

BILLING SUMMARY			TOTALS		
Prof:	Hours at	\$	\$		
/Hr =					
Trav/wait:	Hours at	\$	\$		
/Hr =					
Milg:	Miles at	\$	\$		
/MI =					
Expenses		\$	\$		
=					

Instructions for completing the rehabilitation invoice in accordance with M.S. 176.102 and M.R., Part 5220.0100-.1900

Services shall be billed on no more than a 45-day interval.

"Date plan filed" is the date the initial completed R-2 Rehabilitation Plan form is mailed to the department.

Forms must be complete, legible and accurate.

Code number shall consist of a two-digit service code and a one-digit professional/nonprofessional code.

Service categories	Code
Rehab consultation	00
Medical management	01
On-site job analysis	02
Coordination of RTW/same ER	03
Job modification	04
Functional capacity evaluation	05
Transferable skills analysis	06
Work evaluation	07
Work hardening/adjustment	08
Job seeking skills training	09
Job development/placement	10
Post placement activity/follow-up	11
Tech/academic skills improvement	12
Vocational counseling/guidance	13
Vocational testing	14
On-the-job training	15
Labor market survey	16
Retraining	17
Administrative	18
Testify at formal hearing	19
Expense/other	20
Professional	P
Nonprofessional	N