgeries and procedures.** Part  
20.4 5221.4020, subpart 2a, item S, and column S in the tables incorporated by reference in part  
20.5 5221.4005, subpart 1, item A, describe codes subject to the multiple procedures payment  
20.6 restrictions. Multiple surgeries are separate surgeries performed by a single physician on  
20.7 the same patient at the same operative session or on the same day for which separate payment  
20.8 may be allowed.

20.9 *[For text of items A to D, see Minnesota Rules]*

20.10 E. For procedures with an indicator of 3 in column S, the multiple endoscopy  
20.11 payment rules apply if the procedure is billed with another endoscopy with the same base  
20.12 code. Column X lists the endoscopic base code for each code in column A with a multiple  
20.13 surgery indicator of 3. For purposes of this item, the term "endoscopy" also includes  
20.14 arthroscopy procedures. If an endoscopy procedure is performed on the same day as another  
20.15 endoscopy procedure within the same base code, the maximum fee for the procedure with  
20.16 the highest amount calculated under part 5221.4020, subpart 1b, is 100 percent of the amount  
20.17 calculated. The maximum fee for every other procedure with the same base code is reduced  
20.18 by the amount calculated under part 5221.4020, subpart 1b, for the endobase code in column  
20.19 X. No separate payment is made for the endobase procedure when other endoscopy  
20.20 procedures with the same base code are performed on the same day.

20.21 (1) For example, if column S has an indicator of 3 for multiple endoscopic  
20.22 procedures, and column X lists the endoscopic base code (endobase) as 29805, with a  
20.23 maximum allowable fee (for illustrative purposes) of \$400 calculated according to the  
20.24 formula in part 5221.4020, subpart 1b, the maximum amount payable would be as follows:

21.1		Maximum	Maximum	
21.2		fee under	fee under	
21.3		formula in	formula in	
21.4		part	part	
21.5		5221.4020,	5221.4035,	
21.6	Procedures	subpart 1b	subpart 5,	
21.7	performed	(for	item E (for	
21.8	(code listed	illustrative	illustrative	
21.9	in column A)	purposes)	purposes)	Description
21.10	29827	\$950	\$950	Pay 100 percent of the maximum fee for the
21.11				procedure with the highest maximum fee under
21.12				formula in part 5221.4020, subpart 1b
21.13	29828	\$790	\$390	Reduce the maximum fee by \$400 (the maximum
21.14				fee for endobase code 29805)
21.15				\$790 - \$400 = \$390
21.16	29823	\$540	\$140	Reduce the maximum fee by \$400 (the maximum
21.17				fee for endobase code 29805)
21.18				\$540 - \$400 = \$140
21.19	Total allowable payment:	\$1480		

[For text of subitems (2) and (3), see Minnesota Rules]

[For text of item F, see Minnesota Rules]

G. For procedures with an indicator of 5 in column S that are not also listed in part 5221.4050, subpart 2d, or 5221.4060, subpart 2d, the rules in subitems (1) to (4) apply to establish the maximum fee according to the formula in part 5221.4020, subpart 1b.

[For text of subitems (1) to (3), see Minnesota Rules]

(4) For example (for illustrative purposes):

21.27		Unadjusted	Unadjusted	Unadjusted	Total Adjusted	Calculation of
21.28		Maximum	Maximum	Maximum	Maximum Fee	Total Adjusted
21.29		Fee, Procedure	Fee, Procedure	Fee, Procedure		Maximum Fee
21.30		1 Unit 1	1 Unit 2	2		
21.31	Work	\$7	\$7	\$11	\$25	No reduction

22.1	PE	\$10	\$10	\$8	\$19	\$10 + (.50 x \$10)
22.2						+ (.50 x \$8)
22.3	Mal-	\$1	\$1	\$1	\$3	No reduction
22.4	practice					
22.5	Total	\$18	\$18	\$20	\$47	\$18 + (\$7 + \$1) +
22.6						(.50 x \$10) + (\$11
22.7						+ \$1) + (.50 x \$8)

22.8 H. For diagnostic cardiovascular services with an indicator of 6 in column S, the  
 22.9 procedures must be ranked according to the maximum fee for the technical component (TC)  
 22.10 calculated according to the formula in part 5221.4020, subpart 1b. Full payment is made  
 22.11 for the TC service with the highest payment. Payment is made at 75 percent for subsequent  
 22.12 TC services furnished by the same provider, or by multiple providers in the same group  
 22.13 practice, to the same patient on the same day. There is no reduction for the professional  
 22.14 component (26). For example (for illustrative purposes):

	Unadjusted Maximum Fee, Code 78452	Unadjusted Maximum Fee, Code 93306	Total Adjusted Maximum Fee	Calculation of Total Adjusted Maximum Fee	
22.15					
22.16					
22.17					
22.18	26	\$77	\$65	\$142	No reduction
22.19	TC	\$427	\$148	\$538	\$427 + (.75 x \$148)
22.20	Global	\$504	\$213	\$680	\$142 + \$427 + (.75 x
22.21					\$148)

22.22 I. For diagnostic ophthalmology services with an indicator of 7 in column S, the  
 22.23 procedures must be ranked according to the maximum fee for the technical component (TC)  
 22.24 calculated according to the formula in part 5221.4020, subpart 1b. Full payment is made  
 22.25 for the TC service with the highest payment. Payment is made at 80 percent for subsequent  
 22.26 TC services furnished by the same provider, or by multiple providers in the same group  
 22.27 practice, to the same patient on the same day. There is no reduction for the professional  
 22.28 component (26). For example (for illustrative purposes):

23.1		Code 92235	Code 92250	Total Payment	Payment Calculation
23.2	26	\$46	\$23	\$69	No reduction
23.3	TC	\$92	\$53	\$134.40	\$92 + (.80 x \$53)
23.4	Global	\$138	\$76	\$203.40	\$69 + \$92 + (.80 x
23.5					\$53)

23.6 *[For text of item J, see Minnesota Rules]*

23.7 *[For text of subparts 6 to 10, see Minnesota Rules]*

23.8 **5221.4050 PHYSICAL MEDICINE AND REHABILITATION PROCEDURE CODES.**

23.9 *[For text of subparts 1 to 2c, see Minnesota Rules]*

23.10 Subp. 2d. **List of physical medicine and rehabilitation procedure codes.** The  
 23.11 physical medicine and rehabilitation conversion factor in part 5221.4020, subpart 1b, item  
 23.12 B, applies to the health care providers listed in part 5221.0700, subpart 3, item C, subitem  
 23.13 (4), when they provide, within their scope of practice, the services, articles, or supplies  
 23.14 identified by procedure codes 97010 through 97799, 97810 through 97814, 98960 through  
 23.15 98981, and V5336 to V5364 in the Medicare Physician Fee Schedule tables described in  
 23.16 part 5221.4005.

23.17 *[For text of subpart 3, see Minnesota Rules]*

23.18 **5221.4060 CHIROPRACTIC PROCEDURE CODES.**

23.19 *[For text of subparts 1 to 2c, see Minnesota Rules]*

23.20 Subp. 2d. **List of chiropractic procedure codes.** The chiropractic conversion factor  
 23.21 in part 5221.4020, subpart 1b, item B, applies to the health care providers listed in part  
 23.22 5221.0700, subpart 3, item C, subitem (5), when they provide, within their scope of practice,  
 23.23 services, articles, or supplies identified by any of the following procedure codes in the  
 23.24 Medicare Physician Fee Schedule tables described in part 5221.4005:

23.25 *[For text of items A to D, see Minnesota Rules]*

24.1 E. evaluation and management service procedure codes ~~99201~~, 99202, 99203,  
24.2 99211, 99212, and 99213;

24.3 *[For text of items F and G, see Minnesota Rules]*

24.4 *[For text of subparts 3 and 4, see Minnesota Rules]*

24.5 **EFFECTIVE DATE.** The amendments to Minnesota Rules, parts 5221.4020, 5221.4033,  
24.6 5221.4035, 5221.4050, and 5221.4060, are effective for services provided on or after October  
24.7 1, 2022.



# Office of the Revisor of Statutes

## Administrative Rules



**TITLE:** Adopted Exempt Permanent Rules Relating to Workers' Compensation; 2022 Adjustments to Relative Value Fee Schedule Conversion Factors and Amendments to Rules Implementing the Workers' Compensation Relative Value Fee Schedule Tables in Minnesota Rules, Chapter 5221

**AGENCY:** Department of Labor and Industry

**REVISOR ID:** R-4761

**MINNESOTA RULES:** Chapter 5221

The attached rules are approved as to form

A handwritten signature in black ink, appearing to read "Sheree Speer".

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Sheree Speer  
Chief Deputy Revisor