

Instructions for using the Minnesota workers' compensation relative value fee schedule table

Background

- These instructions explain how to use the Minnesota workers' compensation resource based relative value fee schedule (RBRVS) table for payment of workers' compensation professional medical services according to [Minnesota Rules, parts 5221.4005 to 5221.4061](#).¹
- The RBRVS establishes maximum fees allowed for specific services by multiplying the total "relative value unit"² established by the Centers for Medicare and Medicaid Services (CMS) by a dollar amount, called the "conversion factor." The Department of Labor and Industry (DLI) updates the RVUs at least every three years and adjusts the conversion factors annually for services provided on or after Oct. 1.³ The current RBRVS uses version 2025C of CMS' RVU tables.⁴
- The Minnesota workers' compensation table includes tabs for four categories of services, each with their own separate conversion factor updated annually under Minn. Stat. § 176.136, subd. 1a (c). The applicable conversion factor for each category of service, along with other information, is listed on the table, as well as on DLI's webpage at <https://www.dli.mn.gov/business/workers-compensation/work-comp-medical-fee-schedules-rbrvs>.

Effective date and applicability

- The RBRVS applies to professional medical/surgical, path/lab, physical medicine and chiropractic services. The RBRVS also applies to outpatient services provided at a hospital, except for services provided by hospitals designated by Medicare as Critical Access Hospitals and services covered by the hospital outpatient fee schedule adopted according to Minn. Stat. § 176.1364.⁵

¹ In developing these instructions, the Department of Labor and Industry has made every effort to accurately reflect Minnesota Rules, parts 5221.4005 to 5221.4061. The language in the rules controls in the event of a difference between these instructions and the rules.

² The total RVU consists of work, practice expense, and malpractice expense components. Each of these components is adjusted by a "geographic practice cost indices" (GPCI) developed for each state by the Centers for Medicare and Medicaid Services. The GPCI table is published with the table listing the RVU components.

³ Under Minn. Stat. § 176.136, subd. 1a (c) (1), DLI must adjust the conversion factors by no more than the percentage change computed under Minn. Stat. § 176.645, but without the annual cap provided by that section.

⁴ Instructions on how to access the Medicare tables are available on the DLI website.

⁵ Critical Access Hospitals are paid at 100% of their usual and customary charges unless the commissioner or a compensation judge determines the charge is unreasonably excessive.

- Maximum fees for services covered by the RBRVS fee schedule are divided into two categories: services provided in the provider’s office or clinic (“nonfacility” fees), and services provided at a facility such as a hospital.⁶

Minnesota workers’ compensation RBRVS table tabs

The Relative Value Fee Schedule table includes the following six tabs that can be found on the bottom of the Excel file:

- 1) Status codes: This tab provides definitions of RVRBS status codes. Status codes are letters (A to X) assigned to each service and are found in column D in the RVRBS table.
- 2) Column descriptions: This tab provides descriptions of the columns in the Minnesota workers’ compensation relative value table.
- 3) Medical, surgical: This tab includes the HCPCS procedure codes, as described in [Minn. R. 5221.4030, subp. 3](#), for which the medical/surgical conversion factor applies.
- 4) Physical medicine: This tab includes the HCPCS procedure codes, as described in [Minn. R. 5221.4050, subp. 2d](#), for which the physical medicine and rehabilitation conversion factor applies.
- 5) Path, lab: This tab includes the HCPCS procedure codes, as described in [Minn. R. 5221.4040, subp. 3](#), for which the pathology and laboratory conversion factor applies.
- 6) Chiropractic: This tab includes the HCPCS procedure codes, as described in [Minn. R. 5221.4060, subp. 2d](#), for which the chiropractic conversion factor applies.

How to use the RVRBS table⁷

- 1) Determine which of the four provider types provided the service, according to [Minn. R. 5221.0700](#), and open that tab in the table (medical/surgical; path/lab; physical medicine; or chiropractic). Find the HCPCS code for the service provided in Column A of the applicable table.
- 2) Identify any Modifier in Column B. If there is a Modifier in Column B, refer to [Minn. R. 5221.4020, subp. 2a \(B\)](#) for instructions.
- 3) Identify the Status Code in Column D to determine whether the code is active and whether the service is covered by the workers’ compensation RBRVS or is paid another way. The Status Codes are defined in a separate tab in the table.
- 4) If the service is payable under the RBRVS according to the applicable Status Code in Column D, determine whether there are any payment indicators in columns N to AB for that HCPCS code.

⁶ All services must be within the provider’s scope of practice and otherwise compensable under chapter 176 and other applicable rules.

⁷ Note: The maximum amount payable is the provider’s usual and customary charge if the charge is lower than the maximum fee under the RBRVS table and rules.

- a. If there are *no* payment indicators in columns N to AB for the HCPCS code, the maximum fee is:
 - the amount in Added column 1, “Maximum fee nonfacility” (if the service was delivered in the health care provider’s office); or
 - the amount in Added column 2, “Maximum fee facility” (if the service was delivered in a facility, such as a hospital).
- b. If there are one or more payment indicators in columns N to AB, follow the instructions for each indicator in [Minn. R. 5221.4020, subp. 2a](#). For example, if there is an indicator “2” in Column S for two procedures provided by a physician during the same operative session, a multiple procedure adjustment applies as follows:
 - Go to Minn. R. 5221.4020, subp. 2a.
 - Find “Column S” and the numerical indicator “2.”
 - Follow the instructions in Minn. R. 5221.4035, subp. 5, for payment adjustment instructions.

More information

If you have further questions about the RBRVS, contact the Department of Labor and Industry’s medical policy staff at medical.policy.dli@state.mn.us.