

State of Minnesota

STATE REGISTER

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Department of Administration—Documents Division

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STATE REGISTER

Judicial Notice Shall Be Taken of Material Published in the *State Register*

The *State Register* is the official publication of the State of Minnesota, containing executive orders of the governor, proposed and adopted rules of state agencies, official notices to the public, state and non-state public contracts, grants, supreme court and tax court decisions, and a monthly calendar of cases to be heard by the state supreme court.

Volume 12 Printing Schedule and Submission Deadlines

Vol. 12 Issue Number	*Submission deadline for Executive Orders, Adopted Rules and **Proposed Rules	*Submission deadline for State Contract Notices and other **Official Notices	Issue Date
14	Monday 21 September	Monday 28 September	Monday 5 October
15	Monday 28 September	Monday 5 October	Monday 12 October
16	Monday 5 October	Monday 12 October	Monday 19 October
17	Monday 12 October	Monday 19 October	Monday 26 October

*Deadline extensions may be possible at the editor's discretion; however, none will be made beyond the second Wednesday (12 calendar days) preceding the issue date for rules, proposed rules and executive orders, or beyond the Wednesday (5 calendar days) preceding the issue date for official notices. Requests for deadline extensions should be made only in valid emergency situations.

**Notices of public hearings on proposed rules and notices of intent to adopt rules without a public hearing are published in the Proposed Rules section and must be submitted two weeks prior to the issue date.

Instructions for submission of documents may be obtained from the State Register editorial offices, 504 Rice Street, St. Paul, Minnesota 55103, (612) 296-4273.

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Subscribers who do not receive a copy of an issue should notify the *State Register* Circulation Manager immediately at (612) 296-0931. Copies of back issues may not be available more than two weeks after publication.

Rudy Perpich, Governor

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Department of Administration**

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FOR LEGISLATIVE NEWS

Publications containing news and information from the Minnesota Senate and House of Representatives are available free to concerned citizens and the news media. To be placed on the mailing list, write or call the offices listed below:

SENATE

Briefly-Preview—Senate news and committee calendar; published weekly during legislative sessions.

Perspectives—Publication about the Senate.

Session Review—Summarizes actions of the Minnesota Senate.

Contact: Senate Public Information Office
Room 231 State Capitol, St. Paul, MN 55155
(612) 296-0504

HOUSE

Session Weekly—House committees, committee assignments of individual representatives; news on committee meetings and action. House action and bill introductions

This Week—weekly interim bulletin of the House.

Session Summary—Summarizes all bills that both the Minnesota House of Representatives and Minnesota Senate passed during their regular and special sessions.

Contact: House Information Office
Room 175 State Office Building, St. Paul, MN 55155
(612) 296-2146

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NOTICE: How to Follow State Agency Rulemaking in the *State Register*

The *State Register* is the official source, and only complete listing, for all state agency rulemaking in its various stages. State agencies are required to publish notice of their rulemaking action in the *State Register*. Published every Monday, the *State Register* makes it easy to follow and participate in the important rulemaking process. Approximately 75 state agencies have the authority to issue rules. Each agency is assigned specific *Minnesota Rule* chapter numbers.

If an agency seeks outside opinion before issuing new rules or rule amendments, it must publish a NOTICE OF INTENT TO SOLICIT OUTSIDE OPINION in the *Official Notices* section of the *State Register*.

When rules are first drafted, state agencies publish them as **Proposed Rules**, along with a notice of hearing, or notice of intent to adopt rules without a hearing in the case of noncontroversial rules. This notice asks for comment on the rules as proposed. Proposed emergency rules and withdrawn proposed rules are also published in the *State Register*.

After proposed rules have gone through the comment period, and have been rewritten into their final form, they again appear in the *State Register* as **Adopted Rules**. These final adopted rules are not printed in their entirety in the *State Register*, only the changes made since their publication as **Proposed Rules**. To see the full rule, as adopted and in effect, a person simply needs two issues of the *State Register*, the issue the rule appeared in as proposed, and later as adopted.

For a more detailed description of the rulemaking process, see the *Minnesota Guidebook to State Agency Services*.

Every odd-numbered year the *Minnesota Rules* are published. This is a ten-volume bound collection of all adopted rules in effect at the time. Supplements are published to update this set of rules. Proposed and adopted emergency rules do not appear in this set because of their short-term nature, but are published in the *State Register*.

The *State Register* features partial and cumulative listings of rules in this section on the following schedule: issues 1-13 inclusive; issues 14-25 inclusive; issue 26, cumulative for issues 1-16; issues 27-38 inclusive; issue 39, cumulative for 1-39; issues 40-51 inclusive; and issue 52, cumulative for 1-52. An annual subject matter index for rules appears in August.

For copies of the *State Register*, a subscription, the annual index, the *Minnesota Rules* or the *Minnesota Guidebook to State Agency Services*, contact the Minnesota Documents Division, 117 University Avenue, St. Paul, MN 55155 (612) 297-3000 or toll-free in Minnesota 1-800-652-9747 and ask for "Documents."

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Proposed Rules

Pursuant to Minn. Stat. of 1984, §§ 14.22, an agency may propose to adopt, amend, suspend or repeal rules without first holding a public hearing, as long as the agency determines that the rules will be noncontroversial in nature. The agency must first publish a notice of intent to adopt rules without a public hearing, together with the proposed rules, in the *State Register*. The notice must advise the public:

1. that they have 30 days in which to submit comment on the proposed rules;
2. that no public hearing will be held unless 25 or more persons make a written request for a hearing within the 30-day comment period;
3. of the manner in which persons shall request a hearing on the proposed rules; and
4. that the rule may be modified if the modifications are supported by the data and views submitted.

If, during the 30-day comment period, 25 or more persons submit to the agency a written request for a hearing of the proposed rules, the agency must proceed under the provisions of §§ 14.14-14.20, which state that if an agency decides to hold a public hearing, it must publish a notice of intent in the *State Register*.

Pursuant to Minn. Stat. §§ 14.29 and 14.30, agencies may propose emergency rules under certain circumstances. Proposed emergency rules are published in the *State Register* and, for at least 25 days thereafter, interested persons may submit data and views in writing to the proposing agency.

Department of Commerce

Proposed Permanent Rules Relating to Joint Property, Casualty, or Automobile Liability Self-Insurance Plans

Proposed Rules

Notice of Intent to Adopt Rules Without a Public Hearing

Notice is hereby given that the Department of Commerce intends to adopt the above-entitled rules without a public hearing following the procedures set forth in the Administrative Procedures Act for adopted rules without a public hearing in *Minnesota Statutes*, section 14.22-14.28. Authority for the adoption of these rules is contained in *Minnesota Statutes*, Sections 45.023 and 60F06.

All persons have 30 days to submit comments in support of or in opposition to the proposed rule or any part or subpart of the rule. Comment is encouraged. Each comment should identify the portion of the proposed rule addressed, the reason for the comment, and any change proposed. The proposed rules may be modified if the modifications are supported by the data and views submitted to the Department and do not result in a substantial change.

Any person may make a written request for a public hearing within the 30 day comment period. If 25 or more persons submit a written request for a public hearing within the 30 day comment period, a public hearing will be held unless a sufficient number withdraw their request in writing. Any person requesting a hearing should state his or her name and address, and is encouraged to identify the portion of the proposed rule addressed, the reason for the request, and any change proposed. If a public hearing is required, the department will proceed pursuant to *Minnesota Statutes*, sections 14.13 to 14.20.

Persons who wish to submit comments or a written request for a public hearing should submit them to:

Richard G. Gomsrud
Department Counsel
Department of Commerce
500 Metro Square Building
St. Paul, MN 55101
(612) 296-5689.

A Statement of Need and Reasonableness that describes the need for and reasonableness of each provision of the proposed rule and identifying the data and information relied upon to support the proposed rules has been prepared and is available upon request from Richard Gomsrud.

Pursuant to *Minnesota Statutes* Section 14.115, subdivision 2, the impact on small business has been considered in the promul-

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Proposed Rules

gation of the rules. Anyone wishing to present evidence or argument as to the rules' effect on small business may do so. The Department's position regarding the impact of the rules on small business is set forth in the Statement of Need and Reasonableness.

Upon adoption of the final rules without a public hearing, the proposed rules, this Notice, the Statement of Need and Reasonableness, all written comments received, and the final Rules as Adopted will be delivered to the Attorney General for review as to form and legality, including the issue of substantial change. Persons who wish to be advised of the submission of this material to the Attorney General, or who wish to receive a copy of the final rules as proposed for adoption, should submit a written statement of such request to Richard G. Gomsrud, Department Counsel, Department of Commerce, 500 Metro Square Bldg., St. Paul, MN 55101.

A copy of the proposed rules is attached to this Notice. Copies of this Notice and proposed rules are available and may be obtained by contacting Richard G. Gomsrud at the above address.

Michael A. Hatch
Commissioner of Commerce

Rules as Proposed (all new material)

CHAPTER 2766
DEPARTMENT OF COMMERCE
JOINT PROPERTY, CASUALTY, OR AUTOMOBILE LIABILITY
SELF-INSURANCE PLANS

2766.0100 DEFINITIONS.

Subpart 1. **Scope.** For the purposes of parts 2766.0100 to 2766.1300, the terms defined in this part have the meanings given them.

Subp. 2. **Board.** "Board" means a plan's board of trustees.

Subp. 3. **Bylaws.** "Bylaws" means the statements adopted by a plan that prescribe its purpose, government, and administration.

Subp. 4. **Commissioner.** "Commissioner" means the commissioner of the Department of Commerce.

Subp. 5. **Coverage.** "Coverage" means the right of a covered person to benefits provided directly or indirectly by a plan, by virtue of the coverage document.

Subp. 6. **Coverage document.** "Coverage document" means the document specifying the characteristics and duration of coverage provided through a plan.

Subp. 7. **Days.** "Days" means calendar days.

Subp. 8. **Financial administrator.** "Financial administrator" means an entity trained and experienced in money management and investments, and possessing no less than five years experience as an organization with demonstrated competence in money management and investments.

Subp. 9. **Fund year.** "Fund year" means a plan's fiscal year.

Subp. 10. **Insurer.** "Insurer" means an insurance company licensed under Minnesota Statutes, section 60A.07, and authorized by Minnesota Statutes, section 60A.06, to write property, casualty, or automobile liability insurance.

Subp. 11. **Member.** "Member" means an employer that belongs to or participates in a plan. Reference to actions of a member includes actions on behalf of the member's covered employees and other covered persons.

Subp. 12. **No-fault act.** "No-fault act" means the automobile insurance system defined in Minnesota Statutes, sections 65B.41 to 65B.71.

Subp. 13. **Occurrence.** "Occurrence" means an accident, including continuous or repeated exposure to substantially the same general harmful conditions.

Subp. 14. **Plan.** "Plan" means a joint self-insurance plan providing coverage for property, casualty, or automobile liability and approved under parts 2766.0100 to 2766.1300. Reference to actions of a plan includes actions by the plan's designated agents.

Subp. 15. **Policy.** "Policy" means the individual excess stop-loss policy, the aggregate excess stop-loss policy, the surety bond, or the fidelity bond.

Subp. 16. **Premium.** "Premium" means the amount paid or to be paid for coverage by members. Premium does not include assessments or penalties.

Subp. 17. **Runoff plan.** "Runoff plan" means a plan that no longer has authority to self-insure, but that continues to exist for the

purpose of paying claims, preparing reports, and administering transactions associated with the period when the plan provided coverage.

Subp. 18. **Self-insure.** "Self-insure" means to assume primary liability or responsibility for certain risks or benefits, rather than transferring liability or responsibility to some other entity.

Subp. 19. **Separate member.** "Separate member" for the purposes of meeting the minimum three-member requirement mandated by Minnesota Statutes, section 60E01, means a member that is not the parent or subsidiary of any other member in the plan.

Subp. 20. **Service company.** "Service company" means an entity licensed under Minnesota Statutes, section 60A.23, subdivision 8, and rules adopted thereunder, as a vendor of risk management services or an entity named in Minnesota Statutes, section 60A.23, subdivision 8, paragraph (1), clause (a) or (b).

2766.0200 BYLAWS.

Subpart 1. **Content.** Bylaws may contain any provisions that do not conflict with parts 2766.0100 to 2766.1300. Bylaws must, at a minimum, contain the following provisions:

- A. the plan's name, purpose, and initial date of existence;
- B. definitions of key terms;
- C. a statement of powers, duties, and responsibilities assigned to the board, the service company, the financial administrator, any trustee, and those reserved to the membership;
- D. the number, term of office, method of selection, and method of replacement of the trustees of the board;
- E. the procedure to be used by members or trustees for calling board meetings, including the four requisite meetings annually;
- F. the method of periodic selection and review of the service company, financial administrator, and any other entity providing services under contract to the plan;
- G. the procedure for amending the bylaws;
- H. the procedure for resolving disputes among members, which must not include submitting disputes to the commissioner;
- I. the criteria for membership in the plan, including underwriting standards, financial standards, or loss experience criteria;
- J. the procedure for admitting new members to the plan;
- K. the criteria for expelling members from the plan, including nonpayment of premium;
- L. the procedure for withdrawal by, or expulsion of, members from the plan, including the minimum required period of membership, and any penalties involved with termination of memberships;
- M. a statement of the coverages the plan intends to provide;
- N. the procedure for adding and dropping any coverage as to a particular member, the basis for doing so, and the basis for determining the costs of doing so;
- O. a schedule for premium payments by members, including a detailed description of the basis upon which premiums are calculated and penalties for late payment of premiums;
- P. the procedure for changing premium rates;
- Q. the procedure for levying and collecting any assessments required to maintain the plan, including penalties for late payment of assessments;
- R. a statement of who may have access to plan funds and for what purposes;
- S. the procedure for distributing dividends and the eligibility of past and present members for dividends; and
- T. the procedure for distributing assets remaining upon the plan's dissolution, and the eligibility of past and present members for such distribution.

Subp. 2. **Adoption and changes.** The bylaws must be adopted in writing by all members of the plan, including the initial members and any members who join at a later date. Authority to change the bylaws must reside with the membership or the board, according

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to the terms of the bylaws. Authority to change the bylaws may not be delegated to a contractor or other outside party. The plan must file bylaw changes with the commissioner not less than 30 days before they become effective.

2766.0300 BOARD.

Subpart 1. **Structure.** A plan must have a minimum of three and a maximum of seven trustees elected to the board of trustees. The trustees must be members of the joint self-insurance plan. No member may have more than one representative on the board. No trustee may be an employee, agent, or representative of the plan's service company, financial administrator, insurer, or other person or entity providing services under contract to the plan. Trustees shall be elected by vote of the membership. There shall be an odd number of trustees, with staggered terms to provide continuity. One trustee shall be designated the chair. The board shall meet no less than four times annually.

Subp. 2. **Duties.** The board is responsible for the operation of the plan. The board may delegate some or all of its responsibilities for the chair or other trustees between board meetings. All responsibilities of the plan not expressly delegated by the board, or parts 2766.0100 to 2766.1300, are the responsibility of the board. The board shall, at a minimum, have the following responsibilities:

- A. fiduciary responsibility for the plan's operation and financial condition;
- B. selection, supervision, and evaluation of the service company, financial administrator, accountant, insurer, and any other entity providing services to the joint self-insurance plan under contract;
- C. on the basis of the plan's overall financial condition, authorizing changes in premium, reserve, or investment practices, and declaring assessments or dividends as appropriate;
- D. approving all reports concerning the plan's operation, financial condition, and status;
- E. monitoring the operations of the plan including the delinquent payment of premiums, loss experience of members, the financial condition of individual members, and authorizing, when necessary, disciplinary action or expulsion as appropriate;
- F. authorizing acceptance or rejection of applications for membership to the plan;
- G. as permitted by the bylaws, making or recommending changes to the bylaws for the improvement of the plan's operation or financial integrity; and
- H. monitoring the plan's compliance with all statutes and rules governing its operation.

2766.0400 APPLICATION.

Subpart 1. **Initial application.** Three or more separate members desiring authority to form a joint self-insurance plan under Minnesota Statutes, chapter 60F, shall apply to the commissioner in writing and on the forms available from the commissioner. Applications must be submitted not later than 60 days before the requested date for authority to self-insure. Applications for authority shall, at the least, include:

- A. a list of the initial members of the plan;
- B. a statement that is signed and sworn to by each entity wishing to be a member of the plan, stating that they agree to abide by the bylaws, plan of operation, or other rules governing the plan (If an entity is a corporation, the signatures must be that of a corporate officer.);
- C. a copy of all plan documents, including the bylaws, plan of operation, and any membership agreements;
- D. the license fee required (All fees must be paid by check or draft. Cash will not be accepted.);
- E. proof that the reserve fund has been set up, proof that a minimum of 20 percent of the money required has been deposited into the fund, and a detailed explanation of the schedule for collection of the remainder of the money to be deposited into the fund;
- F. proof that the runoff reserve fund has been set up and a detailed explanation of the schedule for collection of the money to be deposited into that fund;
- G. proof that the surplus fund has been set up and that the required funds have been deposited into the fund;
- H. the name of a resident agent who is authorized to act on behalf of the plan and to accept service of process;
- I. copies of all insurance policies, including the individual stop-loss and excess stop-loss policy; and
- J. responses to all questions. Any application submitted without responses to any questions, or responses that are inadequate, will be returned to the applicant for completion and resubmission. Once a complete application has been submitted to the commissioner, the application must be approved or disapproved within 60 days. An application shall not be considered complete if the department has requested additional information.

Subp. 2. **Renewal application.** Existing plans may apply for renewal of their self-insurance authority by completing a renewal

application. Applications must be filed with the department 60 days before the expiration of their current authority. Applications shall, at the least:

- A. contain those items included in a new application;
- B. include a detailed explanation regarding any changes that have taken place in the plan or its operations since its last application; and
- C. include a certified financial statement for the previous fund year.

Subp. 3. **Merger.** Two or more existing plans may apply to merge if the new joint self-insurance plan assumes all obligations of the merging plans. Merger applications are subject to the same requirements as prospective new plans.

Subp. 4. **Approval and disapproval.** Upon approval of an application, the commissioner shall issue an order granting authority to operate to the proposed plan. Initial authorization orders for new plans are effective for two years after the initial authorization date. Renewal authorization orders shall be for a two-year period. The termination date to self-insure shall be stated in the order.

2766.0500 ADMINISTRATION.

Subpart 1. **Service company.** A plan must contract with a service company for services necessary to the plan's day-to-day operations, except services and responsibilities reserved to the members, the board, individual trustees, the financial administrator, or other contractors. The service company must have expertise in and be licensed to administer joint property, casualty, or automobile liability self-insurance plans.

A. Subject to the oversight of the board, the service companies shall, directly or indirectly through subcontractors, provide all services directly related to the administration of the coverage. These services include, but are not limited to:

- (1) accounting and recordkeeping;
- (2) billing and collection of premiums and assessments;
- (3) claims investigation, settlement, and reserving;
- (4) claims payment, including claims wholly or partially subject to excess insurance or member deductibles;
- (5) general administration;
- (6) loss control and safety programs; and
- (7) underwriting.

B. The service company shall be subject to all other state laws and rules that govern the activities of service companies including, but not limited to, Minnesota Statutes, sections 60A.23, subdivision 8, and 72A.17 to 72A.32.

Subp. 2. **Financial administrator.** A plan must contract with a financial administrator for investment of the plan's assets and other financial or accounting services. No staff member of the financial administrator may be an owner, officer, employee, or agent of the service company, or of a subcontractor of the service company.

Subp. 3. **Recordkeeping.** A plan must maintain within Minnesota all records necessary to verify the accuracy and completeness of all reports submitted to the commissioner. The commissioner may examine the plan's records in order to ascertain the plan's compliance with parts 2766.0100 to 2766.1300, and with other applicable statutes and rules. All records concerning claims, reserves, financial transactions, and other matters necessary to the plan's operations are the plan's property.

2766.0600 MEMBERSHIP.

Subpart 1. **Availability.** Plan membership is available only to entities authorized to transact business in Minnesota. Parts 2766.0100 to 2766.1300 do not require that a plan offer membership to an entity solely because the entity meets the plan's underwriting standards.

Subp. 2. **Joining.** New members must be admitted according to the standards and procedures specified in the bylaws. Membership is not effective before the applicant has signed a membership agreement affirming its commitment to comply with the bylaws, and the membership agreement has been submitted to the commissioner 15 days before acceptance of the new member. The membership agreement must disclose that under the rules governing the plan, the commissioner may order that an assessment be levied against member employers, if necessary to maintain the plan's sound financial condition.

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Subp. 3. **Voluntary withdrawal.** The membership agreement must state the procedures for voluntarily withdrawing from the plan. A member must notify the plan and the commissioner in writing of its desire to withdraw not less than 60 days before the date upon which it desires to withdraw. If it is determined that the withdrawal would cause the plan to be in violation of the minimum number of entities required to continue the plan, the plan shall notify the commissioner as required under subpart 5 within five days of receipt of the notice of intent to withdraw. Withdrawal from a plan is prohibited and void unless:

- A. the member will have belonged to the plan continuously:
 - (1) until the end of the current fund year; or
 - (2) until the end of the succeeding fund year for new members that join in the last three months of the fund year; or
 - (3) for a longer period if required by the bylaws; and
- B. all outstanding premiums and assessments owed by the member have been paid.

Subp. 4. **Expulsion.** At least annually the plan shall review the status and experience of each member by comparison with the criteria for expulsion in the bylaws. A plan must notify the commissioner not less than 15 days before the effective date of the expulsion of the change in membership. A member may be expelled:

- A. with outstanding premiums or assessments owing; and
- B. notwithstanding that the expulsion is effective before the end of the current fund year.

Subp. 5. **Minimum membership.** A plan shall carefully monitor the number of its members. If the number of covered members is less than three, the plan shall notify the commissioner:

- A. of its intent to end its self-insurance authority; or
- B. of its proposal for restoring compliance with the three-member minimum requirement.

If the proposal is unlikely, in the commissioner's judgment, to restore compliance within 90 days, or if after 90 days the plan continues to have fewer than three members, the commissioner shall revoke the plan's self-insurance authority.

2766.0700 COVERAGE.

Subpart 1. **Coverage administration and related requirements.** Plans are subject to the requirements of Minnesota statutes and rules applicable to insurance companies providing property, casualty, or auto liability insurance in Minnesota similar to the coverage the plan wishes to provide. These requirements concern coverage content, coverage administration, underwriting, and related matters, and are contained in the applicable parts of Minnesota Statutes, chapters 60A, 65A, 65B, 72B, and 72C, section 72A.20, and rules adopted under these chapters, unless otherwise specifically exempt.

Subp. 2. **Uniform underwriting.** All coverages offered by a plan must be available to all members according to the same underwriting standards.

Subp. 3. **Term of coverage.** A plan shall not commit itself to providing coverage for any period that extends beyond the term of any aggregate excess stop-loss coverage or any individual excess stop-loss coverage required under part 2766.1100.

Subp. 4. **Continuing responsibility.** Notwithstanding cancellation or termination of coverage to a particular member, ceasing to offer a particular coverage, or termination or revocation of authority to self-insure, a plan retains indefinitely all responsibilities to covered members and other covered persons associated with the plan while coverage was in force. This responsibility ceases only after a plan dissolves.

2766.0800 PREMIUMS AND DIVIDENDS.

Subpart 1. **Premium payments.** A member's premiums are calculated based upon the plan's anticipated cost for the upcoming fund year. A plan may permit installment payments if payment is always due before premium is to be earned. A plan shall promptly take appropriate action to collect a member's premiums or assessments that are past due. Collection costs are the obligation of the delinquent member. Payments determined to be uncollectible must be presented to the surety for reimbursement, as required by part 2766.1000, subpart 4.

Subp. 2. **Dividends.** A plan may declare and pay a dividend or distribution from its surplus only if:

- A. the dividend would not cause the plan's surplus to be negative;
- B. the plan does not have any liability as a result of any advance made by any surety or insurer that requires repayment; and
- C. the dividend is apportioned on the basis of the relative amounts of premium paid by members and provides for proportional payment to members.

A dividend paid or distributed in violation of this subpart is recoverable from the persons or entities to whom it was paid upon demand by the plan.

2766.0900 RESERVES.

Subpart 1. **Loss and premium reserves.** A plan must establish reserves for all incurred losses, both reported and unreported, and for unearned premiums. To the extent that the amount of loss is uncertain, reserves must be set conservatively. As the degree of uncertainty concerning a loss is changed by new events or information, the amount of the reserve must be changed appropriately. The amount of reserves must be reported annually on forms prescribed by and according to the instructions set by the commissioner.

Subp. 2. **Full funding reserve.** To comply with Minnesota Statutes, section 60F02, a plan must establish a full funding reserve to pay claims incurred and incurred but not reported, as well as any claim expenses:

A. The amount of the reserve must be equal to the plan's maximum possible liability under the aggregate excess stop-loss insurance.

B. A separate full funding reserve must be maintained for each fund year, beginning at the fund year's inception.

C. Plans must establish a separate runoff full funding reserve within two years after the plan has been established, in an amount equal to the plan's attachment point under the aggregate excess stop-loss insurance. The runoff full funding reserve must be maintained until the plan's dissolution.

Subp. 3. **Surplus fund.** A plan must protect itself from cash flow difficulties by establishing and maintaining a surplus fund equal to the greater of:

A. three times the average paid monthly premium during the most recent fund year;

B. three times the estimated monthly premium for plans that do not have one fund year's experience; or

C. \$25,000.

2766.1000 INSURANCE.

Subpart 1. **Purchase and alteration.** The plan and the insurer must notify the commissioner at least 30 days before expiration of any required insurance policy or policies whether it intends to renew the policy, and whether the insurer is willing to renew the policy or policies. Midterm alteration of the required insurance policy or policies with the effect of reducing coverage, and midterm cancellation, are prohibited without prior written approval by the commissioner. Required stop-loss insurance policies must be noncancelable for a minimum of one year, for any cause including nonpayment of premium. If more than one stop-loss insurance policy is obtained in fulfillment of the requirements of this part, their expiration dates must be the same.

Subp. 2. **Individual excess.** A plan must have and maintain individual excess stop-loss insurance that provides for the insurer to assume all liability in excess of \$25,000 per person per occurrence under all coverages the plan offers. A plan may apply to the commissioner for increasing the individual excess stop-loss insurance limit up to \$50,000. The commissioner must approve this application if the increased limit would not be detrimental to the solvency and stability of the plan, considering the plan's experience, size, surplus, and other factors affecting financial integrity.

Subp. 3. **Aggregate excess.** A plan must have and maintain aggregate excess stop-loss insurance that provides for the insurer to assume all liability on an occurrence basis for each fund year even in the event of plan termination. The amount of the aggregate excess coverage shall be in a minimum amount of \$1,000,000 and may be adjusted upward based on the size of the plan.

Subp. 4. **Surety coverage.** A plan must have and maintain a surety bond from a surety licensed to write bonds in Minnesota in an amount equal to the premiums estimated to be paid with respect to the fund year. The bond shall be adjusted each year based on premiums anticipated to be collected during the upcoming fund year. The surety shall, at the commissioner's request, assume direct responsibility for any member's outstanding premiums if any member fails to pay premiums due including any assessments ordered by the commissioner. The surety may attempt to collect reimbursement from the member of whose behalf the surety is called upon to pay premiums or incur other extraordinary expenses. However, the surety must fulfill its responsibilities under this section regardless of whether any collection attempts are pending. The surety's responsibilities extend to all matters arising during or attributable to the policy period, and do not terminate with the end of the policy period. The surety bond must not alter or qualify these terms to harm the plan's rights materially.

Subp. 5. **Fidelity bond.** All contractors and individuals who handle plan funds or who will have authority to gain access to plan funds, including trustees, must be covered by a fidelity bond. The bond must cover loss from dishonesty, robbery, forgery or alteration, misplacement, and mysterious and unexplainable disappearance. Except for trustees, the amount of coverage for each occurrence must be in an amount equal to the average daily balance of the plan's accounts. However, in no case shall the amount be less

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than \$100,000. Trustees must be bonded for at least \$100,000, but not more than \$500,000. The plan must purchase a fidelity bond covering all such contractors and individuals, or submit separate proof of coverage for those contractors and individuals not covered under the plan's bond.

Subp. 6. **Return of liability.** No liability or other responsibility transferred to an insurer or surety under this part may, directly or indirectly, be returned to a plan, a member, a former member, or a member's parent, subsidiary, or affiliate. This does not prohibit the insurer or surety from seeking reimbursement from the plan or a member as permitted under subparts 4 and 5.

Subp. 7. **Coverage.** Coverage provided under any policy to the plan must be provided by an insurance company licensed by Minnesota on an occurrence basis.

2766.1100 FINANCIAL INTEGRITY.

Subpart 1. **Integrity of assets.** A plan's assets must:

- A. not be commingled with the assets of any member;
- B. not be loaned to anyone for any purpose or used as security for a loan, except as permitted under subpart 5 for investments;
- C. be employed solely for the purposes stated in the bylaws, and in compliance with this chapter and related statutes; and
- D. not be considered the property or right of any member, or other covered person, except:
 - (1) for benefits under the coverage documents;
 - (2) for dividends declared in accordance with part 2766.0800; or
 - (3) for a portion of the assets remaining after the plan's dissolution, in accordance with part 2766.1300.

Subp. 2. **Sources and uses of funds.** A plan may expend funds for payment of losses and expenses, and for other costs customarily borne by insurers under conventional insurance policies in Minnesota. Unless specifically provided in parts 2766.0100 to 2766.1300, a plan may not borrow money or issue debt instruments. A plan may bring legal suits to collect delinquent debts. A plan may receive funds only from:

- A. its members as premiums, assessments, or penalties;
- B. its insurers, sureties, or debtors pursuant to insurance or indemnification agreements;
- C. dividends, interest, or the proceeds of sale of investments;
- D. refunds of excess payments;
- E. coordination of benefits with automobile coverage, workers' compensation coverage, and any other insurance or self-insurance coverage; or
- F. collection of money owed to the plan.

Subp. 3. **Separate accounts.** A plan must establish a separate account for the payment of claims. This account must be used only by the service company, its authorized subcontractors, or the financial administrator, as appropriate to the account's purpose.

Subp. 4. **Investments.** Investments of plan funds are subject to the same restrictions as are applicable to political subdivisions pursuant to Minnesota Statutes, section 475.66. In addition, a plan may not invest in the securities or debt of a member or a member's parent, subsidiary, or affiliate, or any person or entity under contract with the plan.

Subp. 5. **Monitoring financial condition.** The board must regularly monitor the plan's revenues, expenses, and loss development, and evaluate its current and expected financial condition. The board must attempt in good faith to maintain or restore the plan's sound financial condition, using any legal means at its disposal. These means include but are not limited to adjusting premium rates, underwriting standards, dividend rates, expulsion standards, and other powers granted in parts 2766.0100 to 2766.1300 and the bylaws. If the commissioner judges that the board's actions are inadequate to maintain or restore the plan's sound financial condition, the commissioner shall, as appropriate, order an increase in the premium rates, revoke the plan's self-insurance authority, or order that an assessment be levied against the members.

2766.1200 REPORTING.

Subpart 1. **Financial statements.** A plan must prepare annual financial statements containing a balance sheet; a full funding reserve calculation worksheet; a statement of revenues, expenses, and surplus; a statement of changes in financial position; and a schedule of investments. The statements must be prepared on forms and according to instructions prescribed by the commissioner. The financial statements must be filed with the commissioner no later than 30 days after the fund year's conclusion. The financial statements must be audited by an independent certified public accountant. A plan's first annual financial statement, and every second annual financial statement thereafter, must be accompanied by a statement from a qualified actuary concerning the balance sheet items that are based on actuarial assumptions and methods. The form of the actuary statement and the scope of the actuarial review must be according to instructions prescribed by the commissioner.

Subp. 2. **Semiannual reports.** A plan must file semiannual reports with the commissioner no later than 30 days after the second and fourth quarters of each fund year. The reports must contain statements of the plan's:

- A. current total cash on hand and on deposit, and total investments;
- B. current total reserve for unearned and advance premiums, total reserve for outstanding losses reported and unreported, total operating full funding reserve, and total runoff full funding reserve;
- C. dividends declared during the report period;
- D. gross premiums written during the report period;
- E. losses paid during the report period;
- F. proximity to any excess stop-loss insurance attachment point for the current fund year and, if applicable, the past fund year;
- G. current list of all members and number of covered employees of each member; and
- H. any other matters the commissioner requests that the board address.

Subp. 3. **Extraordinary audits.** Upon sufficient cause, the commissioner shall require a plan to investigate the accuracy of one or more entries on its financial statements or semiannual reports, and to report its findings. If necessary for the investigation's purposes, the commissioner shall require a plan to contract with a qualified actuary, claims specialist, auditor, or other specialist as appropriate to the type of entry being investigated. If warranted by the investigation's findings, the commissioner shall require changes in the plan's reserving, accounting, or recordkeeping practices. These extraordinary audits are in addition to the commissioner's right to examine self-insurance plans under Minnesota Statutes, sections 60A.03, subdivisions 3, 5, and 6; and 60A.031. Sufficient cause includes:

- A. losses that appear significantly different than losses experienced by other self-insurance plans or insurance companies for similar coverage;
- B. unusual changes in the amount of entries from period to period that are not sufficiently explained by the financial statements, semiannual reports, or footnotes; or
- C. other indications that a plan's financial statements or semiannual reports may not accurately reflect the plan's status and transactions.

Subp. 4. **Annual status report.** No later than 30 days after the fund year's conclusion, a plan must file with the commissioner a statement describing any changes that have occurred in the information filed with the initial application for authority to self-insure, or the plan's most recent annual status report. The annual status report must be filed in a form and according to instructions prescribed by the commissioner.

Subp. 5. **Penalty.** The financial statements and status report required under this part are considered together to be a plan's annual statement. Any plan authorized to self-insure its liabilities under this chapter which neglects to file its annual statement in the form prescribed and within the time specified shall be subject to a penalty of \$25 for each day in default. If, at the end of 90 days, the default has not been corrected, the plan shall be given ten days in which to show cause to the commissioner why its license should not be revoked. If the company has not made the requisite showing within the ten-day period, the license and authority of the plan may, at the discretion of the commissioner, be revoked.

2766.1300 TERMINATION OF SELF-INSURANCE AUTHORITY.

Subpart 1. **Membership.** After it has been determined that a plan will no longer continue, either due to revocation of its authority or due to voluntary termination, no members may join, voluntarily withdraw, or be expelled from the plan.

Subp. 2. **Voluntary termination of self-insurance authority.** A plan may decide to terminate its self-insurance authority and cease to provide coverage, effective at the end of a fund year. However, a plan may not elect to end its self-insurance authority less than 45 days before the end of the fund year in question. The plan must notify the commissioner within 15 days of its decision to terminate its self-insurance authority. A plan voluntarily terminating its self-insurance authority must comply with the provisions of dissolution under subpart 5.

Subp. 3. **Revocation of self-insurance authority.** The commissioner shall, by order, revoke the authority of a plan to self-insure

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upon ten days' written notice if any of the following events occur or conditions develop, and if the commissioner judges them to be material. Such events shall include:

A. failure of the plan to comply with parts 2766.0100 to 2766.1300, with all applicable requirements of Minnesota Statutes, chapters 60A, 65A, 65B, 72B, and 72C, or Minnesota Statutes, section 70A.20, or with other applicable Minnesota statutes or rules;

B. failure of the plan to comply with any lawful order of the commissioner;

C. a deterioration of the plan's financial integrity to the extent that its present or future ability to meet obligations promptly and in full is or will be significantly impaired; or

D. upon notification from the commissioner of revenue that the plan has failed to make payments as required by Minnesota Statutes, chapter 60F.

Subp. 4. **Runoff period.** A plan shall continue to exist as a runoff plan after its authority to self-insure has ended, for the purpose of paying claims, preparing reports, and administering transactions associated with the period when the plan provided coverage. A runoff plan must continue to comply with all appropriate provisions of parts 2766.0100 to 2766.1300, and with all other applicable Minnesota statutes and rules. However, authority to exist as a runoff plan is open-ended, and does not require renewal of authority under part 2766.0400.

Subp. 5. **Dissolution.** A plan, including a runoff plan, that desires to cease existence shall apply to the commissioner for authorization to dissolve. Applications must be approved or disapproved within 60 days of receipt. Dissolution without authorization is prohibited and void, and does not absolve a plan or runoff plan from fulfilling its continuing obligations, and does not absolve its members from assessment under part 2766.0800. The plan's assets at the time of dissolution must be distributed as provided in the bylaws. Authorization to dissolve must be granted if either of the following conditions are met:

A. the plan demonstrates that it has no outstanding liabilities, including incurred but not reported liabilities; or

B. the plan has obtained an irrevocable commitment from a licensed insurer that provides for payment of all outstanding liabilities, and for providing all related services, including payment of claims, preparation of reports, and administration of transactions associated with the period when the plan provided coverage.

Subp. 6. **Appointment of receiver.** If the commissioner determines that a plan in the process of dissolution has failed to comply with the provisions of this chapter, the commissioner, on determining the action necessary to protect the public interest, may apply to the district court for the county in which the plan is located for appointment of a receiver to receive the assets of the plan for the purpose of liquidating or rehabilitating its business or for such other relief as the nature of the case and the interest of the claimants may require. The reasonable and necessary expenses of the receivership shall constitute the first claim on the surety bond.

Department of Education

Proposed Rules Relating to Libraries

Notice of Intent to Adopt a Rule Without a Public Hearing

Notice is hereby given that the State Board of Education intends to adopt the above-entitled rule without a public hearing following the procedures set forth in the Administrative Procedure Act for adopting rules without a public hearing in *Minnesota Statutes*, sections 14.22 to 14.28. The statutory authority to adopt the rule is found in *Minnesota Statutes* section 121.11 subd. 12 (1986).

All persons have 30 days in which to submit comment in support of or in opposition to the proposed rule or any part or subpart of the rule. Comment is encouraged. Each comment should identify the portion of the proposed rule addressed, the reason for the comment, and any change proposed.

Any person may make a written request for a public hearing on the rule within the 30-day comment period. If 25 or more persons submit a written request for a public hearing within the 30-day comment period, a public hearing will be held unless a sufficient number withdraw their request in writing. Any person requesting a public hearing should state his or her name and address, and is encouraged to identify the portion of the proposed rule addressed, the reason for the request, and any change proposed. If a public hearing is required, the agency will proceed pursuant to *Minnesota Statutes*, sections 14.131 to 14.20.

Comments or written requests for a public hearing must be submitted to:

Joan Wallin, Supervisor
Media and Technology Unit
652 Capitol Square Building
St. Paul, MN 55101
(612) 296-1570

The proposed rule may be modified if the modifications are supported by data and views submitted to the agency and do not result in a substantial change in the proposed rule as noticed.

A copy of the proposed rule is attached to this notice.

A Statement of Need and Reasonableness that describes the need for and reasonableness of each provision of the proposed rule and identifies the data and information relied upon to support the proposed rule has been prepared and is available from Joan Wallin upon request.

If no hearing is required, upon adoption of the rule, the rule and the required supporting documents will be submitted to the Attorney General for review as to legality and form to the extent the form relates to legality. Any person may request notification of the date of submission to the Attorney General. Persons who wish to be advised of the submission of this material to the Attorney General, or who wish to receive a copy of the adopted rule, must submit the written request to Joan Wallin.

Dated: 18 September 1987

Ruth E. Randall, Secretary
State Board of Education

Rules as Proposed (all new material)

3500.0710 LIBRARY MEDIA PROGRAM.

Subpart 1. **Definition of library media program.** The library media program provides all users, including students, teachers, and administrators, with materials for learning and with instructional programs and services. The program utilizes all types of informational resources including books, people, slides, filmstrips, films, audio, video, computer courseware and any other formats, and corresponding equipment.

The program's components shall include:

- A. instruction in locating and using information;
- B. instruction in the production of media;
- C. guidance in reading, listening, and viewing;
- D. participation in curriculum development;
- E. provision for inservice programs relating to information and technology;
- F. administration and management of the media program;
- G. development of a comprehensive collection of informational resources;
- H. evaluation and selection of all types of media;
- I. organization of all types of materials and equipment;
- J. use of educational technology including electronic and nonelectronic materials and equipment;
- K. production of instructional materials for teachers;
- L. provision for reference services and materials;
- M. participation in information networking and utilization of developing educational innovations and technologies; and

N. a written scope and sequence of library media learner outcomes based on, but not limited to, outcomes contained in Model Learner Outcomes for Educational Media and Technology (E730), written and published by the Minnesota Department of Education, Division of Instructional Effectiveness, in 1986. The publication is incorporated by reference. It is revised every five years. When a new edition is published, the new edition replaces the older edition in this item. The publication is available at the Legislative Reference Library, 645 State Office Building, 100 Constitution Avenue, St. Paul, Minnesota 55155, and from local libraries through the interlibrary loan system. In this item, "scope" and "sequence" have the meanings given in part 3500.1150, subpart 7.

Subp. 2. **Personnel.** In all schools, library media instruction and service shall be given by a licensed media person as defined by the Board of Teaching. Licensed media personnel shall be assigned in numbers that assure all components of subpart 1 are fully implemented. Provisions must be made for support staff as necessary.

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Subp. 3. **Resources.** There shall be provided for the curriculum of the school, up-to-date resources and the necessary equipment and technological systems to use these materials. The materials shall include a variety of formats such as books, periodicals, and projected and electronic software, selected in accordance with a school board adopted selection policy. Each year a percentage of the materials shall be updated.

Subp. 4. **Facilities.** There shall be a well-equipped, centrally located, library media center of a size appropriate to the library media program and the enrollment in every elementary, middle, and secondary school building. Additional space and facilities shall be provided for work storage, listening, viewing, technological, and conference purposes. In one- and two-room elementary schools, provisions shall be made for library media services.

REPEALER. Minnesota Rules, part 3500.0700 is repealed.

Department of Labor and Industry

Proposed Permanent Rules Relating to Occupational Safety and Health Standards

Notice of Hearing

The above-entitled standards were proposed for adoption on May 25, 1987 (11 S.R. 2183). Written objections have been filed on several of those standards and a hearing requested. Therefore, notice is hereby given that a public hearing in the above-entitled matter will be held pursuant to *Minnesota Statutes* 182.655 (1986) in Room 5, State Office Building, St. Paul, Minnesota, commencing at 9:00 a.m. on Thursday, November 12, 1987.

All interested or affected persons will have an opportunity to participate concerning the proposed standards captioned above. The conduct of the hearing, which is legislative in type, will be governed by *Minnesota Rules* 5210.0010 to 5210.0100 "Promulgation of Standards" which are part of the Occupational Safety and Health Rules adopted by the Department of Labor and Industry. *Minnesota Rule* 5210.0060, subpart 2, item E, requires those persons who wish to appear at the hearing to file a notice of intention to appear together with a statement of the position to be taken with regard to the issues and of the evidence to be adduced in support of the position. Whether or not an appearance is made at the hearing, written statements or material may be submitted to the presiding officer, Administrative Law Judge Peter Erickson, Office of Administrative Hearings, Fourth Floor Summit Bank Building, 310 Fourth Avenue South, Minneapolis, Minnesota 55415, either before the hearing or within a period of time after the hearing as may be established by the presiding officer. Such statements will be entered into, and become part of, the record. Testimony or other evidence to be submitted for consideration should be pertinent to the matter at hand. For those wishing to submit written statements or exhibits, please furnish three copies. In order to save time and avoid duplication, it is suggested that those persons, organizations, or associations having a common viewpoint or interest in these proceedings join together where possible and present a single statement in behalf of such interests.

The department's authority to adopt these proposed standards is contained in *Minnesota Statutes* 182.655 which requires that standards shall be proposed, adopted, modified or revoked by the Commissioner in order to serve the objectives of the Occupational Safety and Health Act.

Proposed amendments to *Minnesota Rules* Chapter 5205 and the addition of new Chapter 5207 were published on May 25, 1987 (11 S.R. 2138). Objections, comments, and requests for hearing were accepted until June 26, 1987. At the close of the comment period, commenters were contacted and an attempt made to clarify problems and issues raised by the proposed standards. The most complex and controversial of these issues will be discussed at the public hearing. Standards that received no comments or that were not substantively modified have been adopted. (The adoption notice is published elsewhere in this issue.) Two standards from the original publication are being withdrawn for further study—5205.0080 and 5207.0220, both entitled "Portable Ladders." These standards are not being adopted nor will they be discussed at the public hearing.

The proposed standards open for discussion at the hearing may be modified as a result of the hearing process. The department therefore urges those who are potentially affected in any manner by the proposed standards to participate in the hearing process.

The proposed standards to be discussed in this hearing are published as part of this notice. One free copy of this notice and the proposed rules is available and may be obtained by writing to the Occupational Safety and Health Division, Department of Labor and Industry, 444 Lafayette Road, St. Paul, Minnesota 55155, or by calling (612) 296-2116 or 297-3254. In addition, copies will be available at the door on the date of the hearing.

Minnesota Statutes Chapter 10A requires each lobbyist to register with the State Ethical Practices Board within five days after such person commences lobbying. A lobbyist is defined in *Minnesota Statutes* Section 10A.01, subdivision 11 (1986) as an individual:

(a) Engaged for pay or other consideration, or authorized by another individual or association to spend money, who spends more than five hours in any month or more than \$250, not including his own travel expenses and membership dues, in any year, for the

purpose of attempting to influence legislative or administrative action by communicating or urging others to communicate with public officials; or

(b) Who spends more than \$250, not including his own traveling expenses and membership dues, in any year for the purpose of attempting to influence legislative or administrative action by communicating or urging others to communicate with public officials.

The statute provides certain exceptions. Questions should be directed to the State Ethical Practices Board, 625 North Robert Street, St. Paul, Minnesota 55101-2520, or telephone (612) 296-5615.

Ray Bohn
Commissioner of Labor and Industry

Rules as Proposed (all new material)

5205.0116 CARBON MONOXIDE MONITORING.

Subpart 1. **Internal combustion engines.** The employer shall monitor environmental exposure of employees to carbon monoxide whenever internal combustion engines are operated indoors to ensure that carbon monoxide levels do not exceed those given in Code of Federal Regulations, title 29, section 1910.1000, Table Z-1. The air sampling shall be done at least bimonthly and represent exposures during a day of highest usage in the areas where carbon monoxide exposure is most likely.

Subp. 2. **Lift trucks.** Where the carbon monoxide source is lift trucks, the employer shall ensure that engine exhaust gases do not contain more than one percent carbon monoxide for propane fueled trucks or two percent carbon monoxide for gasoline fueled trucks.

5205.0401 EFFECTIVE DATE.

Parts 5205.0400 to 5205.0590 apply to the construction, installation, alteration, and operation of all the installations listed in part 5205.0400, which are constructed, installed, or altered within the limits of the state of Minnesota after the effective date of these codes.

5205.0675 COVERS AND OVERHEAD DOORS.

All covers and horizontal, sliding, and overhead doors of sufficient weight or pressure to cause crushing injury to employees in the event of their powered or unpowered closure shall be provided with a constant pressure closing switch, safety edge, or pressure relief mechanism.

5205.0710 ALTERATION OF TOOLS AND EQUIPMENT.

All tools and equipment, whether powered or manually operated, shall be used only for their intended purpose. Tools and equipment shall not be altered, modified, or used for other than their intended purpose without the manufacturer's written approval.

5205.0755 POLICE AND PATROL VEHICLES.

All police and patrol vehicles that are marked in accordance with Minnesota Statutes, section 169.98, that may be used to transport violators or offenders shall be provided with an effective barrier between the front and back seat to protect the officers from assault. The barrier may be retractable so as not to be a hindrance to officers when not transporting violators or offenders.

5205.0865 MACHINE CONTROLS AND EQUIPMENT.

On machines with points of operation, pinch points, or nip points, a mechanical or electrical power control shall be provided on each machine to make it possible for the operator to cut off the power from each machine without leaving the position at the point of operation.

5205.0880 MOTOR START BUTTON.

The motor start button on machines shall be physically protected against unintended operation.

CONFINED SPACES

5205.1000 SCOPE.

Parts 5205.1000 to 5205.1040 prescribe minimum standards for preventing employee exposure to dangerous air contamination or oxygen deficiency, as defined by part 5205.1010, within such spaces as silos, tanks, vats, vessels, boilers, compartments, ducts, sewers, pipelines, vaults, bins, tubs, pits, and other similar spaces.

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Parts 5205.1000 to 5205.1040 do not apply to underwater operations conducted in diving bells or other underwater devices or to supervised hyperbaric facilities.

5205.1010 DEFINITIONS.

Subpart 1. **Confined space.** "Confined space" is defined by the existence of the following conditions:

- A. dangerous air contamination or oxygen deficiency may exist or develop; or
- B. emergency removal of a suddenly disabled employee is difficult due to the location or size of the access opening.

Subp. 2. **Confined space entry.** "Confined space entry" means any action resulting in any part of the employee's face breaking the plane of any opening of the confined space, and includes any ensuing work activities inside the confined space.

Subp. 3. **Dangerous air contamination.** "Dangerous air contamination" is an atmosphere presenting a threat of death or acute injury, illness, or disablement due to the presence of flammable, explosive, toxic, or otherwise injurious or incapacitating substances.

A. Dangerous air contamination due to the flammability of a gas or vapor is defined as an atmosphere containing the gas or vapor at a concentration greater than ten percent of its lower explosive (lower flammable) limit.

B. Dangerous air contamination due to a combustible particulate is defined as a concentration greater than ten percent of the minimum explosive concentration of the particulate.

C. Dangerous air contamination due to atmospheric concentration of any toxic, corrosive, or asphyxiant substance listed in Code of Federal Regulations, title 29, part 1910, subpart Z, above the listed numerical value of the permissible exposure limit (PEL). In addition, an atmospheric concentration above the numerical limit listed on the Material Safety Data Sheet prepared in conformance with Code of Federal Regulations, title 29, section 1910.1200(g)(2)(vi) or the Minnesota Employee Right-to-Know Standards, chapter 5206.

D. Dangerous air contamination that presents an acute illness hazard represents an atmospheric concentration immediately dangerous to life and health (IDLH); for example, above a maximum concentration from which one could escape within 30 minutes or the length of time an employee will be exposed, whichever is longer, without any escape-impairing symptoms or any immediate severe health effects. "Immediate severe health effect" means that an acute clinical sign of a serious, exposure-related reaction is manifested within 72 hours after exposure.

Subp. 4. **Oxygen deficiency.** "Oxygen deficiency" is defined as an atmosphere containing oxygen at a concentration of less than 19.5 percent by volume.

5205.1020 OPERATING PROCEDURES AND EMPLOYEE TRAINING.

Subpart 1. **Implementation.** The employer shall implement the provisions of this part before any employee is allowed to enter a confined space.

Subp. 2. **Entry permit system.** The employer shall develop, implement, and use an entry permit system that includes a written permit procedure that provides all the means necessary to:

- A. determine and identify to employees the confined spaces where entry permits are required to prevent unauthorized entry;
- B. determine the actual and potential hazards associated with the space at the time of entry so the employer can choose the appropriate means to execute a safe entry;
- C. assure by appropriate testing that the control measures used are effective;
- D. provide for preplanned emergency rescue;
- E. identify by job title those persons who must sign the entry permit and the duties of each, including the person in charge of entry; and
- F. assure proper calibration of testing and monitoring equipment.

Subp. 3. **Entry permit and checklists.** A written permit form must be completed before allowing an employee to enter a confined space. The written permit must contain the following minimum specific information for each permit entry space:

- A. date;
- B. location;
- C. time of issue/expiration;
- D. names of employees assigned to enter and name and job title of the person authorizing or in charge of the entry (employer's representative);
- E. description of the hazards known or reasonably expected to be present in the confined space;

F. the atmospheric testing required to be done immediately before and during the entry period and the designated individual responsible for performing the tests;

G. the personal protective equipment required, including respiratory protection, clothing, or harnesses required for entry and rescue;

H. description of any additional hazards that may be reasonably expected to be generated by the entrants' activities in the space and identification of all special work practices or procedures to be followed; and

I. specification of all means of isolation, cleaning, purging, or inerting to be done before entry to remove or control those hazards, or certification that these procedures have been done.

Subp. 4. **Duration and retention of permit.** The maximum duration for which a permit form may be issued is one day. Each written permit form for confined space entry must be retained for a minimum of 30 days and be readily available at the work site.

Where atmospheric testing showed unacceptable air quality, the employer shall retain, for a minimum of one year, the written permit form or record showing the results of the atmospheric testing.

Subp. 5. Operating procedures.

A. Written, understandable operating and rescue procedures shall be developed and provided to affected employees. When respiratory protection is used, a respiratory protection program as outlined in Code of Federal Regulations, title 29, section 1910.134, shall be in place.

B. Operating procedures shall conform to the applicable requirements of parts 5205.1030 and 5205.1040 and shall include provision for surveillance of the surrounding area to avoid hazards such as drifting vapors from tanks, piping, and sewers.

Subp. 6. **Employee training.** Employees, including standby persons required by part 5205.1040, subparts 1, item A, and 3, item D, shall be trained in operating and rescue procedures, including instructions on the hazards they may encounter.

5205.1030 PRE-ENTRY PROCEDURES.

Subpart 1. **Application.** The applicable provisions of this part shall be implemented before entry into a confined space is permitted.

Subp. 2. **Disconnection of lines.** Lines that may convey flammable, explosive, toxic, or otherwise injurious or incapacitating substances into the space shall be disconnected, blinded, or blocked off by other positive means to prevent the development of dangerous air contamination or oxygen deficiency within the space. The disconnection or blind shall be so located or done in such a manner that inadvertent reconnection of the line or removal of the blind is effectively prevented.

This subpart does not apply to public utility gas distribution systems.

This subpart does not require blocking of all laterals to sewers or storm drains. Where experience or knowledge of industrial use indicates materials resulting in dangerous air contamination may be dumped into an occupied sewer, all such laterals shall be blocked.

Subp. 3. **Purging of contaminants.** The space shall be emptied, flushed, or otherwise purged of flammable, explosive, toxic, or otherwise injurious or incapacitating substances.

Subp. 4. **Calibration of testing and monitoring equipment.** Air testing and monitoring equipment shall be maintained according to manufacturers' instructions. This equipment shall be periodically calibrated with an appropriate test gas to assure proper operation.

Subp. 5. **Air tests.** The air in confined spaces shall be tested with an appropriate device or method to determine whether dangerous air contamination or an oxygen deficiency exists, and a written record of the testing results shall be made and kept at the work site for the duration of the work. Affected employees or their representatives shall be afforded an opportunity to review and record the testing results.

Subp. 6. **Interconnected spaces.** Where interconnected spaces are blinded off as a unit, each space shall be tested and the results recorded in accordance with subpart 5. The most hazardous condition found shall govern procedures to be followed.

Subp. 7. **Ventilation.** Where the existence of dangerous air contamination or oxygen deficiency is demonstrated by tests performed under subpart 5, existing ventilation shall be augmented by appropriate means.

When additional ventilation provided in accordance with this subpart has removed dangerous air contamination or oxygen deficiency as demonstrated by additional testing conducted and recorded under subpart 5, entry into and work within the space may proceed subject to part 5205.1040.

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Subp. 8. **Ignition sources.** No sources of ignition may be introduced into the space until implementation of appropriate provisions of this section has ensured that dangerous air contamination due to flammable or explosive substances does not exist.

Subp. 9. **Oxygen-consuming equipment.** Whenever oxygen-consuming equipment is to be used, measures shall be taken to ensure adequate combustion air and exhaust gas venting.

Subp. 10. **Ready access.** Provision shall be made to permit ready entry and exit from confined spaces.

Where there is no ready exit from spaces equipped with automatic fire suppression systems employing harmful design concentrations of toxic or oxygen-displacing gases, or total foam flooding, such systems must be deactivated. When it is not practical or safe to deactivate such systems, the provisions of part 5205.1040 related to the use of respiratory protective equipment shall apply during entry into and work within the spaces.

5205.1040 CONFINED SPACE OPERATIONS.

Subpart 1. **Entry into and work within confined spaces where an atmosphere free of dangerous air contamination or oxygen deficiency has been ensured.** The requirements of this part apply, except as outlined in subpart 2, to entry into and work within a confined space where dangerous air contamination or oxygen deficiency does not exist.

A. At least one employee shall stand by on the outside of the confined space ready to give assistance in case of emergency. At least one additional employee who may have other duties shall be within sight or call of the standby employee.

B. Communications (visual, voice, or signal line) shall be maintained between all individuals in the confined space and the standby employee.

C. The standby employee shall not enter the confined space without alerting at least one additional employee of the intent to enter the confined space. Entry shall only occur after proper tests have been performed to show that a dangerous air contaminant or oxygen deficiency does not exist or the standby employee is protected as prescribed in subpart 3, items C and D, subitem (1).

Subp. 2. **Special entry permits and practices.** The entry permit practices described in items A and B are applicable only for the restricted circumstances and conditions described.

A. Employers whose operations require employees to perform routine repetitive entry into confined spaces where entry permits are required and that are unlikely to develop a dangerous air contaminant or oxygen deficiency and have no potential for an engulfment condition, may issue an annual permit instead of a separate permit for each entry. When work in a permit entry space is to be done under an annual permit, the employer shall:

(1) Establish specific entry practices and procedures that must be followed for entry by annual permit before any employee may be authorized to make an entry.

(2) Train employees in the practices and procedures required for such entries.

(3) Assure that whenever entry into a confined space is to be made, employees test the atmosphere before entry using an appropriate direct reading instrument (or other device capable of quantitatively identifying anticipated contaminants) with a remote sampling probe, testing for the following conditions and in the following order: oxygen concentration, combustible gas, and suspected toxic material, if any. While occupied, additional monitoring for these gases or vapors shall be done during the entry period to assure that a potentially dangerous atmosphere does not develop in the confined space.

(4) Allow, at the employer's discretion, entry by one or more workers without a standby employee where continuous, positive ventilation of 200 cubic feet per minute of clean air and/or sufficient ventilation to maintain the atmosphere within established permit conditions is provided to the confined space.

(5) Revoke the permit whenever any test done pursuant to this item shows deviation from permit conditions to more hazardous conditions. In these circumstances, entry may be made only by an entry permit as outlined in part 5205.1020.

B. Employers whose operations require employees to perform routine repetitive entry into low hazard below-ground chambers where no risk of engulfment can exist, and where the atmosphere cannot develop a dangerous air contaminant or oxygen deficiency, and where all known sources of hazard are positively controlled, may issue an annual permit instead of a separate permit for each entry. When work under these conditions is performed, the employer shall:

(1) Establish specific entry practices and procedures that must be followed for entry by annual permit before any employee may be authorized to make an entry.

(2) Train employees in the practices and procedures required for such entries.

(3) Allow, at the employer's discretion, entry by one or more workers without a standby employee when there is assurance that one or more of the following requirements are met:

(a) the space has been ventilated before entry using a mechanically powered ventilator for not less than is specified in the ventilation nomograph prepared for that ventilator, and that ventilation continues throughout the entry;

(b) the confined space is continuously ventilated, such mechanical ventilation shall provide positive ventilation of clean air at a rate of at least 200 cubic feet per minute per occupant and/or six air changes of the confined space volume per hour; or

(c) there is no mechanically powered ventilation but appropriate continuous atmospheric monitoring or frequent atmospheric testing is performed to assure that permit conditions are maintained.

(4) Revoke the permit whenever any test done pursuant to this item shows deviation from permit conditions to more hazardous conditions. In these circumstances, entry may be made only by an entry permit as outlined in part 5205.1020.

Subp. 3. Entry into and work within confined spaces whenever an atmosphere free of dangerous air contamination or oxygen deficiency cannot be ensured. The requirements of this part apply to entry into and work within a confined space whenever an atmosphere free of dangerous air contamination or oxygen deficiency cannot be ensured through the implementation of the applicable provisions of part 5205.1030, or whenever due to an emergency, dangerous air contamination or an oxygen deficiency cannot be prevented through the implementation of the applicable provisions of part 5205.1030.

A. Tanks, vessels, or other confined spaces with side and top openings shall be entered from side openings when practicable. For the purposes of this part, side openings are those within 42 inches of the bottom.

B. Appropriate, approved respiratory protective equipment, in accordance with Code of Federal Regulations, title 29, section 1910.134, shall be provided and worn.

C. An approved safety belt with an attached line must be used. The free end of the line shall be secured outside the entry opening. The line shall be at least one-half inch diameter and 2,000 pounds test.

D. At least one employee shall stand by on the outside of the confined space ready to give assistance in case of emergency. At least one additional employee who may have other duties shall be within sight or call of the standby employee.

(1) The standby employee shall have appropriate, approved, respiratory protective equipment, including an independent source of breathing air that conforms with Code of Federal Regulations, title 29, section 1910.134(d), available for immediate use.

(2) A standby employee protected as prescribed by items C and D may enter the confined space, but only in case of emergency and only after alerting at least one additional employee outside of the confined space of the emergency and of the standby employee's intent to enter the confined space.

E. When entry must be made through a top opening, the following requirements also apply.

(1) The safety belt shall be of the harness type that suspends a person in an upright position.

(2) An approved hoisting device or other effective means shall be provided for lifting employees out of the space.

F. Work involving the use of flame, arc, spark, or other source of ignition is prohibited within a confined space (or any adjacent space having common walls, floor, or ceiling with the confined space) that contains, or is likely to develop, dangerous air contamination due to flammable or explosive substances.

G. Whenever gases such as nitrogen are used to provide an inert atmosphere for preventing the ignition of flammable gases or vapors, no flame, arc, spark, or other source of ignition may be permitted unless the oxygen concentration is maintained at less than 20 percent of the concentration that will support combustion.

(1) Testing of the oxygen content shall be conducted with sufficient frequency to ensure conformance with this item.

(2) A written record of the results of such testing shall be made and kept at the work site for the duration of the work.

(3) Affected employees or their representatives shall be provided an opportunity to review and record the testing results.

H. Only approved lighting and electrical equipment may be used in confined spaces subject to dangerous air contamination by flammable or explosive substances.

I. Employees working in confined spaces that have last contained substances corrosive to the skin or substances that can be absorbed through the skin shall be provided with, and shall be required to wear, appropriate personal protective clothing or devices in accordance with Code of Federal Regulations, title 29, section 1910.132.

Subp. 4. Precautions for emergencies involving work in confined spaces.

A. At least one person trained in first aid and cardiopulmonary resuscitation (CPR) shall be immediately available whenever

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the use of respiratory protective equipment is required by this part. Standards for CPR training shall follow the principles of the American Heart Association or the American Red Cross.

B. An effective means of communication between employees inside a confined space and a standby employee shall be provided and used whenever the provisions of this part require the use of respiratory protective equipment or whenever employees inside a confined space are out of sight of the standby employee. All affected employees shall be trained to use the communication system. The system must be tested before each use to confirm its effective operation.

5207.0300 CONFINED SPACES.

Subpart 1. **Scope.** This subpart prescribes minimum safeguards for preventing employee exposure to dangerous air contamination or oxygen deficiency within such spaces as silos, tanks, vats, vessels, boilers, compartments, ducts, sewers, pipelines, vaults, bins, tubs, pits, and other similar spaces. This subpart does not apply to underwater operations conducted in diving bells or other underwater devices or to supervised hyperbaric facilities.

Subp. 2. **General requirements.** Work in confined spaces on construction sites shall meet the requirements of parts 5205.1000 to 5205.1040.

5207.0310 CARBON MONOXIDE MONITORING.

Subpart 1. **Internal combustion engines.** The employer shall monitor environmental exposure of employees to carbon monoxide whenever internal combustion engines or unvented space heaters are operated indoors to ensure that carbon monoxide levels do not exceed those given in Code of Federal Regulations, title 29, section 1910.1000, Table Z-1. The air sampling shall be done during initial operation and at least bimonthly thereafter and during a period representing highest usage in areas where carbon monoxide exposure is most likely.

Subp. 2. **Lift trucks.** Where the carbon monoxide source is lift trucks, the employer shall ensure that exhaust gases do not contain more than one percent carbon monoxide for propane fueled trucks or two percent carbon monoxide for gasoline fueled trucks.

5207.0610 MOTOR START BUTTON.

The motor start button on machines shall be physically protected against unintended operation.

5207.0620 MACHINE CONTROLS AND EQUIPMENT.

On machines with points of operation, pinch points, or nip points, a mechanical or electrical power control shall be provided on each machine to make it possible for the operator to cut off the power from each machine without leaving the position at the point of operation.

5207.0720 ALTERATION OF TOOLS AND EQUIPMENT.

All tools and equipment, whether powered or manually operated, shall be used only for their intended purpose. Tools and equipment shall not be altered, modified, or used for other than their intended purpose without the manufacturer's written approval.

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The adoption of a rule becomes effective after the requirements of Minn. Stat. § 14.14-14.28 have been met and five working days after the rule is published in *State Register*, unless a later date is required by statutes or specified in the rule.

If an adopted rule is identical to its proposed form as previously published, a notice of adoption and a citation to its previous *State Register* publication will be printed.

If an adopted rule differs from its proposed form, language which has been deleted will be printed with strikeouts and new language will be underlined. The rule's previous *State Register* publication will be cited.

An emergency rule becomes effective five working days after the approval of the Attorney General as specified in Minn. Stat. § 14.33 and upon the approval of the Revisor of Statutes as specified in § 14.36. Notice of approval by the Attorney General will be published as soon as practicable, and the adopted emergency rule will be published in the manner provided for adopted rules under § 14.18.

Department of Commerce

Adopted Permanent Rules Relating to Financial Institution Audit Control Policies

The rules proposed and published at *State Register*, Volume 11, Number 10, pages 423-426, September 8, 1986 (11 S.R. 423) and Volume 11, Number 49, page 2236, June 8, 1987 (11 S.R. 2236) are adopted with the following modifications:

Rules as Adopted

2675.2600 INTERNAL AUDIT CONTROL POLICY.

The board of directors of a bank, trust company, or savings bank shall establish a written internal audit control system. Documentation of internal audit procedures performed and the reports shall be maintained by the bank for inspection by the supervisory examiners and by the external auditors. The scope of coverage and effectiveness of the internal audit control system shall be reviewed for adequacy and approved by the board annually. The board shall consider inclusion of recommendations made by supervisory examiners and external auditors in the internal audit control system.

2675.2610 ANNUAL AUDIT REPORT.

Subpart 1. **Contents.** The annual audit report made under the direction of the board of directors pursuant to Minnesota Statutes, section 48.10, must include as a minimum:

B. a review ~~of board to determine that~~ policies for development and a test check to determine that policies are in place, are adequate, and are being followed implemented;

M. review of significant activity in employee and officer accounts (depository and loan) for propriety and compliance with bank policies and regulations; and

Subp. 4. **Transmittal.** The written report shall be transmitted to the board of directors within 30 days of completion of the annual audit.

Subp. 5. **Board response.** The board shall prepare a written response on the findings and recommendations contained in the report and submit the response, the report, and its findings and recommendations to the Department of Commerce, Division of Financial Examinations, within 60 days of receipt of the audit report.

The board response shall be filed with the annual audit report as part of the bank's permanent records.

2675.2620 QUALIFICATIONS OF EXAMINING AUTHORITY.

Subp. 2. **Examining committee.** If the requirements of this part are to be accomplished in whole or in part by an examining committee appointed by the board, the annual audit must be completed by qualified directors or their appointees who are in fact reasonably independent. A director or appointee serving as a member of the examining committee will not be considered independent if:

C. the person has other unusual relationships or affiliations with the bank that raise the question of independence.

Subp. 3. **Internal auditor.** If the requirements of this part are to be accomplished in whole or in part by an internal auditor, the examination must be completed by a qualified internal auditor who is in fact reasonably independent. An internal auditor will not be considered independent if:

B. the person's duties within the bank are not confined entirely to bank auditing;

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F. the person has other unusual relationships or affiliations with the bank that raise the question of independence.

Subp. 4. **Certified public accountants or licensed public accountants.** If the requirements of this part are to be accomplished in whole or in part by a certified public accountant or licensed public accountant, the audit must be completed by a qualified certified public accountant or a qualified licensed public accountant who is in fact independent. A certified public accountant or licensed public accountant will not be considered independent if:

B. He or she is the beneficial owner, directly or indirectly, of any of the shares of stock of the bank.

C. He or she has any proprietary interest in any partnership, firm, or corporation which controls the banks, directly or indirectly.

E. He or she makes entries or postings on the books of account or performs any other operating functions for the bank, except functions for which prior approval was requested and obtained in writing from the commissioner of commerce.

F. He or she has other unusual relationships or affiliations with the bank that raise the question of independence.

Subp. 6. **Audit by outside parties.** At least one ~~examination~~ annual audit every four years must be completed by outside parties as set forth in subpart 3 4.

Department of Health

Adopted Permanent Rules Relating to Plumber's License and Registration Fees

The rules proposed and published at *State Register*, Volume 11, Number 45, pages 2073-2075, May 11, 1987 (11 S.R. 2073) are adopted as proposed.

Department of Human Services

Adopted Permanent Rules Relating to Medical Assistance Payment

The rules proposed and published at *State Register*, Volume 11, Number 37, pages 1645-1686, March 16, 1987 (11 S.R. 1645) are adopted with the following modifications:

Rules as Adopted

9505.0175 DEFINITIONS.

Subp. 11. **Emergency.** "Emergency" means a condition including labor and delivery that if not immediately diagnosed and treated could cause a person serious physical or mental disability, continuation of severe pain, or death.

Subp. 22. **Local trade area.** "Local trade area" means the geographic area surrounding the person's residence, including portions of states other than Minnesota, which is commonly used by other persons in the same area to obtain similar necessary goods and services.

Subp. 25. **Medically necessary or medical necessity.** "Medically necessary" or "medical necessity" means a health service that is consistent with the recipient's diagnosis or condition and:

B. is rendered in response to a life-threatening condition or pain; or to treat an injury, illness, or infection; or to treat a condition that could result in ~~serious~~ physical or mental disability; or to care for the mother and child through the maternity period; or to ~~restore an achievable~~ achieve a level of physical or mental function consistent with prevailing community standards for diagnosis or condition; or

Subp. 31. **On the premises.** "On the premises," when used to refer to a person supervising the provision of the health service, means that the person is physically located within the clinic, long-term care facility, or the department within the hospital where services are being provided at the time the health service is provided.

Subp. 37. **Prior authorization.** "Prior authorization" means the ~~written approval and issuance of an authorization number by the department to a provider before the provision of a covered service as specified~~ procedures required in part parts 9505.5010 to 9505.5030.

9505.0185 PROFESSIONAL SERVICES ADVISORY COMMITTEE.

Subpart 1. **Appointees.** The commissioner ~~may~~ shall appoint a professional services advisory committee comprised of persons who are licensed or certified in their professions under state law and who are familiar with the health service needs of low-income population groups. The committee must have at least 15 members who are representative of the types of covered services. In appointing committee members, the commissioner shall:

9505.0195 PROVIDER PARTICIPATION.

Subp. 6. **Consequences of failure to comply.** A provider who fails to comply with the terms of participation in the provider agreement or parts 9505.0170 to 9505.0475 and or 9505.1750 to 9505.2150 is subject to monetary recovery, sanctions, or civil or criminal action as provided in parts 9505.1750 to 9505.2150. Unless otherwise provided by law, no provider of health services shall be declared ineligible without prior notice and an opportunity for a hearing under Minnesota Statutes, chapter 14, on the commissioner's proposed action.

Subp. 8. **Sale or transfer of entity providing health services.** A provider who sells an entity which has been enrolled to provide medical assistance services or who transfers ownership, or control, or assets of an entity that has been enrolled to provide medical assistance services shall notify the department of the sale or transfer no later than 30 days before the effective date of the sale or transfer. The purchaser or transferee shall notify the department of transfer or sale no later than the effective date of the sale or transfer. ~~If the purchaser or transferee fails to notify the department within the required time, the purchaser or transferee shall be subject to monetary recovery of payments resulting from error or abuse by the seller or transferor as provided in parts 9505.1750 to 9505.2150.~~ Nothing in this subpart shall be construed to limit the right of the department to pursue monetary recovery or civil or criminal action against the seller or transferor as provided in parts 9505.1750 to 9505.2150.

9505.0220 HEALTH SERVICES NOT COVERED BY MEDICAL ASSISTANCE.

The health services in items A to X are not eligible for payment under medical assistance:

A. health service paid for directly by a recipient or other source unless the recipient's eligibility is retroactive and the provider bills the medical assistance program for the purpose of repaying the recipient ~~in full for the cost of a health service paid by the recipient during the retroactive eligibility period according to part 9505.0450, subpart 3;~~

C. a health service for which the required prior authorization was not obtained, or, except in the case of an emergency, a health service provided before the date of approval of the prior authorization request;

M. concurrent care by more than one provider of the same type of provider or health service specialty, for the same diagnosis, without an appropriate medical referral detailing the medical necessity of the concurrent care, if the provider has reason to know concurrent care is being provided. In this event, the department shall pay the first submitted claim;

N. a health service, other than an emergency health service, provided to a recipient without the ~~full~~ knowledge and consent of the recipient or the recipient's legal guardian, or a health service provided without a physician's order when the order is required by parts 9505.0170 to 9505.0475, or a health service that is not in the recipient's plan of care;

9505.0221 PAYMENT LIMITATION; PARTIES AFFILIATED WITH A PROVIDER.

Equipment, supplies, or services prescribed or ordered by a physician ~~and provided or supplied by an affiliate of the physician~~ are not eligible for medical assistance payment if they are provided:

A. by a person or entity that provides direct or indirect payment to the physician for the order or prescription for the equipment, supplies, or services; or

B. upon or as a result of direct referral by the physician to an affiliate of the physician unless the affiliate is the only provider of the equipment, supplies, or services in the local trade area.

For purposes of this part, "affiliate" means a person ~~related to the prescribing physician as spouse, parent, child, or sibling, or a person or entity that has a financial relationship to the physician who prescribed or ordered the equipment, supply, or service that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with the referring physician.~~

9505.0225 REQUEST TO RECIPIENT TO PAY.

Subpart 1. Limitation on Participation. Participation in the medical assistance program is limited to providers who accept payment for health services to a recipient as provided in subparts ~~1~~ 2 and ~~2~~ 3.

~~Subpart 1~~ Subp. 2. Payment for covered service. If the health service to a recipient is a covered service, a provider must not request or receive payment or attempt to collect payment from the recipient for the covered service unless co-payment by the recipient is authorized by Minnesota Statutes enacted according to Code of Federal Regulations, title 42, or unless the recipient has incurred a spend-down obligation under part 9505.0065, subpart 11. This prohibition applies regardless of the amount of the medical assistance

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payment to the provider. The provider shall state on any statement sent to a recipient concerning a covered service that medical assistance payment is being requested.

Subp. ~~2~~ 3. **Payment for noncovered service.** A provider who furnishes a recipient a ~~with~~ noncovered service may request the recipient to pay for the noncovered service if the provider informs the recipient about the recipient's potential liability before providing the service.

9505.0255 COMMUNITY HEALTH CLINIC SERVICES.

Subp. 2. **Eligible health services.** The services listed in items A to ~~E~~ F are eligible for payment as a community health clinic service:

D. early periodic screening, diagnosis, and treatment services under part 9505.0275; ~~and~~

E. dental services under part 9505.0270; ~~and~~

F. prenatal care services under part 9505.0353.

9505.0270 DENTAL SERVICES.

Subpart 1. **Definition.** For the purposes of this part, the following terms have the meanings given them.

C. "Rebase" refers to totally replacing the denture base material that rests on the recipient's ~~soft mouth parts~~ denture foundation area.

D. "Reline" refers to resurfacing the portion of the denture base that rests on the recipient's ~~soft mouth parts~~ denture foundation area.

E. "Removable prosthesis" means a removable structure that is prescribed by a dentist to replace a ~~full complete~~ or partial set of teeth and made according to the dentist's direction.

Subp. 3. **Payment limitations; general.** Payment for dental services is limited to services listed in items A to I.

A. One oral hygiene instruction per recipient.

B. One reline or rebase every three years.

C. One topical fluoride treatment every six months for a recipient ~~under~~ 16 years of age or under unless prior authorization is obtained.

D. One full mouth or panoramic X-ray survey every ~~five~~ three years unless an additional survey is medically necessary and prior authorization is obtained.

I. One application of sealants to permanent first and second molars only and one reapplication of sealants to permanent first and second molars five years after the first application. Only a recipient ~~under~~ 16 years of age or under is eligible for the application or reapplication of a sealant.

Subp. 4. **Criteria for prior authorization of removable prostheses.** All removable prostheses require prior authorization to be eligible for medical assistance payments. The criteria for prior authorization of a removable prosthesis are as specified in items A to C. A request for prior authorization of a removable prosthesis must be approved or denied no later than 30 days after the department has received information necessary to determine whether the request meets a criterion in one of the items A to C.

C. Replacement of a partial prosthesis, in excess of the limits in item A, is eligible for payment if the existing prosthesis cannot be modified and one of the following subitems applies.

(2) The recipient has less than four upper and four lower back teeth that meet and are in biting function unless the missing teeth are the permanent teeth and the recipient has only bicuspid occlusion.

Subp. 5. **Criteria for prior authorization of root canal treatment.** Root canal treatment after palliative treatment in subpart 3, item H, requires prior authorization to be eligible for medical assistance payment. Prior authorization of a root canal treatment shall be determined by:

A. the adequacy of bone support for the tooth to be treated;

B. the functional and aesthetic importance of the tooth;

C. the condition and restorability of the coronal portion of the tooth; and

D. the positional relationship of any teeth missing within the same dental arch.

Subp. 5 6. **Other services requiring prior authorization.** The dental services in items A to G are eligible for payment under the medical assistance program only if they have received prior authorization:

D. orthodontics, except for space maintainers for second deciduous molars;

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A request for prior authorization of one of the services listed in items A to G must be approved or denied no later than 30 days after the department has received the information necessary to document the request.

Subp. 6 7. **Criteria for prior authorization of orthodontic treatment.** An orthodontic treatment is eligible for medical assistance payment only if it has received prior authorization. The criteria for prior authorization of orthodontic treatment are as specified in items A to E:

Subp. 7 8. **Payment limitation; removable prosthesis.** The payment rate for a removable prosthesis that received prior authorization under subpart 4 shall include payment for instruction in the use and care of the prosthesis and any adjustment necessary during the six months immediately following the provision of the prosthesis to achieve a proper fit. The dentist shall document the instruction and the necessary adjustments, if any, in the recipient's dental record.

Subp. 8 9. **Payment limitation; more than one recipient on same day in same long-term care facility.** When a dental service is provided by the same provider on the same day to two or more recipients who reside in the same long-term care facility, payment for the provider's visit to the first recipient shall be according to part 9505.0445, item E, for the procedure code for the visit. The provider's visit on the same day to other recipients within the same long-term care facility must be billed with the multiple visit code established by the department. This subpart shall not apply to a provider's visit to provide an emergency service on the same day within the same long-term care facility if the emergency service could not have been scheduled consecutively with another recipient visit. If the provider visits other recipients in the same facility on the same day after providing an emergency service, the provider's visits must be billed with the multiple visit code.

Subp. 9 10. **Excluded dental services.** The dental services in items A to ~~N~~ M are not eligible for payment under the medical assistance program:

A. ~~additional clasps for partial prostheses~~ full mouth or panoramic X-rays for a recipient under eight years of age unless prior authorization is given, or in the case of an emergency;

L. replacement of a denture when a reline or rebase would correct the problem; and

M. gold restoration or inlay, including cast nonprecious and semiprecious metals; and

~~N. full mouth or panoramic X-rays for a recipient under eight years of age unless prior authorization is given.~~

9505.0290 HOME HEALTH AGENCY SERVICES.

Subpart 1. **Definition.** For the ~~purpose~~ purposes of this part, "home health agency services" means a medically necessary health service provided by an agency qualified under subpart 2, prescribed by a physician as part of a written plan of care, and provided under the direction of a registered nurse to a recipient at his or her residence. For the ~~purpose~~ purposes of this part, "residence" is a place other than a hospital or long-term care facility.

Subp. 3. **Eligible home health agency services.** The following home health agency services are eligible for medical assistance payment.

A. Nursing service as defined by Minnesota Statutes, section 148.171, ~~subdivision 3~~ clause (3).

B. Home health aide services provided under the direction of a registered nurse on the order of a physician. For the ~~purpose~~ purposes of this part, "home health aide" means an employee of a home health agency who is not licensed to provide nursing services, but who has been approved by the directing nurse to perform medically oriented tasks written in the plan of care.

9505.0295 HOME HEALTH SERVICES.

Subpart 1. **Definition.** For the ~~purpose~~ purposes of this part, "home health service" means a medically necessary health service that is:

Subp. 2. **Covered services.** Home health services in items A to ~~G~~ H are eligible for medical assistance payment:

F. rehabilitative and therapeutic services that are defined under part 9500.1070, subparts 12 and 13;

~~F~~ G. medical supplies and equipment ordered in writing by a physician or doctor of podiatry; and

G H. oxygen ordered in writing by a physician.

C. If the total payment for each of two consecutive months of home health services exceeds \$1200, a screening team shall

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determine the recipient's eligibility for home health services based on the case mix classification established under Minnesota Statutes, section 256B.431, subdivision 1, that is most appropriate to the recipient's diagnosis, condition, and plan of care.

(2) Home health services may be provided for a recipient determined by the screening team ~~not~~ to be eligible for placement in a long-term care facility other than a residential facility for the physically handicapped operated under parts 9570.2000 to 9570.3600, if the total payment for a month of home health services is less than the total monthly statewide average rate for the case mix classification most appropriate to the recipient.

9505.0300 INPATIENT HOSPITAL SERVICES.

Subp. 4. **Eligibility for participation in medical assistance; emergency.** A hospital service provided to a recipient in an emergency is eligible for medical assistance payment regardless of whether the hospital providing the service is qualified to participate in Medicare. Urgent care services do not qualify for medical assistance payment under this subpart. For the purposes of this subpart, "urgent care" means acute, episodic care similar to services provided in a physician-directed clinic.

9505.0310 MEDICAL SUPPLIES AND EQUIPMENT.

Subpart 1. **Conditions for payment.** To be eligible for payment under the medical assistance program, medical supplies and equipment must meet the conditions in items A to C.

C. In the case of rental equipment, the sum of rental payments during the projected period of the recipient's use must not exceed the purchase price allowed by medical assistance unless the sum of the projected rental payments in excess of the purchase price receives prior authorization. All rental payments must apply to purchase of the equipment.

Subp. 2. **Payment limitation on durable medical equipment in hospitals and long-term care facilities.** Durable medical equipment is subject to the payment limitations in items A and C.

A. A provider who furnishes durable medical equipment for a recipient who is a resident of a hospital or long-term care facility may submit a separate claim for medical assistance payment if the equipment has been modified for the recipient or the item is necessary for the continuous care and exclusive use of the recipient to meet the recipient's unusual medical need according to the written order of a physician.

For purposes of this item, "modified" refers to the addition of an item to a piece of durable medical equipment that cannot be removed without damaging the equipment or refers to the addition of an item to a piece of durable medical equipment that permanently alters the equipment. Equipment purchased through medical assistance on a separate claim for payment becomes the property of the recipient.

Payment for durable medical equipment that is not for the continuous care and exclusive use of the recipient is included within the payment rate made to the hospital under parts 9500.1090 to 9500.1155 and to the long-term care facility under part ~~9549.0070~~ 9549.0060.

Subp. 4. **Excluded medical supplies and equipment.** The medical supplies and equipment in items A to ~~G~~ F are not eligible for medical assistance payments:

- C. durable medical equipment that will serve the same purpose as equipment already in use by the recipient;
- D. ~~medical supplies or equipment for which a claim has been denied by Medicare as not medically necessary;~~
- ~~E.~~ medical supplies or equipment requiring prior authorization when the prior authorization is not obtained;
- ~~F~~ E. dental hygiene supplies and equipment; and
- ~~G~~ F. stock orthopedic shoes as defined in part 9505.0350, subpart 6, item A.

9505.0315 MEDICAL TRANSPORTATION.

Subp. 6. **Payment limitations; life support transportation.** To be eligible for the medical assistance payment rate as a life support transportation, the transportation must comply with the conditions in items A to E.

B. The provider must identify the ~~type of service as advanced, basic, or scheduled life support transportation~~ level of medically necessary services provided to the recipient in the claim for payment.

D. The recipient's transportation must be in response to a 911 emergency call ~~or a police or fire department call~~, or an emergency call received by the provider. Except as in item E, a life support transportation service that responds to a ~~911 an~~ emergency call ~~or a police or fire department call~~ but does not transport a recipient as a result of the call is not eligible for medical assistance payment.

Subp. 7. **Payment limitation; special transportation.** To be eligible for medical assistance payment, a provider of special transportation, except as specified in Minnesota Statutes, section 174.30, must be certified by the Department of Transportation under Minnesota Statutes, sections 174.29 to 174.30. Payment eligibility of special transportation is subject to the limitations in items A to ~~E~~ D.

C. The cost of special transportation of a resident of a long-term care facility is covered under the payment rates established under parts 9549.0010 to 9549.0080 and 9553.0010 to 9553.0080.

~~D.~~ The cost of special transportation of a recipient who participates in a training and habilitation program is not eligible for reimbursement on a separate claim for payment if transportation expenses are included in the per diem payment to the intermediate care facility for the mentally retarded or if the transportation rate has been established under parts 9525.1200 to 9525.1330.

~~E~~ D. One-way mileage for special transportation within the recipient's local trade area must not exceed 20 miles for a trip originating in the seven county metropolitan area or 40 miles for a trip originating outside of the seven county metropolitan area if a similar health service is available within the mileage limitation. The seven county metropolitan area consists of the counties of Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington.

9505.0335 PERSONAL CARE SERVICES.

Subpart 1. **Definitions.** For purposes of this part, the following terms have the meanings given them.

H. "Qualified recipient" means a recipient who needs personal care services to live independently in the community, is in a stable medical condition, and does not have acute care needs that require inpatient hospitalization or cannot be met in the recipient's residence by a nursing service as defined by Minnesota Statutes, section 148.171, clause (3).

J. "Shared personal care service" means personal care services provided by a personal care assistant to ~~four or more than one~~ qualified recipients residing in the same residential complex. The services of the assistant are shared by the qualified recipients and are provided on a 24-hour basis.

Subp. 3. **Training requirements.** A personal care assistant must show successful completion of a training requirement in items A to E:

A. a nursing assistant training program or its equivalent as approved for which competency as a nursing assistant is determined according to a test administered by the State Board of Vocational Technical Education;

Subp. 6. **Personal care provider responsibilities.** The personal care provider shall:

C. employ or contract with a personal care assistant that a qualified recipient brings to the personal care provider as the recipient's choice of assistant ~~except as provided in subpart 7~~ and who meets the employment qualifications of the provider. However, a personal care provider who must comply with the requirements of a governmental personnel administration system is exempt from this item;

Subp. 8. **Payment limitation; general.** Except as in subpart 9, personal care services eligible for medical assistance payment are limited to items A to N:

H. assistance with ~~administering~~ furnishing medication that is ordinarily self-administered;

Subp. 10. **Excluded services.** The services in items A to G are not covered under medical assistance as personal care services:

F sterile procedures except for routine, intermittent catheterization; and

Subp. 12. **Preemployment check of criminal history.** Before employing a person as a personal care assistant of a qualified recipient, the personal care provider shall ~~request~~ require from the applicant full disclosure of conviction and criminal history records pertaining to any crime related to the provision of health services or to the occupation of a personal care assistant.

9505.0340 PHARMACY SERVICES.

Subpart 1. **Definitions.** The following terms used in this part have the meanings given to them.

J. "Usual and customary charge" refers to the meaning in part 9505.0175, subpart 49, whether the drug is purchased by prescription or over-the-counter, in bulk, or unit-dose packaging. However, if a provider's pharmacy is not accessible to, or frequented by, the general public, or if the over-the-counter drug is not on display for sale to the general public, then the usual and customary charge for the over-the-counter drug shall be the actual acquisition cost of the product plus a 50 percent markup based on the actual acquisition cost. In this event, this calculated amount must be used in billing the department for an over-the-counter drug.

Amounts paid in full or in part by third-party payers shall be included in the calculation of the usual and customary charge only if a third-party payer constitutes 51 percent or more of the pharmacy's business based on the number of prescriptions filled by the pharmacy on a quarterly basis.

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Subp. 3. **Payment limitations.** Payments for pharmacy services under the medical assistance program are limited as follows.

D. An initial or refill prescription for a maintenance drug shall be dispensed in not less than a 30-day supply unless the pharmacy is using unit dose dispensing. No additional dispensing fee shall be paid until that quantity is used by the recipient.

H. A generically equivalent drug as defined in Minnesota Statutes, section 151.21, subdivision 2, must be dispensed in place of the prescribed drug if:

(1) the generically equivalent drug is approved by the United States Food and Drug Administration and is also determined as therapeutically equivalent by the United States Food and Drug Administration; and

However, a substitution must not be made if the practitioner has written in his or her own handwriting "Dispense as Written" or "DAW" on the prescription, as provided in the Minnesota Drug Selection Act, Minnesota Statutes, section 151.21. The pharmacy must notify the recipient and the department when a generically equivalent drug is dispensed. The notice to the recipient may be given orally or by appropriate labeling on the prescription's container. The notice to the department must be by appropriate billing codes.

H I. Unless otherwise established by the legislature, the amount of the dispensing fee shall be set by the commissioner. The fee shall be the lower of the average dispensing fee set by third party payers in the state or the average fee determined by a cost of operation survey of pharmacy providers reduced by the yearly consumer price index (urban) for the Minneapolis-St. Paul area to the base year set by the legislature for other provider fees.

I J. The cost of delivering a drug is not a covered service.

9505.0345 PHYSICIAN SERVICES.

Subp. 3. **Physician service in long-term care facility.** A physician service provided by a physician's employee in a long-term care facility is a covered service if provided under the direction of a physician who is a provider except as in items A to C.

B. The service is to write ~~or~~ review a plan of care required by Code of Federal Regulations, title 42, part 456.

Subp. 7. **Payment limitations on visits to long-term care facilities.** Payment for a physician visit to a long-term care facility is limited to ~~one per month~~ once every 30 days per resident of the facility unless the medical necessity of additional visits is documented.

Subp. 9. **Payment limitation; more than one recipient on same day in same long-term care facility.** When a physician service is provided to more than one recipient who resides in the same long-term care facility by the same provider on the same day, payment for the provider's visit to the first recipient shall be according to part 9505.0445, item E, for the procedure code for the visit. The provider's visit on the same day to other recipients within the same long-term care facility must be billed with the multiple visit code established by the department. This subpart shall not apply to a provider's visit to provide an emergency service on the same day within the same long-term care facility if the emergency service could not have been scheduled consecutively with another recipient visit. If the provider visits other recipients in the same facility on the same day after providing an emergency service, the provider's visits must be billed with the multiple visit code.

9505.0350 PODIATRY SERVICES.

Subp. 4. **Limitation on payment for podiatry service provided to a resident of a long-term care facility.** To be eligible for medical assistance payment, a podiatry service provided to a recipient who resides in a long-term care facility must result from a self-referral or a referral by a registered nurse or a licensed practical nurse who is employed by the facility or the recipient's family, guardian, or attending physician.

Subp. 5. **Payment limitation; more than one recipient on same day in same long-term care facility.** When a podiatry service is provided to more than one recipient who resides in the same long-term care facility by the same provider on the same day, payment for the provider's visit to the first recipient shall be according to part 9505.0445, item E, for the procedure code for the visit. The provider's visit on the same day to other recipients within the same long-term care facility must be billed with the multiple visit code established by the department. This subpart shall not apply to a provider's visit to provide an emergency service on the same day within the same long-term care facility if the emergency service could not have been scheduled consecutively with another recipient visit. If the provider visits other recipients in the same facility on the same day after providing an emergency service, the provider's visits must be billed with the multiple visit code.

9505.0355 PREVENTIVE HEALTH SERVICES.

Subpart 1. **Definition; preventive health service.** For the ~~purpose~~ purposes of this part, "preventive health service" means a health service provided to a recipient to avoid or minimize the occurrence of illness, infection, disability, or other health condition. Examples are diabetes education, cardiac rehabilitation, weight loss programs, and nutrition counseling that meet the criteria established in part 9505.0210.

9505.0360 PRIVATE DUTY NURSING SERVICES.

Subp. 4. **Payment limitations.** To be eligible for medical assistance payment, a private duty nursing service must meet the conditions in items A to D.

C. The service may be provided only if:

(1) a home health agency ~~that is a provider is not available in the recipient's local trade area or, a skilled nursing facility, or a hospital~~ is not able to provide the level of care specified in the recipient's plan of care; or

9505.0365 PROSTHETIC AND ORTHOTIC DEVICES.

Subpart 1. **Definitions.** The following terms used in this part have the meanings given them.

E. "Prosthetic or orthotic device" means an artificial device as defined by Medicare to replace a missing or nonfunctional body part, to prevent or correct a physical deformity or malfunction, or to support a deformed or weak body part.

F. "Physiatrist" means a physician who specializes in physical medicine or physical therapy and who is board certified by the American Board of Physical Medicine and Rehabilitation.

Subp. 4. **Payment limitation; hearing aid.** To be eligible for medical assistance payment, a hearing aid must be ordered by a physician in consultation with an audiologist. Payment for hearing aids and their maintenance and repair is limited as in items A to E. A request for prior authorization as required in items A and B must be approved or denied no later than one month after the department has received information necessary to determine whether the service is medically necessary.

Subp. 6. **Excluded prosthetic and orthotic devices.** The prosthetic and orthotic devices in items A to K are not eligible for medical assistance payment:

J. a device that is supplied to the recipient by a provider who is an affiliate of the physician who prescribes the device for the recipient or of the consultant to the physician as in subpart 3 or 4. For purposes of this item, "affiliate" means a person ~~related to the prescribing physician as spouse, parent, child, or sibling, or a person or an entity that has a financial relationship to the physician who prescribed the device or to the consultant that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with the referring physician;~~ and

9505.0380 PUBLIC HEALTH CLINIC SERVICES.

Subp. 2. **Eligible health services.** The services in items A to ~~E~~ F are eligible for payment as public health clinic services:

D. prenatal care services as in part 9505.0353;

~~D~~ E. dental services as in part 9505.0270; and

~~E~~ F. early and periodic screening diagnosis and treatment as in part 9505.0275.

9505.0405 VISION CARE SERVICES.

Subpart 1. **Definitions.** The following terms used in this part have the meanings given them.

G. "Vision care services" means a prescriptive, diagnostic, or therapeutic service provided by and within the scope of practice of an optometrist or physician skilled in diseases of the eye and the dispensing services provided by an optician, optometrist, or physician in fabricating or dispensing eyeglasses or other aids to vision that an optometrist or physician skilled in diseases of the eye prescribes for a recipient.

Subp. 2. **Payment limitations.** Payment for a recipient's vision care services provided under the medical assistance program is limited as in items A ~~and B~~ to D.

C. Replacement of a pair of eyeglasses or replacement of a lens in the eyeglasses in excess of the limit in item B if the replacement is necessary because the eyeglasses were misplaced or stolen or a lens or pair of eyeglasses was damaged due to circumstances beyond the recipient's control and prior authorization is obtained. The recipient's degree of physical and mental impairment shall be considered in determining whether the circumstances were beyond the recipient's control.

D. A request for prior authorization of eyeglasses required under item A or B must be approved or denied no later than one month after the department has received the information necessary to document the request.

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Subp. 3. **Payment limitation; more than one recipient on same day in same long-term care facility.** When a vision care service is provided by the same provider to more than one recipient who resides in the same long-term care facility on the same day, payment for the provider's visit to the first recipient shall be according to part 9505.0445, item E, for the procedure code for the visit. The provider's visit on the same day to other recipients within the same long-term care facility must be billed with the multiple visit code established by the department. This subpart shall not apply to a provider's visit to provide an emergency service on the same day within the same long-term care facility if the emergency service could not have been scheduled consecutively with another recipient visit. If the provider visits other recipients in the same facility on the same day after providing an emergency service, the provider's visits must be billed with the multiple visit code.

9505.0415 LONG-TERM CARE FACILITIES; LEAVE DAYS.

Subpart 1. **Definitions.** For the purpose of this part, the following terms have the meanings given them.

D. "Leave day" means any ~~portion of a calendar day that exceeds 18 hours other than the day of return to the facility during which the recipient is absent from the long-term care facility~~ leaves the facility and is absent overnight, and all subsequent, consecutive calendar days. An overnight absence from the facility of less than 23 hours does not constitute a leave day. Nevertheless, if the recipient is absent from the facility to participate in active programming of the facility under the personal direction and observation of facility staff, the day shall not be considered a leave day regardless of the number of hours of the recipient's absence. For purposes of this item, "calendar day" means the 24-hour period ending at midnight.

E. "Reserved bed" means the same bed that a recipient occupied before leaving the facility for hospital leave or therapeutic leave or an appropriately certified bed if the recipient's physical condition upon returning to the facility prohibits access to the bed he or she occupied before the leave.

F. "Therapeutic leave" means the ~~transfer absence~~ absence of a recipient from a long-term care facility, with the expectation of the recipient's return to the facility, to a camp ~~licensed by meeting applicable licensure requirements of the Minnesota Department of Health, a residential setting other than a long-term care facility, a hospital, or other entity eligible to receive federal, state, or county funds to maintain a recipient.~~ Leave for a home visit or a vacation is a therapeutic leave.

Subp. 4. **Therapeutic leave.** A therapeutic leave for which a leave day is claimed must comply with the conditions in items A to ~~C~~ E and B if the leave day is to be eligible for payment under medical assistance.

A. ~~The recipient's plan of care must document the purpose of the therapeutic leave and the goals of the therapeutic leave.~~

~~B.~~ The recipient's health care record must document the date and the time the recipient leaves the long-term care facility and the date and the time of return.

~~C~~ B. The leave days must be reported on the invoice submitted by the long-term care facility.

Subp. 7. **Payment limitation on billing for leave days.** Payment for leave days for hospital leave and therapeutic leave shall be subject to the limitation as in items A to C. For purposes of this subpart, a reserved bed is not a vacant bed when determining occupancy rates and eligibility for payment of a leave day.

B. Long-term care facilities with 24 or fewer licensed beds shall not receive payment for leave days if a licensed bed has been vacant for a ~~full calendar month~~ 60 consecutive days prior to the first leave day of a hospital leave or therapeutic leave.

9505.0425 RESIDENT FUND ACCOUNTS.

Subpart 1. **Use of resident fund accounts.** A resident who resides in a long-term care facility may choose to deposit his or her funds including the personal needs allowance established under Minnesota Statutes, section 256B.35, subdivision 1, in a resident fund account administered by the facility. ~~The funds in a recipient's resident fund account must be used solely for the well-being of the recipient.~~

Subp. 2. **Administration of resident fund accounts.** A long-term care facility must administer a resident fund account as in items A to I and parts 4655.4100 to 4655.4170.

C. The facility must keep a written record of the recipient's resident fund account. The written record must show the date, amount, and source of a deposit in the account, and the date and amount of a withdrawal from the account. The facility must record contemporaneously a deposit or withdrawal and within five working days after the deposit or withdrawal must update the recipient's individual written record to reflect the transaction.

D. The facility shall require a recipient who withdraws \$10 or more at one time to sign a receipt for the withdrawal. The facility shall retain the receipt and written records of the account until the account is subjected to the field audit required under Minnesota Statutes, section 256B.35, subdivision 4. A withdrawal of \$10 or more that is not documented by a receipt must be credited to the recipient's account. Receipts for the actual item purchased for the recipient's use may substitute for a receipt signed by the recipient.

G. The facility shall report and document to the ~~department~~ local agency a recipient's donation of money to the facility when the donation equals or exceeds the statewide average monthly per person rate for skilled nursing facilities determined under parts 9549.0010 to 9549.0080. This documentation may be audited by the commissioner.

Subp. 3. **Limitations on purpose for which resident fund account funds may be used.** Except as otherwise provided in this part, funds in a recipient's resident fund account may not be used to purchase the materials, supplies, or services specified in items A to F. Nevertheless, the limitations in this subpart do not prohibit the recipient from using his or her funds to purchase a brand name supply or other furnishing or item not routinely supplied by the long-term care facility.

E. Personal hygiene items necessary for daily personal care. Examples are bath soap, shampoo, toothpaste, toothbrushes, dental floss, shaving cream, nonelectric shaving razor, and facial tissues.

9505.0440 MEDICARE BILLING REQUIRED.

A provider shall comply with the Medicare billing requirements in items A and B.

A. A provider who is authorized to participate in Medicare shall bill Medicare before billing medical assistance for services covered by Medicare unless the provider has reason to believe that a service covered by Medicare will not be eligible for payment. A provider shall not be required to take an action that may jeopardize the limitation on liability under Medicare as specified in Code of Federal Regulations, title 42, section 405.195. However, the provider must document that, because of recent claim experiences with Medicare or because of written communication from Medicare, coverage is not available.

B. A provider specified in item A shall accept Medicare assignment if the medical assistance payment rate for the service to the recipient is at the same rate or less than the Medicare payment.

9505.0445 PAYMENT RATES.

The maximum payment rates for health services established as covered services by parts 9505.0170 to 9505.0475 shall be as in items A to N.

B. For intermediate care facility services, the rates shall be as established in parts 9549.0010 to 9549.0080 and 9549.0050 to 9549.0059 as published in the *State Register*, December 1, 1986, volume 11, number 22, pages 991 to 1004.

E. For audiology services, chiropractic services, dental services, mental health center services, physical therapy, physician services, ~~podiatric~~ podiatry services, psychological services, speech pathology services, and vision care, the rate shall be the lowest of the provider's submitted charge, the provider's individual customary charge submitted during the calendar year specified in the legislation governing maximum payment rates, or the 50th percentile of the usual and customary fees based upon billings submitted by all providers of the service in the calendar year specified in legislation governing maximum payment rates.

R. For medical transportation services, the rates shall be as specified in subitems (1) to (4).

(1) Payment for life support transportation must be the lowest of the medical assistance maximum allowable charge, the provider's usual and customary charge, the charge submitted by the provider, or the payment allowed by Medicare for a similar service. If a provider transports two or more persons simultaneously in one vehicle, the payment must be ~~divided by the number of persons being transported~~ prorated according to the schedule in subitem (2). Payment for ancillary service to a recipient during life support transportation must be based on the type of ancillary service and is not subject to proration.

(2) Payment for special transportation must be the lowest of the actual charge for the service, the provider's usual and customary rate, or the medical assistance maximum allowable charge. If a provider transports two or more persons simultaneously in one vehicle from the same point of origin, the payment must be prorated according to the following schedule:

(5) The payment rate for air ambulance transportation must be consistent with the level of medically necessary services provided during the recipient's transportation and must be the lowest of the medical assistance maximum allowable charge, the provider's usual and customary charge, the charge submitted by the provider, or the payment allowed by Medicare for a similar service. Payment for air ambulance transportation of a recipient not having a life threatening condition requiring air ambulance transportation shall be at the level of medically necessary services which would have been otherwise provided to the recipient at rates specified in subitems (1) to (4).

9505.0450 BILLING PROCEDURES; GENERAL.

Subp. 3. **Retroactive billing.** If the recipient is retroactively eligible for medical assistance and notifies the provider of the retroactive eligibility, the provider may bill the department the provider's usual and customary charge. If the recipient paid any portion of

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the provider's usual and customary charge during this period, the provider must reimburse the recipient the actual amount paid by the recipient but not more than the amount paid to the provider by medical assistance. Failure of the provider to comply with this part shall not be appealable by the recipient under Minnesota Statutes, section 256.045.

Subp. 4. **Exceptions to time requirements.** A provider may submit a claim for payment more than 12 months after the date of service to the recipient if one of the circumstances in items A to D exists. The department shall pay the claim if it satisfies the other requirements of a claim for a covered service.

D. The provider's claim for payment was erroneously rejected by the department. To be eligible for payment, the provider must resubmit the claim within six months of receipt of the notice of the erroneous determination by sending the department a copy of the original claim, a copy of the remittance advice, any written communication about the claim sent to the provider by the local agency or department, and documentation that the original claim was submitted within the 12-month limit in subpart 2.

9505.0465 RECOVERY OF PAYMENT TO PROVIDER.

Subpart 1. **Department obligations to recover payment.** The department shall recover medical assistance funds paid to a provider if the department determines that the payment was obtained fraudulently or erroneously. Monetary recovery under the medical assistance program is permitted for the following:

9500.1070 SERVICES COVERED BY MEDICAL ASSISTANCE.

Subp. 6. **Other licensed practitioners.** The MA program shall pay for psychological services of eligible providers. Eligible providers are individuals currently licensed by the Minnesota Board of ~~Examiners of~~ Psychologists to practice as licensed psychologists or licensed consulting psychologists in the appropriate service areas.

(1) The following psychological services must receive prior authorization: services in excess of the limitation on the number of visits (see below).

(2) The MA program limits payment for services provided by psychologists as follows:

The MA program will pay for up to ten hourly sessions with a licensed consulting psychologist or a licensed psychologist per calendar year for any eligible recipient.

The MA program will pay for up to 26 additional hourly sessions with a licensed consulting psychologist or a licensed psychologist per calendar year when all of the following conditions exist: three or more members of one family unit are all seen together at every session, the 26 hourly sessions extend over a period of time greater than six consecutive months, and at least one of the family members is under age 18.

EFFECTIVE DATE. Minnesota Rules, parts 9500.1070, subparts 4 and 6; 9505.0170 to 9505.0330; and 9505.0340 to 9505.0475 are effective November 1, 1987. Part 9505.0335 is effective January 1, 1988.

Department of Labor and Industry

Adopted Permanent Rules Relating to OSHA; Update and Revision

As authorized under *Minnesota Statutes* 182.655 (1986) notice was published in the *State Register*, Volume 11, Number 47, dated May 25, 1987 (11 S.R. 2138) specifying the adoption of certain additions and modifications to the Minnesota Occupational Safety and Health Standards. Specifically, this proceeding added several new standards and amended existing standards in Chapter 5205, General Industry Standards, and added new Chapter 5207, Construction Standards. At the close of the 30-day comment period, 28 comments had been filed. All comments were reviewed and considered. In those cases where only one or two comments were received on a particular standard, the commenters were contacted and the purpose and intent of the standard clarified. In some cases, where it was possible to satisfy the concerns of commenters and clarify the intent of the standard, appropriate modifications were made. Two of the originally proposed standards are withdrawn entirely. The most complex and controversial standards have been scheduled for hearing on November 12, 1987; those standards are noted below. The complete Notice of Hearing is published elsewhere in this issue.

The following discussion summarizes changes that were made in the proposed standards. The modified standards, as well as those that remain unchanged, are adopted as shown below. The modifications have been determined to be non-substantive.

5205.0065, "Suspension Scaffolds." Subpart 4 of this standard has been amended by adding a definition for "substantial member." The definition added to this subpart clarifies the meaning of the term and is consistent with similar definitions found in the Federal OSHA standards which have been adopted by reference in Minnesota.

5205.0070 "Portable Ladders." This standard is withdrawn in its entirety. The intent of this standard is not clearly defined; attempts to clarify the standard have not been successful. Therefore, the standard is being withdrawn for further study.

5205.0110 "Workroom Ventilation and Temperature." The phrase "unless prohibited by process requirements" was added to this standard in response to comments from employes who must maintain temperatures in some areas of their workplaces that cannot meet the requirements of this standard; i.e., such operations as meat packing, dairy products, etc. Frequently, these employes are required by other state or federal agencies to maintain temperatures inconsistent with this standard but necessitated by production or storage of heat or cold sensitive materials or products.

5205.0116 "Carbon Monoxide Monitoring." This standard has been scheduled for the public hearing on November 12, 1987. (The Notice of Hearing is published elsewhere in this issue.)

5205.0400 "Elevators, Dumbwaiters, Escalators and Moving Walks—Scope." The second paragraph of this section has been scheduled for the public hearing on November 12, 1987. (The Notice of Hearing is published elsewhere in this issue.)

5205.0675 "Covers and Overhead Doors." This standard has been scheduled for the public hearing on November 12, 1987. (The Notice of Hearing is published elsewhere in this issue.)

5205.0690 "Lubrication of Moving Machinery." This standard, as originally proposed, required that all machinery or equipment be shut down any time manual lubrication takes place. It is unreasonable to require machine shutdown if moving parts are appropriately guarded. Therefore, the standard was modified to require machine shut down only in those cases where the lubrication fittings are not properly safeguarded or located far enough away from moving parts so that employees cannot accidentally come in contact with them.

5205.0710 "Alteration of Tools and Equipment." This standard has been scheduled for the public hearing on November 12, 1987. (The Notice of Hearing is published elsewhere in this issue.)

5205.0755 "Police and Patrol Vehicles." This standard has been scheduled for the public hearing on November 12, 1987. (The Notice of Hearing is published elsewhere in this issue.)

5205.0765 "Scissor Point Protection." This standard was amended to clarify that only those scissor points that create a hazard to the operator need to be guarded.

5205.0865 "Machine Controls and Equipment." This standard has been scheduled for the public hearing on November 12, 1987. (The Notice of Hearing is published elsewhere in this issue.)

5205.0880 "Motor Start Button." This standard has been scheduled for the public hearing on November 12, 1987. (The Notice of Hearing is published elsewhere in this issue.)

5205.1000 to 5205.1040 "Confined Spaces." This standard has been scheduled for the public hearing on November 12, 1987. (The Notice of Hearing is published elsewhere in this issue.)

5205.1200 "Cranes and Hoists." Subpart 1 was amended by replacing the phrase "within the scope of" with "such as" to clarify the intent of this standard. "Scope" as originally used in this standard differed from the usual meaning given the term in other OSHA Standards.

5205.1220 "Warning Signal." This standard was amended by adding the words "and used" at the end of the first sentence to make it clear that a warning signal must not only be provided but must be used to warn employees who may be in the area whenever a crane or hoist is conveying molten metal.

Chapter 5207 is a "new" chapter that includes standards that apply to construction. Previously, these standards were published in Chapter 5205, making it difficult for users of the rules to determine which standards apply to construction and which apply to general industry. Standards with application to both industries are published in both chapters. Many of the standards in Chapter 5207 were existing standards that were merely renumbered in this new chapter; some were modified and others are totally new. The following discussion describes changes that were made in these construction standards.

5207.0030 "Demolition Operations." This section was modified at the request of a commenter who questioned the meaning of "protective enclosure." Since any means, appropriate to the circumstances, can be used to protect an area where employees are working from falling or sliding debris, the standard was reworded to require "protection to separate." A "protective enclosure" appeared to the commenter to require that the area must be totally enclosed rather than protected or separated in some manner from areas where employees may be exposed to falling debris.

5207.0035 "Demolition, Restoration, Remodeling Asbestos Survey." The phrase, "substantial probability of encountering asbestos-containing materials," was amended to read: "an employer has, or should have, reason to believe there is" asbestos-containing

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material present. This change clarifies the intent of this standard which is to assure that employers check for asbestos-containing materials before doing any demolition or remodeling work. In those instances where it is reasonable to suspect that asbestos may be present (i.e., older buildings), a survey must be done by a qualified person to determine if asbestos is present. "Competent person" was changed to "qualified person" in response to a comment that the person doing the survey should be qualified (by education, testing equipment, etc.) to make a determination of whether or not asbestos-containing materials are present.

5207.0040 "Spray Painting of Building Interiors." Subpart 1, item E, was amended by changing "paint fumes" to "paint vapors" which is the correct terminology.

5207.0220 "Portable Ladders." This standard is identical to 5205.0070. It was included in Chapter 5207 to apply to construction. It is being withdrawn for the same reasons outlined above under 5205.0070.

5207.0250 "Walking, Working Surfaces." Subpart 5 has been amended to make it consistent with Part 1926 of the federal OSHA Standards which have been adopted by Minnesota OSHA. The amendment allows the use of warning lines as well as tying off to a building structure as a means of protecting employees (other than roofers) who must work on roofs.

5207.0260 "Suspension Scaffolds." This standard is identical to 5205.0065 and was amended in the same manner.

5207.0300 "Confined Spaces." This standard has been scheduled for the public hearing on November 12, 1987. (The Notice of Hearing is published elsewhere in this issue.)

5207.0310 "Carbon Monoxide Monitoring." This standard has been scheduled for the public hearing on November 12, 1987. (The Notice of Hearing is published elsewhere in this issue.)

5207.0400 "Cranes, Hoists, and Derricks." Subpart 1 was amended to clarify the meaning of "scope" as used in this standard; specifically, that any equipment that is similar to mobile scaffolds, towers, and platforms is covered by this standard.

5207.0520 "Warning Signs at Construction or Engineering Projects." This standard was amended at the request of a commenter who asked that the standard allow an employer to use either warning signs alone, or warning signs along with red lights, as the situation requires. In some instances red lights are not necessary such as in an area where the dangerous work location is fenced with a locking gate to prevent unauthorized entry. In this case, a warning sign would be sufficient notice to employees.

5207.0530 "Sidewalk Sheds." This standard was amended to allow the use of 3/4" plywood as roof planks on sidewalk sheds that protect employees and the public from falling debris during overhead work. This change is consistent with federal OSHA Standards that allow either 2" planking or 3/4" plywood as overhead protection.

5207.0610 "Motor Start Button." This standard has been scheduled for the public hearing on November 12, 1987. (The Notice of Hearing is published elsewhere in this issue.)

5207.0620 "Machine Controls and Equipment." This standard has been scheduled for the public hearing on November 12, 1987. (The Notice of Hearing is published elsewhere in this issue.)

5207.0720 "Alteration of Tools and Equipment." This standard has been scheduled for the public hearing on November 12, 1987. (The Notice of Hearing is published elsewhere in this issue.)

5207.0730 "Lubrication of Moving Machinery." This standard is identical to general industry standard, 5205.0690, and is also modified to allow the lubrication of moving machinery without shutting it down if the moving parts are properly safeguarded.

5207.0740 "Scissor Point Protection." This standard is identical to general industry standard, 5205.0765, and is changed in the same way—namely, to clarify that only those scissor points that present a hazard to the operator need to be guarded.

5207.0900 "Powered Industrial Truck Operations." The modification here clarifies the application of this standard; specifically, those industrial trucks designed solely for use on solid hard level surfaces must be restricted to such use. Industrial trucks designed for use on non-solid surfaces are not covered by this standard.

The standards, as originally proposed on May 25, 1987, are republished below with all modifications shown as deletions or additions. Those standards shown as totally deleted are scheduled for public hearing on November 12, 1987 (with the exception of 5205.0070 and 5207.0220 which have been withdrawn).

Ray Bohn
Commissioner of Labor and Industry

Rules as Adopted

5205.0010 ADOPTION OF FEDERAL OCCUPATIONAL SAFETY AND HEALTH STANDARDS BY REFERENCE.

The Minnesota Department of Labor and Industry Occupational Safety and Health Codes and rules are amended by incorporating and adopting by reference, and thereby making a part thereof, Title 29 of the *Code of Federal Regulations* as follows:

Part 1910: Occupational Safety and Health Standards as published in Volume 43, No. 206 of the *Federal Register* on October 24,

1978 and corrected in Volume 43, No. 216 on November 7, 1978 which incorporates changes, additions, deletions, and corrections made up to November 7, 1978; and subsequent changes made prior to December 31, 1986:

Federal Register, Vol. 43, No. 234, dated 12/5/78; "Corrections to 1910.1043; Occupational Exposure to Cotton Dust."

Federal Register, Vol. 43, No. 234, dated 12/5/78; "Corrections to 1910.1046; Occupational Exposure to Cotton Dust in Cotton Gins."

Federal Register, Vol. 43, No. 237, dated 12/8/78; "Corrections to Tables of Exposure Limits for Air Contaminants, 1910.1000."

Federal Register, Vol. 43, No. 220, dated 11/14/78; "Lead Standard, 1910.1025."

Federal Register, Vol. 44, No. 19, dated 1/26/79; "Corrections to Lead Standard, typographical."

Federal Register, Vol. 44, No. 50, dated 3/13/79; "Modifications to Lead Standard, Portions of Standard Stayed."

Federal Register, Vol. 44, No. 168, dated 8/28/79; "Corrections to Lead Standard, Exemption of Construction Industry."

Federal Register, Vol. 44, No. 138, dated 7/17/79; "Occupational Exposure to Chlorine, Lifting of Stay."

Federal Register, Vol. 44, No. 206, dated 10/23/79; "Appendices to Lead Standard."

Federal Register, Vol. 44, No. 232, dated 11/30/79; "Corrections to Appendices to Lead Standard."

Federal Register, Vol. 45, No. 20, dated 1/29/80; "Servicing Multi-Piece Rim Wheels, 1910.177."

Federal Register, Vol. 45, No. 28, dated 2/8/80; "Mechanical Power Presses; Corrections to Final Rule."

Federal Register, Vol. 45, No. 121, dated 6/20/80; "Commercial Diving Operations: Correction to Final Rule."

Federal Register, Vol. 45, No. 179, dated 9/12/80; "Revisions to Subpart L, Fire Protection; Subpart E, Means of Egress; and Subpart H, Hazardous Materials."

Federal Register, Vol. 46, No. 11, dated 1/16/81; "Subpart S, Electrical."

Federal Register, Vol. 46, No. 118, dated 6/19/81; "Deletion of 1910.1046; Occupational Exposure to Cotton Dust in Cotton Gins."

Federal Register, Vol. 46, No. 141, dated 7/23/81; "Occupational Exposure to Lead, New Trigger Levels for Medical Removal Protection; 1910.1025."

Federal Register, Vol. 46, No. 152, dated 8/7/81; "Corrections to Subpart S, Electrical."

Federal Register, Vol. 46, No. 162, dated 8/21/81; "Occupational Noise Exposure, Hearing Conservation Amendment; 1910.95."

Federal Register, Vol. 46, No. 238, dated 12/11/81; "Occupational Exposure to Lead, Final Rule Amended."

Federal Register, Vol. 47, No. 173, dated 9/7/82; "Hazardous Materials; Attendant Exemption and Latch-Open Devices; 1910.106(g)(2) and (g)(3)(vi)."

Federal Register, Vol. 47, No. 219, dated 11/12/82; "Occupational Exposure to Lead: Respirator Fit Testing, 1910.1025(f)(3)."

Federal Register, Vol. 47, No. 228, dated 11/26/82; "Exemption of Educational/Scientific Diving from Subpart T, Part 1910."

Federal Register, Vol. 47, No. 233, dated 12/3/82; "Occupational Exposure to Lead: Administrative Stay of Compliance Plans for Certain Industries; 1910.1025(c)(e)(i)(B) & (E)."

Federal Register, Vol. 48, No. 15, dated 1/21/83; "Occupational Exposure to Coal Tar Pitch Volatiles; Modification of Final Interpretation: 1910.1022."

Federal Register, Vol. 48, No. 25, dated 2/4/83; "Occupational Exposure to Cotton Dust; Stay for Knitting and Hosiery Industry; 1910.1043."

Federal Register, Vol. 48, No. 46, dated 3/8/83; "Occupational Exposure to Lead; Corrections to Respirator Fit Testing Requirements; 1910.1025 and Occupational Noise Exposure, Hearing Conservation Amendment; 1910.95(c)."

Federal Register, Vol. 48, No. 125, dated 6/28/83; "Hearing Conservation Amendment, Corrections to Final Rule."

Federal Register, Vol. 49, No. 4, dated 1/6/84; "Commercial Diving Operations; Deletion of 1910.411."

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Federal Register, Vol. 49, No. 24 dated 2/3/84; "Servicing of Single Piece and Multi-Piece Rim Wheels; 1910.177."

Federal Register, Vol. 49, No. 29, dated 2/10/84; "Revocation of Advisory and Repetitive Standards."

Federal Register, Vol. 49, No. 37, dated 2/23/84; "Occupational Exposure to Cotton Dust; Partial Administrative Stay of 1910.1043(m)(2)(ii)."

Federal Register, Vol. 49, No. 109, dated 6/5/84; "Occupational Exposure to Lead; Effective Date of Compliance Plan Requirements for Primary and Secondary Smelting and Battery Manufacturing Industries, 1910.1025(e)(3)(ii)(B) and (E)."

Federal Register, Vol. 49, No. 122, dated 6/22/84; "Occupational Exposure to Ethylene Oxide (1910.1047), Final Rule."

Federal Register, Vol. 50, No. 6, dated 1/9/85; "Educational/Scientific Diving: Guidelines for Scientific Diving (Appendix B) Subpart T of Part 1910."

Federal Register, Vol. 50, No. 22, dated 2/1/85; "Power Lawnmowers: Amendments; 1910.243(e)."

Federal Register, Vol. 50, No. 48, dated 3/12/85; "Occupational Exposure to Ethylene Oxide (1910.1047); Amendment of Effective Dates."

Federal Register, Vol. 50, No. 72, dated 4/15/85; "Occupational Exposure to Cotton Dust (1910.1043); Extension of Administrative Stay."

Federal Register, Vol. 50, No. 178, dated 9/13/85; "Coke Oven Emissions (1910.1029); Deletion of Portions of Standard."

Federal Register, Vol. 50, No. 198, dated 10/11/85; Occupational Exposure to Ethylene Oxide (1910.1047); Labeling Requirements."

Federal Register, Vol. 50, No. 240, dated December 13, 1985; "Occupational Exposure to Cotton Dust; 29 Code of Federal Regulations 1910.1043.

Federal Register, Vol. 51, No. 119, dated June 20, 1986; "Occupational Exposure to Asbestos, Tremolite, Anthophyllite, and Actinolite (1910.1001 and 1926.58); Final Rules."

Federal Register, Vol. 51, No. 128, dated July 3, 1986; "Occupational Exposure to Cotton Dust (1910.1043), Corrections and Information Collection Requirements Approval."

Federal Register, Vol. 51, No. 132, dated July 10, 1986; "Occupational Exposure to Ethylene Oxide (1910.1047), Technical Amendments and Corrections to Final Rule."

Federal Register, Vol. 51, No. 133, dated July 11, 1986; "Electrical Standards for Construction, Part 1926, Subpart K."

Federal Register, Vol. 51, No. 181, dated September 18, 1986; "Commercial Diving Standard (1910.430); Technical Amendments to Final Rule."

Federal Register, Vol. 51, No. 182, dated September 19, 1986; "Accident Prevention Tags (1910.145); Amendment to Final Rule."

Federal Register, Vol. 51, No. 188, dated September 29, 1986; "Recordkeeping Requirements for Tests, Inspections, and Maintenance Checks (1910.68, 1910.106, 1910.157, 1910.179, 1910.180, 1910.181, 1910.217, 1910.218, 1910.252, and 1910.440)."

Federal Register, Vol. 51, No. 201, dated October 17, 1986; "Occupational Exposure to Asbestos, Tremolite, Anthophyllite, and Actinolite (1910.1101); Partial Administrative Stay of Final Rules and Redesignation and Amendment of Final Rule."

Federal Register, Vol. 51, No. 244, dated December 19, 1986; "Hazardous Waste Operations and Emergency Response (1910.120); Interim Final Rule."

Part 1915: Occupational Safety and Health Standards for Shipyard Employment as published in Volume 47, No. 76 of the *Federal Register* on April 20, 1982 and subsequent changes made prior to December 31, 1986, which consolidates Part 1915 and Part 1916, and subsequent changes made prior to December 31, 1986:

Federal Register, Vol. 51, No. 188, dated September 29, 1986; "Recordkeeping Requirements for Tests, Inspections, and Maintenance Checks (1915.113 and 1915.172); Final Rule."

Part 1917: Safety and Health Standards for Marine Terminals as published in Volume 48, No. 129 of the *Federal Register* on July 5, 1983.

Part 1918: Safety and Health Regulations for Longshoring as published in Part II, Volume 39, No. 119 of the *Federal Register* on June 19, 1974 incorporating changes, additions, deletions and corrections made up to June 3, 1974; and subsequent changes made prior to June 1, 1984:

Federal Register, Vol. 42, No. 141, dated 7/22/77; "Commercial Diving Operations, adding 1918.99."

Federal Register, Vol. 43, No. 88, dated 5/5/78; "Occupational Exposure to Benzene; supersedes standards in Part 1918."

Part 1926: Construction Safety and Health Regulations as published in Part VII, Volume 44, No. 29 of the *Federal Register* on

February 9, 1979 which incorporates changes, additions, deletions and corrections made up to October 17, 1978 and includes General Industry Occupational Safety and Health Standards (29 CFR Part 1910) which have been identified as applicable to construction work; and subsequent changes made prior to December 31, 1986:

Federal Register, Vol. 45, No. 222, dated 11/14/80; "Guarding Low-Pitched Roof Perimeters During Performance of Built-Up Roofing Work."

Federal Register, Vol. 51, No. 119, dated 6/20/86; "Occupational Exposure to Asbestos, Tremolite, Anthophyllite, and Actinolite (1926.58 and 1910.1001); Final Rules."

Federal Register, Vol. 51, No. 133, dated 7/11/86; "Electrical Standards for Construction, Part 1926, Subpart K."

Part 1928: Occupational Safety and Health Standards for Agriculture as published in Part II, Volume 40, No. 81 of the *Federal Register* on April 25, 1975 and subsequent changes made prior to June 1, 1984:

Federal Register, Vol. 41, No. 206, dated 11/22/76; "Non-substantive changes to guarding of farm field equipment."

Federal Register, Vol. 42, No. 141, dated 7/22/77; "Excludes commercial diving operations standards from agricultural applicability."

Federal Register, Vol. 42, No. 146, dated 7/29/77; "Excludes air contaminant standards from agricultural operations."

Federal Register, Vol. 43, No. 122, dated 6/23/78; "Occupational Exposure to Cotton Dust in Cotton Gins, amends 1928.21 by adding paragraph (a)(5)."

Federal Register, Vol. 43, No. 127, dated 6/30/78; "Occupational Exposure to Cotton Dust in Cotton Gins, corrections of errors in 1928.21 and 1928.113."

Federal Register, Vol. 43, No. 153, dated 8/8/78; "Occupational Exposure to Cotton Dust in Cotton Gins, correction of errors in 1928.113."

Federal Register, Vol. 43, No. 234, dated 12/5/78; "Occupational Exposure to Cotton Dust in Cotton Gins, corrections to Appendix C."

5205.0015 APPLICATION OF RULES.

Chapter 5205 applies only to general industry locations. Chapter 5207 applies only to construction locations. Chapters 5206 and 5210 apply to both general industry and construction locations.

WALKING, WORKING SURFACES

5205.0040 ELEVATED STORAGE PLATFORM OR RACK.

No employee shall be required or permitted to work on an elevated platform or rack intended primarily for the storage of materials unless the storage area has been provided with the safeguards specified in *Code of Federal Regulations*, title 29, section 1910.23 (c) (1).

5205.0050 SHIPS LADDERS.

Subpart 1. and 2. [Unchanged.]

Subp. 3. **Treads.** Treads shall be uniformly spaced eight to 12 inches vertically. Tread surfaces other than steel grating shall be provided with skid resistance. Treads shall be flat steps with minimum of six inches in width and at least 24 inches long.

Subp. 4. and 5. [Unchanged.]

5205.0065 SUSPENSION SCAFFOLDS.

Subpart 1. **Suspension lines.** The scaffold suspension lines shall be secured to the scaffold and to the roof irons, hooks, or outriggers by bolt-type devices or cable eyes and cable clamps. Hooks or safety hooks shall not be permitted as a means of rigging.

Subp. 2. **Outrigger beams or thrustout.** When a suspension scaffold is supported by outrigger beams or thrustouts, each outrigger beam or thrustout must meet the following requirements:

A. Each outrigger beam or thrustout shall be of a size and design to support four times the intended load.

B. The inner end of the outrigger beam must be secured from overturning or tilting laterally.

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C. Tie-backs that meet the requirements of *Code of Federal Regulations*, title 29, section 1926.451(i)(4) shall be securely fastened to the outrigger beam.

D. Counterweights, when used, shall be sufficient to balance four times the intended load, shall be securely fastened to the outrigger beam, marked to indicate their weight, and of a rigid nonflowable material.

Subp. 3. **Lifelines on single-point suspension scaffolds.** A lifeline that meets the requirements of *Code of Federal Regulations*, title 29, section 1926.104(b), shall be installed ~~on~~ for single-point suspension scaffolds. Employees working on the scaffold shall be provided with a safety belt and lanyard that meet the requirements of *Code of Federal Regulations*, title 29, section 1926.104, and shall be required to tie off to the lifeline.

Subp. 4. **Broken wire safeties.** When two-point scaffolds are equipped with broken wire safeties, the employees may tie off to a substantial member of the scaffold itself. A "substantial member" is a member capable of withstanding the anticipated load. Guardrails are not considered substantial members. The maximum potential fall before the lanyard becomes taut shall be six feet.

~~5205.0070 PORTABLE LADDERS:~~

~~When working off of a portable ladder, fall protection must be provided when the fall potential is greater than 30 feet.~~

5205.0080 WELLS, PITS, SHAFTS, AND OTHER SIMILAR SPACES.

All wells, pits, shafts, and other similar spaces shall be barricaded or covered. Upon completion of exploration and similar operations, temporary wells, pits, shafts, and other similar spaces shall be backfilled.

GENERAL ENVIRONMENTAL CONTROLS

5205.0100 SUBMISSION OF ENVIRONMENTAL CONTROL MEASURES.

Submission of plans for engineering control of dust, fumes, gas, vapor, or mist generating operations is not required except as noted in part 5205.0110, subpart 4. Tests shall be conducted after the installation of engineering controls to determine whether the control measure is effective in maintaining the exposure concentrations of toxic materials below those limits specified herein.

5205.0105 VENT PIPE OUTLETS.

Vent pipe outlets for hazardous substances, as defined by part 5206.0100, subpart 7, under pressure, including ammonia and refrigerant compressor systems, shall be so located that the discharge is released at a point outside of the building where it will not re-enter the building or work area.

5205.0110 WORKROOM VENTILATION AND TEMPERATURE.

Subpart 1. **Air.** Air shall be provided and distributed in all workrooms as required in this code, unless prohibited by process requirements.

Outside air shall be provided to all workrooms at the rate of 15 cubic feet per minute per person.

TO ORDER: Complete attached order blank. Include either your VISA/MasterCard number with the expiration date, or a check/money order made out to the State of Minnesota. Orders by phone are accepted when purchasing with your VISA/MasterCard or if you have a customer deposit account. Please include a phone number where you can be reached during the day in case we have questions about your order. Please include 6% sales tax and \$1.50 postage and handling. PREPAYMENT REQUIRED. Merchandise may be returned at \$1.50 restocking charge, if it is in resalable condition. NOTE: State Register and other subscriptions do not require sales tax or postage and handling fees. Prices subject to change without notice. Please allow about 6 weeks for delivery. In a hurry? Stop by our Bookstore. Bookstore Hours 8:00-4:30 M-F	Code No.	Quantity	Description		Item Price	Total
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Air circulated in any workroom shall be supplied through air inlets arranged, located, and equipped so that the workers shall not be subjected to air velocities exceeding 200 feet per minute except under special circumstances specified in this code or where approved by the Department of Labor and Industry.

Subp. 2. **Temperature and humidity table.** The following tables shall be used as a guide in appraising and controlling health hazards associated with extremes in temperature and humidity.

**High Environmental Dry and Wet-Bulb Temperatures* That can
Be Tolerated in Daily Work by Healthy,
Acclimatized Persons
Wearing Warm Weather Clothing**

Activity	Relative Humidity Percent	Air Movement					
		15-25 fpm		100 fpm		300 fpm	
		Dry Bulb	Wet Bulb	Dry Bulb	Wet Bulb	Dry Bulb	Wet Bulb
Summer season	80	89	84	91	85	93	87
Light sedentary activities	60	94	82	96	84	98	85
** <u>(ET 85: F)</u>	40	100	79	101	81	103	82
	20	109	75	110	75	110	75
	5	119	69	118	69	117	68
Summer season	80	83	78	86	81	89	83
Heavy work	60	88	76	90	78	93	80
** <u>(ET 80: F)</u>	40	93	73	95	75	97	76
	20	100	69	101	70	102	70
	5	107	64	107	64	106	63
Winter season	80	78	73	81	77	85	79
Light or heavy work	60	81	71	85	74	88	76
** <u>(ET 75: F)</u>	40	86	68	89	70	91	72
	20	91	63	93	65	94	66
	5	97	58	97	58	97	59

*(Including Radiation Effect.)

**ET = Effective Temperature as defined in "Industrial Ventilation, A Manual of Recommended Practice," as issued by the American Conference of Governmental Industrial Hygienists, Committee on Industrial Ventilation, Lansing, Michigan.

If thermal radiation appears to be an important factor, the value listed above should be corrected accordingly.

Subp. 3. **Minimum air temperature.** Workroom temperatures shall be maintained as follows:

A. The minimum air temperature of 60 degrees Fahrenheit shall be maintained in all rooms where work of a strenuous nature is performed, unless prohibited by process requirements.

B. The minimum air temperature of 65 degrees Fahrenheit shall be maintained in all other workrooms unless prohibited by process requirements.

Subp. 4. **Recirculated air.** Air from any exhaust system handling materials listed in *Code of Federal Regulations*, title 29, subpart Z, shall not be recirculated without written permission from the Department of Labor and Industry.

5205.0115 GAS FIRED MACHINES AND APPLIANCES.

The flame of the gas pilot, burner, or burners in gas fired units, except process heaters in refineries and top burners on domestic kitchen-type stoves, shall be protected by a quick-acting, flame-sensitive safeguard that will automatically shut off the fuel supply in case of pilot or burner failure.

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Adopted Rules

5205.0116 CARBON MONOXIDE MONITORING.

Subpart 1. **Internal combustion engines.** The employer shall monitor environmental exposure of employees to carbon monoxide whenever internal combustion engines are operated indoors to ensure that carbon monoxide levels do not exceed those given in *Code of Federal Regulations*, title 29, section 1910.1000, Table Z-1. The air sampling shall be done at least bimonthly and represent exposures during a day of highest usage in the areas where carbon monoxide exposure is most likely.

Subp. 2. **Lift trucks.** Where the carbon monoxide source is lift trucks, the employer shall ensure that engine exhaust gases do not contain more than one percent carbon monoxide for propane fueled trucks or two percent carbon monoxide for gasoline fueled trucks.

ILLUMINATION

5205.0140 EXIT AND EMERGENCY LIGHTING.

Subpart 1. **Stairway and exit lighting.** The lighting to be provided in all important stairways and all exits from work places and in the passageways related thereto shall be so supplied that it will not be subject to failure of the room or work-space lighting from internal causes. In artificial illumination, the service for exit and emergency lighting shall preferably be from an independent connection or connections extending back to the main service entrance.

Subp. 2. **Separate supply source.** In cases of unusual danger which may exist on account of the type of building or nature of the work, crowded conditions, or lack of suitable exit space, an independent service shall be assured by connecting to a separate source of supply without or within the building. During the hours of occupancy when daylight is lacking, this separate source of supply shall be connected so as to function continuously or to come on automatically upon failure of the regular lighting service.

VENTILATION FOR GARAGES

5205.0200 GARAGE VENTILATION.

Subpart 1. **Scope.** Ventilation shall be provided for all repair garages, service stations, body shops, and all live storage garages, housing six or more vehicles driven by internal combustion engines. A live storage area is any area within a building used for the storage of fire trucks, tractors, automobiles, trucks, and other self-propelled vehicles driven in and out under their own power.

Subp. 2. **Size of general ventilation system.** The ventilation system shall be capable of removing a volume of air not less than three-fourths cubic foot per minute per square foot of floor area in garages and not less than one-half cubic foot per minute per square foot of floor area in service stations. Exhaust ducts shall not be more than 18 inches from the floor, so placed as to remove carbon monoxide gas from the entire garage. An equal amount of tempered fresh supply air shall be provided.

Subp. 3. **Size of vehicle exhaust pipe ventilation system.** In addition to general ventilation requirements, exhaust gases from the internal combustion engines being tested shall be discharged to the outdoors through a duct or flexible hose of noncombustible material of suitable size attached as an extension to the exhaust pipe. Repair stalls may be located adjacent to an outside wall so that ten feet or less of extension duct will reach the outdoors through openings not more than one foot above floor level. If repair stalls are not so located, each stall shall be provided with a suitable exhaust extension duct or flexible hose that is or can be connected to a mechanical exhaust system and to the exhaust pipe of the vehicle. The mechanical exhaust system shall have a capacity in accordance with the following table:

Engine Type	Engine Horsepower	cfm per Tailpipe	Minimum Flexible Duct Inside Diameter, Inches
Gasoline	200 and under	100	3
Gasoline	over 200	200	4
Diesel	—	400	4-1/2

Subp. 4. **Inspection and repair pits.** Inspection and repair pits shall be provided with a ventilating system capable of assuring one complete air change every five minutes (12 air changes per hour). The exhaust air inlet opening or openings shall terminate in a grille that shall be perpendicular to the floor. The bottom of the ventilation openings shall extend to the floor at the lowest point or points of the pit.

ELEVATORS, DUMBWAITERS, ESCALATORS, AND MOVING WALKS

5205.0400 SCOPE.

The matters covered in this code shall include rules for passenger elevators, freight elevators, hoists, lifts, dumbwaiters, moving stairways, moving walks, or any mechanical device or apparatus, permanently installed and fixed in position in any building or structure except private residences, for the purpose of conveying people, animals, vehicles, merchandise, building materials, or any other load regardless of whether the load is to be conveyed above or below the grade line.

Parts 5205.0400 to 5205.0590 apply to the construction, installation, alteration, and operation of all the installations listed in the first paragraph of this part, which are constructed, installed, or altered within the limits of the state of Minnesota after the effective date of these codes.

5205.0410 DEFINITIONS.

Subpart 1. **Existing installation.** "Existing installation" means one for which, before the effective date of this code:

A. all work of installation was completed; or

B. the plans and specifications were filed with the enforcing authority and work was begun not later than 12 months after approval of the plans and specifications.

Subp. 2. **New installation.** "New installation" means any installation that is not an existing installation.

5205.0420 EXISTING INSTALLATIONS.

Subpart 1. **Requirements.** All existing installations may be continued in service as long as they are properly maintained and are installed and maintained in a safe condition. The Department of Labor and Industry shall have the authority to shut down any piece of equipment covered by parts 5205.0400 to 5205.0490, which is dangerous to life, limb, and adjoining property, and the equipment shall not be put back into operation until the unsafe condition has been corrected and approved by the Department of Labor and Industry. Specific requirements for existing installations are:

A. to F. [Unchanged.]

G. Car door or gate electric contacts: car doors or gates shall be provided with electric contacts conforming to rule 111.5 of ANSI A17.1-1984.

H. to J. [Unchanged.]

Subp. 2. **Material changes.** Any installation which is materially changed after the effective date of this code, shall comply with all of the requirements covering a new installation. A material change is defined as any change which moves the location, increases or decreases the length of travel, changes the type of operation, increases the speed or carrying capacity, or changes the types of power supply of an existing installation.

Subp. 3. [Unchanged.]

5205.0430 INSPECTIONS, TESTS, AND APPROVAL.

Subpart 1. [Unchanged.]

Subp. 2. **Inspections and tests.** It shall be unlawful for any person, firm, or corporation to put into service any installation covered by parts 5205.0400 to 5205.0490 whether the installation is newly installed, relocated, or altered materially without the installation being inspected and approved by the Department of Labor and Industry. The installer of any equipment included in parts 5205.0400 to 5205.0490 shall notify the Department of Labor and Industry seven days before completion of the installation for the inspection. The Department of Labor and Industry shall have the authority to require tests necessary to prove the safe operation of any installation providing these tests meet the requirements as outlined in ANSI A17.1-1984 and supplements.

Subp. 3. [Unchanged.]

5205.0450 STANDARDS INCORPORATED BY REFERENCE.

The *American National Standard Safety Code for Elevators, Dumbwaiters, Escalators and Moving Walks*, ANSI A17.1-1984, including supplements, is incorporated by reference and made a part of these Minnesota Department of Labor and Industry occupational safety and health rules.

5205.0460 EXCEPTIONS AND AMENDMENTS TO ANSI A17.1.

Subpart 1. to 4. [Unchanged.]

Subp. 5. **Door unlocking devices.** Hoistway door unlocking devices shall not be permitted except at the bottom landings.

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Adopted Rules

A. Top and bottom landings shall be provided with hoistway access switches conforming to rules 111.9b and 111.9c of ANSI A17.1-1984.

B. and C. [Unchanged.]

Subp. 6. and 7. [Unchanged.]

Subp. 8. **Operation of elevators under fire or other emergency conditions.** All elevators having a travel of 25 feet (7.62 meters) or more, above or below the designated level must conform to the requirements of Rule 211.3 of ANSI A17.1-1984. NOTE: Section 3 of Rule 211.3 defines "designated level."

In buildings with elevators requiring Phase I and II operation as defined in ANSI A17.1-1984 and supplement ANSI A17.1a-1985, all floors must be served by cars sized to accommodate an ambulance stretcher in the horizontal position. The opening to the elevator car must be capable of passageway for an ambulance stretcher.

Subp. 9. **Height of call buttons.** Exterior elevator call buttons shall not be placed higher than 60 inches above the floor. No door opening and door closing buttons, or elevator floor buttons shall be placed higher than 60 inches above the floor.

Subp. 10. **Standby power.** Standby power must be provided as required by the *Uniform Building Code*, section 5103(c).

Subp. 11. to 14. [Unchanged.]

Subp. 15. [See Repealer.]

Subp. 16. [Unchanged.]

Subp. 17. **Emergency keys.** All keyed switches installed to operate elevators on emergency service shall be keyed alike to a pattern approved by the Department of Labor and Industry. In lieu of the above, keys for emergency elevator service may be in a metal box placed in a location approved by the Department of Labor and Industry, provided the box is locked with a five-pin tumbler core lock or equivalent which is keyed to the same pattern.

Subp. 18. **Special requirement.** One car in each bank of automatic-operation elevators serving five or more floors above or below the main floor or having a travel of 50 feet or more above or below the main floor shall meet the requirements of rule 211.3a of ANSI A17.1-1984.

Subp. 19. [See Repealer.]

Subp. 20. **Fire-resistive construction.** Hoistways shall be enclosed throughout their height with fire-resistive enclosures as required by part IV of the *Uniform Building Code*.

Partitions between fire-resistive hoistways and machine rooms having fire-resistive enclosures and that are located at a side of or beneath the hoistway may be of unperforated noncombustible material at least equal to 0.059878 inches (1.519 millimeters) thick sheet steel in strength and stiffness with openings essential for ropes, drums, sheaves, and other elevator equipment.

All hoistway openings shall be provided with fire-resistive protective assemblies. The fire resistance rating shall not be less than 1-1/2 hours when installed in two-hour fire-resistance rated construction. Protective assemblies installed in fire-resistance rated construction of less than two hours shall have ratings as required by the *Uniform Building Code*. The fire-resistance rating shall be determined by the test specified in section 1102 of the *Uniform Building Code*.

Subp. 21. **Multiple hoistways.** If there are three or fewer elevator cars in a building, they may be located within the same hoistway enclosure. If there are four elevator cars, they shall be divided so that at least two separate hoistway enclosures are provided. If there are more than four elevators, not more than four elevator cars may be located within a single hoistway enclosure.

Subp. 22. **Control of smoke and hot gases.** Hoistways of elevators shall be provided with means to prevent the accumulation of smoke and hot gases in case of fire. Hoistways housing elevators extending through more than two floor levels shall be vented to the outside. The area of the vent shall be not less than 3-1/2 percent of the area of the elevator shaft, as long as a minimum of three square feet per elevator is provided.

The venting of each individual hoistway shall be independent from any other hoistway venting, and the interconnection of separate hoistways for the purpose of venting is prohibited.

Vents shall be manually openable or remote control automatic vents. Location of operating devices is subject to the approval of the fire chief.

Subp. 23. **Location of vents.** Vents shall be located:

A. in the side of the hoistway enclosure directly below the floor or floors at the top of the hoistway, and shall open either directly to the outer air or through noncombustible ducts to the outer air; or

B. in the wall or roof of the penthouse or overhead machinery space above the roof, if the openings have a total area not less than the minimum specified in rule 100.4c of ANSI A17.1-1984. Vents passing through machine rooms shall be in noncombustible

ducts. When a vent is installed in the roof of a hoistway, a protective grille shall be provided to prevent persons from falling into the hoistway.

Subp. 24. **Pressurization of hoistway.** If air pressurization of a hoistway is used as a means of smoke and hot gas control, the air shall not be introduced into the hoistway in such a manner as to cause erratic operation by impingement of traveling cables, selector tapes, governor ropes, compensating ropes, and other components sensitive to excessive movement or deflection.

Subp. 25. **Emergency signs.** Except at the main entrance level, an approved pictorial sign of a standardized design shall be posted adjacent to each elevator call station to indicate that, in case of fire, the elevator will not operate and exit stairways should be used.

Subp. 26. **Emergency stop switches.** Emergency stop switches shall not be installed inside the car on new installations of automatic operation elevators.

NOTE: Emergency stop switches shall not be removed from existing automatic operation elevators that do not conform to rule 210.10 of ANSI A17.1-1984.

5205.0490 WHEELCHAIR ELEVATING DEVICES.

Wheelchair elevating devices shall conform to the requirements of ANSI A17.1-1984, part XX, and the requirements of the *Minnesota State Building Code*, parts 1320.2001 to 1320.2035.

MAINTENANCE AND REPAIR OF BUILDINGS AND EQUIPMENT

5205.0650 SCOPE.

Parts 5205.0650 to 5205.0710 apply to building and in-plant maintenance and repair necessary to maintain buildings and equipment in safe operating condition.

5205.0660 MAINTENANCE GOALS.

Subpart 1. **Building maintenance.** Buildings shall be maintained to assure that no loose parts or equipment including bricks, mortar, glass, wood, or cement parts can fall in passage or work areas occupied by employees.

Subp. 2. **Walkway maintenance.** Catwalks, platforms, walkways, and stairways shall be maintained in a condition free from the hazards associated with ice, snow, overhanging ice or snow, holes, loose members, or badly deteriorated or corroded members.

Subp. 3. **Asbestos.** Exposed friable asbestos-containing materials on ceilings, beams, pipes, boilers, tanks, and similar areas shall be repaired, replaced, removed, enclosed, or encapsulated. Precautions shall be taken to protect employees as required by *Code of Federal Regulations*, title 29, section 1910.1001 or 1926.58.

5205.0665 ELECTRICAL REQUIREMENTS.

Exposed noncurrent-carrying metal parts of cord and plug connected equipment that may become energized shall be grounded if used near wet or conductive equipment, materials, or locations.

5205.0675 COVERS AND OVERHEAD DOORS.

~~All covers and horizontal, sliding, and overhead doors of sufficient weight or pressure to cause crushing injury to employees in the event of their powered or unpowered closure shall be provided with a constant pressure closing switch, safety edge, or pressure relief mechanism.~~

5205.0680 LOCKOUT DEVICES.

Subpart 1. **Electrical power disconnect.** Any main electrical power disconnect means which controls a source of power or material flow shall be locked out with a lockout device whenever employees are maintaining, cleaning, adjusting, or servicing machinery or equipment, if the disconnect is not in clear sight of the employee. A "Do Not Start" tag as described in *Code of Federal Regulations*, title 29, section 1910.145 (f) (3) shall be affixed to any and all operating controls.

Subp. 2. **Pneumatic and hydraulic lines.** The pressure shall be eliminated from any pneumatic and hydraulic lines which activate a mechanism or machine and the valve holding back the activating substance shall be locked out before an employee works on that mechanism or machine.

Subp. 3. **Spring tension mechanisms.** Mechanisms under spring tension or compression shall be blocked, clamped, secured in position, or the compression or tension totally relieved before being worked on by an employee.

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Adopted Rules

Subp. 4. **Suspended mechanisms.** Suspended mechanisms or parts that normally cycle through a lower position shall be lowered to the lowest position, be clamped, blocked, or otherwise secured in position before being worked on by an employee.

Subp. 5. **Individual lockouts.** Where more than one employee is engaged in working on machinery or equipment, each employee shall affix their individual lockout device or lock to the disconnect switch or power supply.

Subp. 6. **Exemption.** Utility companies, when working on lines and equipment, will be exempt from this standard but must comply with the requirements of *Code of Federal Regulations*, title 29, section 1926.950(d).

5205.0685 KNIVES AND CUTTING TOOLS.

Knives and cutting tools shall be kept in sheaths or holders made for the purpose when those tools are not in use.

5205.0686 PRESSURE HOSES.

All hand-held pressure hoses and nozzles that could cause injury when the hose or nozzle is not being held, including air, water, hot water and steam, and all high temperature hoses or nozzles including hot water and steam, shall have a constant pressure control.

5205.0690 LUBRICATION OF MOVING MACHINERY.

Machinery or equipment shall be shut down during manual lubrication unless access to lubrication fittings is safeguarded or is located far enough away from moving parts that employees cannot contact them.

5205.0700 WIRE ROPE CLIPS.

Subpart 1. **Location of U-bolts.** Wire rope clips attached with U-bolts shall have the U-bolts on the dead or short end of the rope.

Subp. 2. **Clip construction.** Clips shall be made of drop forged steel. All nuts on the clip bolts of a newly installed rope shall be retightened after the first hour of service.

Subp. 3. **Clip spacing.** Spacing and number of clips shall be in accordance with the table below:

Rope Diameter Inches	Number of Clips Drop Forged	Minimum Spacing (inches)
1/8	2	3/4
3/16	2	1-1/8
1/4	2	1-1/2
5/16	2	1-7/8
3/8	2	2-1/4
7/16	2	2-5/8
1/2	3	3
5/8	3	3-3/4
3/4	4	4-1/2
7/8	4	5-1/4
1	5	6
1-1/8	6	6-1/4
1-1/4	6	7-1/2
1-3/8	7	8-1/4
1-1/2	7	9

5205.0710 ALTERATION OF TOOLS AND EQUIPMENT.

~~All tools and equipment, whether powered or manually operated, shall be used only for their intended purpose. Tools and equipment shall not be altered, modified, or used for other than their intended purpose without the manufacturer's written approval.~~

VEHICLES

5205.0750 MOTORIZED SELF-PROPELLED VEHICLES.

Subpart 1. and 2. [Unchanged.]

Subp. 3. **Transportation of employees.** Vehicles being used to transport employees shall be equipped with a seating arrangement securely anchored, a rear end gate, a guardrail and steps or a ladder for mounting and dismounting.

A. Under no circumstances shall any employee be allowed to ride in a standing position or with arms or legs outside of the truck body, or seated on the side fenders, cabs, cabshields, rear of truck, or on the load unless such a position is dictated by a job assignment.

B. No explosives, flammable materials (excepting normal fuel supply), or toxic substances shall be transported in the passenger carrying area of vehicles carrying employees.

C. No vehicle transporting employees shall be moved until the driver has ascertained that all employees are seated and required guardrails and end gates are in place and doors closed.

D. No employee shall be allowed to get on or off any vehicle while it is in motion.

Subp. 4. [Unchanged.]

5205.0755 POLICE AND PATROL VEHICLES.

All police and patrol vehicles that are marked in accordance with *Minnesota Statutes*, section 169.98, that may be used to transport violators or offenders shall be provided with an effective barrier between the front and back seat to protect the officers from assault. The barrier may be retractable so as not to be a hindrance to officers when not transporting violators or offenders.

5205.0760 POWERED INDUSTRIAL TRUCK OPERATIONS.

Subpart 1. **Restricted use.** All industrial trucks designed and constructed for use on solid hard level surfaces shall be restricted to such operations.

Subp. 2. **Surface condition.** All solid hard level surfaces must be free of cracks, irregularities, or holes that could upset the balance of the industrial truck.

Subp. 3. **Load positioning.** When a fork truck operator is positioning a load in an area which is not fully visible to the fork truck operator, the operator shall be assisted by a designated person who shall direct the safe placing of the load by using predetermined signals.

5205.0765 SCISSOR POINT PROTECTION.

Scissor points on all rubber-tired skid steer equipment including front-end loaders shall be guarded to protect the operator.

5205.0770 GREASE RACKS, HOISTS, AND PITS.

Subpart 1. **Vehicle support.** Vehicles shall not be supported on jacks or held suspended by ropes, chains, or cables but shall be supported by adequate blocking or cribbing or set on supports designed for that purpose.

Subp. 2. **Barricades.** Employees shall not be allowed to stand directly in front of self-propelled vehicles while directing the vehicle onto the hoist or pit, or to work in front of a moving vehicle unless a crib or barricade, adequate to stop the vehicle, is between the employee and the moving vehicle. The crib or barricade shall not in itself create any additional hazards to the employees.

Subp. 3. **Spacing.** A space of two feet or more shall be provided as working clearance between the sides of a vehicle on a floor hoist and any wall surface.

Subp. 4. **Safety factor.** On automotive hoists, an automatic mechanical device having a safety factor of three based on the manufacturer's rated load capacity shall be provided to hold the lift in the fully extended position at the manufacturer's rated load capacity.

MACHINE GUARDING

5205.0860 MACHINES WITH REVOLVING PARTS.

Subpart 1. [Unchanged.]

Subp. 2. **Guarding.** Each machine shall be fully guarded with a cover, hatch, or grate with an interlocking device that will prevent the cover, hatch, or grate from being opened while the rotating parts are in motion, and will also prevent the power operation of the machine while the cover, hatch, or grating is not fully closed and secured.

Subp. 3. **Secured position.** Each machine shall be effectively secured in position on the floor or foundation so as to eliminate unnecessary vibrations.

Subp. 4. **Labeling for operating speed.** The manufacturer's recommended speeds shall be stamped on the machine, and located where they are readily visible in letters not less than one-quarter inch in height. The maximum permissible speed shall be given in revolutions per minute (RPM).

5205.0865 MACHINE CONTROLS AND EQUIPMENT.

~~On machines with points of operation, pinch points, or nip points, a mechanical or electrical power control shall be provided on each machine to make it possible for the operator to cut off the power from each machine without leaving the position at the point of operation.~~

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Adopted Rules

5205.0870 FOOT-ACTUATED MACHINES.

The treadle or pedal of foot-actuated machines, tools, or equipment shall be physically protected to prevent unintended operation.

5205.0880 MOTOR START BUTTON:

The motor start button on machines shall be physically protected against unintended operation.

5205.0890 HYDRAULIC PRESSES.

A barrier guard shall be maintained on all hydraulic presses, whether hand or power operated, where there is a possibility of materials being ejected from the press.

CONFINED SPACES

5205.1000 SCOPE:

Parts 5205.1000 to 5205.1040 prescribe minimum standards for preventing employee exposure to dangerous air contamination or oxygen deficiency, as defined by part 5205.1010, within such spaces as silos, tanks, vats, vessels, boilers, compartments, ducts, sewers, pipelines, vaults, bins, tubs, pits, and other similar spaces.

Parts 5205.1000 to 5205.1040 do not apply to underwater operations conducted in diving bells or other underwater devices or to supervised hyperbaric facilities.

5205.1010 DEFINITIONS:

Subpart 1. **Confined space:** "Confined space" is defined by the existence of the following conditions:

- A. dangerous air contamination or oxygen deficiency may exist or develop; or
- B. emergency removal of a suddenly disabled employee is difficult due to the location or size of the access opening.

Subp. 2. **Confined space entry:** "Confined space entry" means any action resulting in any part of the employee's face breaking the plane of any opening of the confined space, and includes any ensuing work activities inside the confined space.

Subp. 3. **Dangerous air contamination:** "Dangerous air contamination" is an atmosphere presenting a threat of death or acute injury, illness, or disablement due to the presence of flammable, explosive, toxic, or otherwise injurious or incapacitating substances.

A. Dangerous air contamination due to the flammability of a gas or vapor is defined as an atmosphere containing the gas or vapor at a concentration greater than ten percent of its lower explosive (lower flammable) limit.

B. Dangerous air contamination due to a combustible particulate is defined as a concentration greater than ten percent of the minimum explosive concentration of the particulate.

C. Dangerous air contamination due to atmospheric concentration of any toxic, corrosive, or asphyxiant substance listed in *Code of Federal Regulations*, title 29, part 1910, subpart Z, above the listed numerical value of the permissible exposure limit (PEL). In addition, an atmospheric concentration above the numerical limit listed on the Material Safety Data Sheet prepared in conformance with *Code of Federal Regulations*, title 29, section 1910.1200(g)(2)(vi) or the Minnesota Employee Right-to-Know Standards, chapter 5206.

D. Dangerous air contamination that presents an acute illness hazard represents an atmospheric concentration immediately dangerous to life and health (IDLH); for example, above a maximum concentration from which one could escape within 30 minutes or the length of time an employee will be exposed, whichever is longer, without any escape-impairing symptoms or any immediate severe health effects. "Immediate severe health effect" means that an acute clinical sign of a serious, exposure-related reaction is manifested within 72 hours after exposure.

Subp. 4. **Oxygen deficiency:** "Oxygen deficiency" is defined as an atmosphere containing oxygen at a concentration of less than 19.5 percent by volume.

5205.1020 OPERATING PROCEDURES AND EMPLOYEE TRAINING:

Subpart 1. **Implementation:** The employer shall implement the provisions of this part before any employee is allowed to enter a confined space.

Subp. 2. **Entry permit system:** The employer shall develop, implement, and use an entry permit system that includes a written permit procedure that provides all the means necessary to:

- A. determine and identify to employees the confined spaces where entry permits are required to prevent unauthorized entry;
- B. determine the actual and potential hazards associated with the space at the time of entry so the employer can choose the appropriate means to execute a safe entry;
- C. assure by appropriate testing that the control measures used are effective;

D. provide for preplanned emergency rescue;

E. identify by job title those persons who must sign the entry permit and the duties of each, including the person in charge of entry; and

F. assure proper calibration of testing and monitoring equipment.

Subp. 3. Entry permit and checklists: A written permit form must be completed before allowing an employee to enter a confined space. The written permit must contain the following minimum specific information for each permit entry space:

A. date;

B. location;

C. time of issue/expiration;

D. names of employees assigned to enter and name and job title of the person authorizing or in charge of the entry (employer's representative);

E. description of the hazards known or reasonably expected to be present in the confined space;

F. the atmospheric testing required to be done immediately before and during the entry period and the designated individual responsible for performing the tests;

G. the personal protective equipment required, including respiratory protection, clothing, or harnesses required for entry and rescue;

H. description of any additional hazards that may be reasonably expected to be generated by the entrants' activities in the space and identification of all special work practices or procedures to be followed; and

I. specification of all means of isolation, cleaning, purging, or inerting to be done before entry to remove or control those hazards, or certification that these procedures have been done.

Subp. 4. Duration and retention of permit: The maximum duration for which a permit form may be issued is one day. Each written permit form for confined space entry must be retained for a minimum of 30 days and be readily available at the work site.

Where atmospheric testing showed unacceptable air quality, the employer shall retain, for a minimum of one year, the written permit form or record showing the results of the atmospheric testing.

Subp. 5. Operating procedures:

A. Written, understandable operating and rescue procedures shall be developed and provided to affected employees. When respiratory protection is used, a respiratory protection program as outlined in *Code of Federal Regulations*, title 29, section 1910.134, shall be in place.

B. Operating procedures shall conform to the applicable requirements of parts 5205.1030 and 5205.1040 and shall include provision for surveillance of the surrounding area to avoid hazards such as drifting vapors from tanks, piping, and sewers.

Subp. 6. Employee training: Employees, including standby persons required by part 5205.1040, subparts 1, item A, and 3, item D, shall be trained in operating and rescue procedures, including instructions on the hazards they may encounter.

5205.1030 PRE-ENTRY PROCEDURES:

Subpart 1. Application: The applicable provisions of this part shall be implemented before entry into a confined space is permitted.

Subp. 2. Disconnection of lines: Lines that may convey flammable, explosive, toxic, or otherwise injurious or incapacitating substances into the space shall be disconnected, blinded, or blocked off by other positive means to prevent the development of dangerous air contamination or oxygen deficiency within the space. The disconnection or blind shall be so located or done in such a manner that inadvertent reconnection of the line or removal of the blind is effectively prevented.

This subpart does not apply to public utility gas distribution systems.

This subpart does not require blocking of all laterals to sewers or storm drains. Where experience or knowledge of industrial

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use indicates materials resulting in dangerous air contamination may be dumped into an occupied sewer, all such laterals shall be blocked.

Subp. 3. **Purging of contaminants:** The space shall be emptied, flushed, or otherwise purged of flammable, explosive, toxic, or otherwise injurious or incapacitating substances.

Subp. 4. **Calibration of testing and monitoring equipment:** Air testing and monitoring equipment shall be maintained according to manufacturers' instructions. This equipment shall be periodically calibrated with an appropriate test gas to assure proper operation.

Subp. 5. **Air tests:** The air in confined spaces shall be tested with an appropriate device or method to determine whether dangerous air contamination or an oxygen deficiency exists, and a written record of the testing results shall be made and kept at the work site for the duration of the work. Affected employees or their representatives shall be afforded an opportunity to review and record the testing results.

Subp. 6. **Interconnected spaces:** Where interconnected spaces are blinded off as a unit, each space shall be tested and the results recorded in accordance with subpart 5. The most hazardous condition found shall govern procedures to be followed.

Subp. 7. **Ventilation:** Where the existence of dangerous air contamination or oxygen deficiency is demonstrated by tests performed under subpart 5, existing ventilation shall be augmented by appropriate means.

When additional ventilation provided in accordance with this subpart has removed dangerous air contamination or oxygen deficiency as demonstrated by additional testing conducted and recorded under subpart 5, entry into and work within the space may proceed subject to part 5205-1040.

Subp. 8. **Ignition sources:** No sources of ignition may be introduced into the space until implementation of appropriate provisions of this section has ensured that dangerous air contamination due to flammable or explosive substances does not exist.

Subp. 9. **Oxygen-consuming equipment:** Whenever oxygen-consuming equipment is to be used, measures shall be taken to ensure adequate combustion air and exhaust gas venting.

Subp. 10. **Ready access:** Provision shall be made to permit ready entry and exit from confined spaces.

Where there is no ready exit from spaces equipped with automatic fire suppression systems employing harmful design concentrations of toxic or oxygen-displacing gases, or total foam flooding, such systems must be deactivated. When it is not practical or safe to deactivate such systems, the provisions of part 5205-1040 related to the use of respiratory protective equipment shall apply during entry into and work within the spaces.

5205-1040 CONFINED SPACE OPERATIONS:

Subpart 1. **Entry into and work within confined space where an atmosphere free of dangerous air contamination or oxygen deficiency has been ensured:** The requirements of this part apply, except as outlined in subpart 2, to entry into and work within a confined space where dangerous air contamination or oxygen deficiency does not exist.

A. At least one employee shall stand by on the outside of the confined space ready to give assistance in case of emergency. At least one additional employee who may have other duties shall be within sight or call of the standby employee.

B. Communications (visual, voice, or signal line) shall be maintained between all individuals in the confined space and the standby employee.

C. The standby employee shall not enter the confined space without alerting at least one additional employee of the intent to enter the confined space. Entry shall only occur after proper tests have been performed to show that a dangerous air contaminant or oxygen deficiency does not exist or the standby employee is protected as prescribed in subpart 3, items C and D, subitem (1).

Subp. 2. **Special entry permits and practices:** The entry permit practices described in items A and B are applicable only for the restricted circumstances and conditions described.

A. Employers whose operations require employees to perform routine repetitive entry into confined spaces where entry permits are required and that are unlikely to develop a dangerous air contaminant or oxygen deficiency and have no potential for an engulfment condition, may issue an annual permit instead of a separate permit for each entry. When work in a permit entry space is to be done under an annual permit, the employer shall:

(1) Establish specific entry practices and procedures that must be followed for entry by annual permit before any employee may be authorized to make an entry.

(2) Train employees in the practices and procedures required for such entries.

(3) Assure that whenever entry into a confined space is to be made, employees test the atmosphere before entry using an appropriate direct reading instrument (or other device capable of quantitatively identifying anticipated contaminants) with a remote sampling probe, testing for the following conditions and in the following order: oxygen concentration, combustible gas,

and suspected toxic material, if any. While occupied, additional monitoring for these gases or vapors shall be done during the entry period to assure that a potentially dangerous atmosphere does not develop in the confined space.

(4) Allow, at the employer's discretion, entry by one or more workers without a standby employee where continuous, positive ventilation of 200 cubic feet per minute of clean air and/or sufficient ventilation to maintain the atmosphere within established permit conditions is provided to the confined space.

(5) Revoke the permit whenever any test done pursuant to this item shows deviation from permit conditions to more hazardous conditions. In these circumstances, entry may be made only by an entry permit as outlined in part 5205.1020.

B. Employers whose operations require employees to perform routine repetitive entry into low hazard below-ground chambers where no risk of engulfment can exist, and where the atmosphere cannot develop a dangerous air contaminant or oxygen deficiency, and where all known sources of hazard are positively controlled, may issue an annual permit instead of a separate permit for each entry. When work under these conditions is performed, the employer shall:

(1) Establish specific entry practices and procedures that must be followed for entry by annual permit before any employee may be authorized to make an entry.

(2) Train employees in the practices and procedures required for such entries.

(3) Allow, at the employer's discretion, entry by one or more workers without a standby employee when there is assurance that one or more of the following requirements are met:

(a) the space has been ventilated before entry using a mechanically powered ventilator for not less than is specified in the ventilation nomograph prepared for that ventilator, and that ventilation continues throughout the entry;

(b) the confined space is continuously ventilated, such mechanical ventilation shall provide positive ventilation of clean air at a rate of at least 200 cubic feet per minute per occupant and/or six air changes of the confined space volume per hour; or

(c) there is no mechanically powered ventilation but appropriate continuous atmospheric monitoring or frequent atmospheric testing is performed to assure that permit conditions are maintained.

(4) Revoke the permit whenever any test done pursuant to this item shows deviation from permit conditions to more hazardous conditions. In these circumstances, entry may be made only by an entry permit as outlined in part 5205.1020.

Subp. 3. Entry into and work within confined spaces whenever an atmosphere free of dangerous air contamination or oxygen deficiency cannot be ensured: The requirements of this part apply to entry into and work within a confined space whenever an atmosphere free of dangerous air contamination or oxygen deficiency cannot be ensured through the implementation of the applicable provisions of part 5205.1030, or whenever due to an emergency, dangerous air contamination or an oxygen deficiency cannot be prevented through the implementation of the applicable provisions of part 5205.1030.

A. Tanks, vessels, or other confined spaces with side and top openings shall be entered from side openings when practicable. For the purposes of this part, side openings are those within 42 inches of the bottom.

B. Appropriate, approved respiratory protective equipment, in accordance with *Code of Federal Regulations*, title 29, section 1910.134, shall be provided and worn.

C. An approved safety belt with an attached line must be used. The free end of the line shall be secured outside the entry opening. The line shall be at least one-half inch diameter and 2,000 pounds test.

D. At least one employee shall stand by on the outside of the confined space ready to give assistance in case of emergency. At least one additional employee who may have other duties shall be within sight or call of the standby employee.

(1) The standby employee shall have appropriate, approved, respiratory protective equipment, including an independent source of breathing air that conforms with *Code of Federal Regulations*, title 29, section 1910.134(d), available for immediate use.

(2) A standby employee protected as prescribed by items C and D may enter the confined space, but only in case of emergency and only after alerting at least one additional employee outside of the confined space of the emergency and of the standby employee's intent to enter the confined space.

E. When entry must be made through a top opening, the following requirements also apply.

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(1) The safety belt shall be of the harness type that suspends a person in an upright position.

(2) An approved hoisting device or other effective means shall be provided for lifting employees out of the space.

F. Work involving the use of flame, arc, spark, or other source of ignition is prohibited within a confined space (or any adjacent space having common walls, floor, or ceiling with the confined space) that contains, or is likely to develop, dangerous air contamination due to flammable or explosive substances.

G. Whenever gases such as nitrogen are used to provide an inert atmosphere for preventing the ignition of flammable gases or vapors, no flame, arc, spark, or other source of ignition may be permitted unless the oxygen concentration is maintained at less than 20 percent of the concentration that will support combustion.

(1) Testing of the oxygen content shall be conducted with sufficient frequency to ensure conformance with this item.

(2) A written record of the results of such testing shall be made and kept at the work site for the duration of the work.

(3) Affected employees or their representatives shall be provided an opportunity to review and record the testing results.

H. Only approved lighting and electrical equipment may be used in confined spaces subject to dangerous air contamination by flammable or explosive substances.

I. Employees working in confined spaces that have last contained substances corrosive to the skin or substances that can be absorbed through the skin shall be provided with, and shall be required to wear, appropriate personal protective clothing or devices in accordance with *Code of Federal Regulations*, title 29, section 1910.132.

Subp. 4. Precautions for emergencies involving work in confined spaces:

A. At least one person trained in first aid and cardiopulmonary resuscitation (CPR) shall be immediately available whenever the use of respiratory protective equipment is required by this part. Standards for CPR training shall follow the principles of the American Heart Association or the American Red Cross.

B. An effective means of communication between employees inside a confined space and a standby employee shall be provided and used whenever the provisions of this part require the use of respiratory protective equipment or whenever employees inside a confined space are out of sight of the standby employee. All affected employees shall be trained to use the communication system. The system must be tested before each use to confirm its effective operation.

CRANES AND HOISTS

5205.1200 CRANES AND HOISTS.

Subpart 1. **Scope.** This part applies to any crane, derrick, or hoist having a maximum rated capacity of one ton or less; to railway and automobile wrecking cranes; skip hoists; hoist-like units used for horizontal pulling only; mine hoists; conveyors and shovels; drag line excavators; backhoes; and any equipment within the scope of such as mobile scaffolds, towers, and platforms.

This part also applies to all monorail cranes, underhung cranes, and top running single girder cranes where the ends of the girders are fastened or fixed to the structure.

Subp. 2. **Initial inspection.** Before initial use, all new and altered cranes shall be inspected to ensure compliance with this part.

Subp. 3. **Frequent inspection.** Items A to F shall be inspected for defects at daily to monthly intervals, or as specifically indicated, including observation during operation for any defects that might appear between regular inspections. All deficiencies, such as those listed in items A to F, that constitute a safety hazard shall be corrected before placing the unit in service.

A. All functional operating mechanisms for maladjustment interfering with proper operation - daily.

B. Lines, tanks, valves, drain pumps, and other parts of air or hydraulic systems for deterioration or leakage - daily.

C. Hooks with deformation or cracks - visual inspection daily, monthly inspection with signed reports. For hooks with cracks or having more than 15 percent in excess of normal throat opening or more than ten degrees twist from the plane of the unbent hook, refer to subpart 6, item B, subitem (1).

D. Hoist chains, including end connections, for excessive wear, twist, distorted links, or stretch beyond manufacturer's recommendations - visual inspection daily, monthly inspection with signed certification record.

E. All functional operating mechanisms for excessive wear of components.

F. Rope reeving for noncompliance with manufacturer's recommendations.

Subp. 4. **Periodic inspection.** Complete inspections of the crane shall be performed monthly or as indicated in subpart 5. These inspections shall include the requirements of subpart 3 and items A to I. All deficiencies, such as those listed in items A to I, that constitute a safety hazard shall be corrected before placing the unit in service:

A. deformed, cracked, or corroded members;

- B. loose bolts or rivets;
- C. cracked or worn sheaves and drums;
- D. worn, cracked, or distorted parts such as pins, bearings, shafts, gears, rollers, and locking and clamping devices;
- E. excessive wear on brake system parts, linings, pawls, and ratchets;
- F. load, wind, and other indicators over their full range, for any significant inaccuracies;
- G. gasoline, diesel, electric, or other power plants for improper performance or noncompliance with applicable safety requirements;
- H. excessive wear of chain drive sprockets and excessive chain stretch; and
- I. electrical apparatus, for signs of pitting or any deterioration of controller contactors, limit switches, and push-button stations.

Subp. 5. **Cranes not in regular use.** A crane that has been idle for one month or more, but less than six months, shall be given an inspection conforming with the requirements of subpart 3 before being placed in service.

A crane that has been idle for over six months shall be given a complete inspection conforming with subparts 3 and 4 before being placed in service.

Standby cranes shall be inspected at least semiannually in accordance with subpart 3.

Subp. 6. **Adjustments and repairs.** Any condition disclosed by the inspections required by this part shall be corrected before operation of the crane is resumed. Adjustments and repairs shall be done only by designated, qualified personnel.

- A. Adjustments shall be maintained to ensure correct functioning of all components, such as the following:
 - (1) all functional operating mechanisms;
 - (2) limit switches;
 - (3) control systems;
 - (4) brakes; and
 - (5) power plants.

B. Repairs or replacements required by this part shall be provided promptly before resumed operation, including any deficiencies such as:

- (1) crane hooks showing defects described in subpart 3, item C, shall be discarded;
- (2) load attachment chains and rope slings showing defects described in subpart 3, items D and E, respectively;
- (3) all critical parts that are cracked, broken, bent, or excessively worn; and
- (4) pendant control stations shall be kept clean and function labels kept legible.

C. After adjustments and repairs have been made, the crane shall not be operated until all guards have been reinstalled, safety devices reactivated, and maintenance equipment removed.

5205.1210 HOIST HOOK SAFETY DEVICES.

Safety latches (mousings) shall be provided on all hoist hooks used on hoists or cranes that lift or travel with loads attached. This includes the hook used to attach the hoist to the rail, trolley, or structure.

5205.1220 WARNING SIGNAL.

Whenever a crane or hoist is used to convey molten metal, a gong or other effective warning signal shall be provided and used.

PERSONNEL PLATFORMS SUSPENDED FROM CRANES AND DERRICKS

5205.1230 SCOPE AND APPLICATION.

The standards in parts 5205.1230 to 5205.1300 apply to the hoisting of personnel platforms on the load line or other line off the boom of friction or hydraulic portal, tower, crawler, locomotive, truck, and wheel mounted cranes or derricks. No crane or derrick function may be performed while an employee is on a personnel platform attached to a load line on such equipment unless the

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requirements of parts 5205.1230 to 5205.1300 are met. The practice of hoisting employees on such equipment is only permitted under the specific circumstances defined in part 5205.1290.

5205.1240 DEFINITIONS.

Subpart 1. **Scope.** The terms used in parts 5205.1230 to 5205.1300 have the meanings given them in this part.

Subp. 2. **Anti-two-blocking device.** "Anti-two-blocking device" means a positive acting device that prevents contact between the load block or fall ball and the boom tip.

Subp. 3. **Hoisting.** "Hoisting" means lowering, lifting, or suspending.

Subp. 4. **Live boom.** "Live boom" means a boom in which lowering is controlled by brake without aid from other lowering retarding devices.

Subp. 5. **Set-up location.** "Set-up location" means the location to which the crane or derrick is brought and set up, including assembly and leveling.

Subp. 6. **Two-block damage prevention feature.** "Two-block damage prevention feature" means a system that deactivates the hoisting action before damage occurs in the event of a two-block situation. Two-blocking occurs when the boom is extended or lowered and the load cable is not paid out simultaneously so the bottom block contacts the boom point.

Subp. 7. **Work location.** "Work location" means the location to which the personnel platform is positioned.

5205.1250 GENERAL REQUIREMENTS.

The use of a friction or hydraulic portal, tower, crawler, locomotive, truck, or wheel mounted crane or derrick to hoist personnel platforms is permitted when their use is as safe as the erection, use, or dismantling of conventional means of reaching the work site, such as ladders, stairways, aerial lifts, elevating work platforms or scaffolds, or when those means are either more hazardous, or are not possible because of structural design or work site conditions.

5205.1260 OPERATIONAL CRITERIA.

Subpart 1. **Application.** The general provisions in this part apply when cranes or derricks are used to hoist employees.

A. Lifting and lowering speeds shall not exceed 100 feet (30.48 meters) per minute. Free fall is prohibited.

B. The minimum load hoist wire rope safety factor is seven.

C. Load and boom hoist drum brakes, swing brakes, and locking devices such as pawls or dogs, as equipped, shall be engaged when the occupied personnel platform is in a stationary working position. A positive means controllable from the operator's station shall be provided to hold the drum from rotating in the lowering direction and be capable of holding the rated load indefinitely without further attention from the operator.

D. The crane shall be uniformly level within one percent of level grade and located on firm footing. Crane outriggers, if provided, shall be used according to manufacturer's specifications when hoisting employees.

E. The total weight of the loaded personnel platform and related rigging shall not exceed 50 percent of the rated capacity for the radius and configuration of the crane or derrick.

F. The use of machines having live booms is prohibited.

Subp. 2. **Instruments and components.** Cranes or derricks used to hoist employees shall be equipped as follows:

A. A boom angle indicator shall be installed on cranes, readily visible to the operator.

B. Telescoping booms shall be marked or equipped with a device to clearly indicate at all times to the operator the boom's extended length.

C. An anti-two-blocking device or two-block damage prevention feature shall be installed. Prevention features shall be maintained in adverse weather conditions so as to function properly at all times.

5205.1270 PERSONNEL PLATFORM.

Subpart 1. **Design criteria.** The personnel platform shall be designed by a qualified person competent in structural design.

A. The suspension system shall be designed to minimize tipping of the platform due to movement of employees occupying the platform.

B. The entire personnel platform shall be designed with a minimum safety factor of five.

C. Six feet (1.8 meters) minimum headroom shall be provided for employees occupying the platform.

Subp. 2. **Platform specifications.** Each personnel platform shall be provided with perimeter protection from the floor to 42 inches

(106.7 centimeters), 3/8 inches (7.62 centimeters) above the floor, that shall consist of either solid construction or expanded metal having openings no greater than one-half inch (1.27 centimeters).

- A. A grab rail shall be provided inside the personnel platform.
- B. An access gate, if provided, shall swing inward and shall be equipped with a restraining device to prevent accidental opening.
- C. Overhead protection shall be provided on the personnel platform when there is the potential for exposure to falling objects.
- D. All rough edges exposed to contact by employees occupying the platform shall be ground smooth.
- E. All welding shall be performed by a welder qualified for the weld grades, types, and material specified in the design.
- F. A plate or other permanent marking shall be conspicuously posted on the platform indicating the personnel platform weight and its rated load capacity.
- G. Personnel platforms shall be easily identifiable by color or marking as being for personnel only.

Subp. 3. **Personnel platform loading.** The rated load capacity of the personnel platform shall not be exceeded.

The personnel platform shall not be used for general transportation or movement of employees or lifting of materials or tools other than those used by employees to do their work from the platform.

Materials on an occupied personnel platform shall be secured and evenly distributed while the platform is in motion.

Subp. 4. **Rigging.** When a wire rope bridle is used to connect the personnel platform to the load line, the bridle legs shall be connected to a single ring or shackle.

- A. Hooks on fall ball assemblies, lower load blocks, or other attachment assemblies shall be of a type that can be closed and locked, eliminating the hook throat opening. Alternatively, a shackle with a screw pin, nut, and retaining pin may be used.
- B. Wire rope, shackles, rings, and other rigging hardware shall have a minimum safety factor of seven.
- C. All eyes on wire rope slings shall be fabricated with thimbles.
- D. The platform shall be tied off above the load block or above the ball with an independent safety line from the frame of the platform or cage.

5205.1280 INSPECTION AND TESTING.

Subpart 1. **Inspection.** In addition to the inspections required by *Code of Federal Regulations*, title 29, section 1926.550(a)(5), (a)(6), (b)(2), and (e), cranes and derricks that are used to hoist personnel platforms shall be inspected by a competent person, as defined in *Code of Federal Regulations*, title 29, section 1926.32(f), at the beginning of each shift and before hoisting employees on the personnel platform after the crane or derrick has been used for any material handling operations in which greater than 50 percent of the rated capacity was lifted.

Subp. 2. **Trial lift.** A trial lift with the personnel platform unoccupied shall be made for each new work location and at the beginning of each shift to ensure that all systems, controls, and safety devices are functioning properly.

Subp. 3. **Full-cycle test lift.** A full-cycle operational test lift at 150 percent of the intended load of the personnel platform shall be made before hoisting employees for the first time at each new set-up location.

A visual inspection of the crane or derrick, personnel platform, and base support shall be conducted immediately after lift testing in order to determine whether the testing has produced any adverse effect upon any component or structure.

Any defects that may affect the safe operation of the equipment found during such inspections shall be corrected before further use.

5205.1290 SAFE WORK PRACTICES.

Subpart 1. **Employee placement.** Employees shall keep all parts of their bodies inside the platform during raising, lowering, and positioning of the personnel platform.

Subp. 2. **Securing platform.** If the personnel platform is not landed, it shall be secured to the structure before employees exit or enter the platform.

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Subp. 3. **Tag lines.** Tag lines shall be used where practical.

Subp. 4. **Hoisting during travel.** Hoisting employees while the crane is traveling is prohibited, except for portal and tower cranes operating on a fixed track.

Subp. 5. **Operator's duty.** The crane or derrick operator shall remain at the controls at all times when hoisting employees.

Subp. 6. **Weather conditions.** Hoisting of employees shall be discontinued upon indication of any severe weather conditions.

Subp. 7. **Conditions for hoisting employees.** The platform shall be hoisted a few inches and inspected to ensure that it is secure and properly balanced before employees are allowed to occupy the platform. In addition, employees shall not be hoisted unless the following conditions are determined to exist:

- A. hoist ropes are free of kinks;
- B. multiple part lines are not twisted around each other;
- C. the primary attachment is centered over the platform; and

D. if the wire rope is slack, the hoisting system shall be inspected to ensure all ropes are properly seated on drums and in sheaves.

Subp. 8. **Communication.** Employees being hoisted shall remain in continuous sight of or communication with the operator or signal person.

Subp. 9. **Use of body belt.** Employees occupying the personnel platform shall, at all times, wear a body belt with lanyard appropriately attached to the load block or fall ball, or to a structural member within the personnel platform capable of supporting a fall impact.

Subp. 10. **Other use of equipment.** Bridles and associated hardware used for attaching the personnel platform to the hoist line shall not be used for any other service.

Subp. 11. **Caution required.** When lowering a personnel platform, the operator shall not allow the ball to lower into the platform once the platform is landed.

5205.1300 PRELIFT MEETING.

Subpart 1. **Meeting to review requirements.** A meeting attended by the crane or derrick operator, signal person (if required by this part or another standard), person to be lifted, and the person responsible for the task to be performed shall be held to review the appropriate requirements of parts 5205.1230 to 5205.1300 and the procedures to be followed.

Subp. 2. **Time of meeting.** The meeting required in subpart 1 shall be held before the beginning of personnel hoisting operations at each new work location and thereafter for any employees newly assigned to the operation.

OCCUPATIONAL SAFETY AND HEALTH STANDARDS FOR CONSTRUCTION

GENERAL

5207.0010 ANCHOR BOLTS.

During the erection phase of any structure, if the size, weight, or balance of any structural member is such that temporary anchoring with two bolts does not provide adequate support to secure it, additional support shall be provided.

5207.0020 BAR, FLOOR, AND ROOF JOISTS.

Where bar, floor, or roof joists are set in place overhead, they shall be field bolted or welded.

5207.0030 DEMOLITION OPERATIONS.

The cutting or removal of reinforcing steel or cables that are suspending debris, or the removal of columns or studs that support debris, shall not take place in close proximity to any area where employees are working unless the area has been isolated by a protective enclosure separating protection to separate the work area from falling or sliding debris.

5207.0035 DEMOLITION, RESTORATION, REMODELING ASBESTOS SURVEY.

Before permitting employees to start any demolition, restoration, or remodeling project where there is a substantial probability of encountering an employer has, or should have, reason to believe there are asbestos-containing materials, a survey by a competent qualified person shall be made to determine if there are asbestos-containing materials present in the structure. The project controlling employer shall have written evidence that an evaluation has been performed. If asbestos-containing material is to be disturbed, removed, replaced, or repaired, the provisions of *Code of Federal Regulations*, title 29, section 1926.58, apply.

5207.0040 SPRAY PAINTING OF BUILDING INTERIORS.

Subpart 1. **Nonflammable paints.** Where spray painters are applying nonflammable paint on walls, ceilings, or fixtures, at times

when employees other than painters are employed in or near such areas, safeguarding measures shall be taken to protect the lives and health of spray painters and others as per code:

A. Respiratory mouth and nose masks and/or fresh air hoods shall be provided for spray painters by employers at no cost to spray painters.

B. Personal respiratory equipment shall meet the requirements of ANSI Z88.2-1969, Practices for Respiratory Protection.

C. Areas being spray painted shall be sealed off from other areas of the building by means of curtains. Employees other than painters shall not be required to work in enclosed areas.

D. Curtains shall have no openings except entry ways, which shall be kept closed during painting.

E. Cross-ventilation shall be provided to remove spray paint ~~fumes~~ vapors from the enclosures to the outside air by means of either mechanical exhaust or window ventilation.

F. Provisions shall be made to prevent exhaust ~~fumes~~ vapors from reentering any part of the building.

Subp. 2. Flammable paints. In addition to meeting the requirements of subpart 1, where flammable paints are being applied, the following requirements also apply:

A. All motors, lights, switches, and electrical appliances shall be deenergized. Exception: portable vapor proof lights may be used when located 20 feet or more from the painting area.

B. The Air Quality Division of the Minnesota Pollution Control Agency should be consulted for any air pollution control measures required.

5207.0050 WIRE ROPE CLIPS.

Subpart 1. Location of U-bolts. Wire rope clips attached with U-bolts shall have the U-bolts on the dead or short end of the rope.

Subp. 2. Clip construction. Clips shall be made of drop forged steel. All nuts on the clip bolts of a newly installed rope shall be retightened after the first hour of service.

Subp. 3. Clip spacing. Spacing and number of clips shall be in accordance with the table below:

Rope Diameter (inches)	Number of Clips Drop Forged	Minimum Spacing (inches)
1/8	2	3/4
3/16	2	1-1/8
1/4	2	1-1/2
5/16	2	1-7/8
3/8	2	2-1/4
7/16	2	2-5/8
1/2	3	3
5/8	3	3-1/4
3/4	4	4-1/2
7/8	4	5-1/4
1	5	6
1-1/8	6	6-1/4
1-1/4	6	7-1/2
1-3/8	7	8-1/4
1-1/2	7	9

5207.0060 FLAMMABLE LIQUID TANK SUPPORTS.

Tank supports shall be installed on firm foundations. Tank supports must be of concrete, masonry, or protected steel. Single wood timber supports (not cribbing) may be used for outside aboveground tanks if the fall potential of the tank is not more than 12 inches at the lowest point of the tank.

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PERSONAL PROTECTIVE EQUIPMENT

5207.0100 HIGH VISIBILITY PERSONAL PROTECTIVE EQUIPMENT.

Employees exposed to vehicular traffic when the work area is on the driving lanes or on the shoulders or berms, or on the median adjacent to streets, highways, or roadways shall be provided with and required to wear warning vests or other high visibility garments. For work during the hours of darkness, this protective equipment must be made of or marked with reflectorized material.

Where permanent or semipermanent barricades are installed to protect employees from vehicular traffic, high visibility vests or other high visibility equipment is not required.

WALKING, WORKING SURFACES

5207.0200 SHIPS LADDERS.

Subpart 1. **Requirement.** Employers shall replace fixed and portable ladders with ships ladders whenever possible.

The angle of rise of ships ladders shall be between 50 and 60 degrees measured from the horizontal.

Subp. 2. **Soffits.** Where ladders are located one above the other, soffits shall be enclosed except where solid treads and risers are provided.

Subp. 3. **Treads.** Treads shall be uniformly spaced eight to 12 inches vertically. Tread surfaces other than steel grating shall be provided with skid resistance. Treads shall be flat steps that are a minimum of six inches wide and at least 24 inches long.

Subp. 4. **Handrails.** Handrails shall be provided on both sides of ladders and shall be placed to run parallel with stringers and be positioned 12 to 14 inches measured vertically, from the stringers. Handrail diameters shall be 1-1/4 to 1-5/8 inches outside diameter. When ships ladders serve door entrances, handrails shall continue to the door.

Subp. 5. **Stringers.** Ladder stringers shall be at least six inches in depth and permanently attached at terminations.

5207.0210 SHIPS LADDERS, SPECIAL REQUIREMENTS.

Ships ladders shall be provided in all buildings where mechanical equipment is located on the roof in order to make all equipment accessible to maintenance and inspection personnel. Ships ladders shall be placed at an angle between 50 and 60 degrees measured from the horizontal. The opening in ceilings and building roofs shall have a minimum area of nine square feet and a minimum width of two feet. No ships ladders shall be located in or pass through elevator shafts, elevator penthouses, or elevator machine rooms.

Inside a penthouse, handrails shall continue through ceiling and roof openings to a distance of 36 inches. A guardrail and intermediate rail shall be provided on all open sides with a substantial chain guard on the entrance.

5207.0220 PORTABLE LADDERS:

~~When working off of a portable ladder, fall protection shall be provided when the fall potential is greater than 30 feet.~~

5207.0250 WALKING, WORKING SURFACES.

Subpart 1. **Labeling floor or wall opening covers.** In those instances where floor or wall opening covers are used, they shall be labeled, "Floor Opening — Do Not Remove," or "Wall Opening — Do Not Remove" as applicable with lettering at least two inches in height.

Subp. 2. **Displacement.** Floor or wall opening covers shall be secured against accidental displacement.

Subp. 3. **Tripping and impaling hazards.** Where employees are exposed to tripping or impaling hazards caused by projecting conduit ends, reinforcing rods, pipe ends, or similar objects, these hazards shall be barricaded, guarded, or otherwise covered.

Subp. 4. **Construction stairways.** In addition to the requirements of *Code of Federal Regulations*, title 29, section 1926.501, semifinished permanent stairways or temporary stairways to a second floor are to be in place before supports or structure to the sixth floor are raised. Similarly, the supports or structure on multi-floored buildings shall never be more than five floors ahead of stairways.

A. On steel frame buildings, stairways shall extend to the uppermost floor that has been planked or decked. Ladders for access purposes may be used only above that point.

B. A second means of egress remote from the prime means of egress shall be provided, for emergency use, when any multi-floored structure reaches the 30-foot level or the fourth floor.

C. Ladders which meet the requirements of *Code of Federal Regulations*, title 29, section 1926.450 may be used as a second means of egress.

Subp. 5. **Roofs.** Employees on flat roofs, other than those actually engaged in roofing operations (roofers), shall be protected from potential fall hazards as required by *Code of Federal Regulations*, title 29, section 1926.500(d)(1), or equivalent protection such as warning lines or tying off to a substantial building structure using an approved safety belt and lanyard.

5207.0260 SUSPENSION SCAFFOLDS.

Subpart 1. **Multistage suspension scaffolds.** Multi-stage suspension scaffolds shall meet the requirements of *Code of Federal Regulations*, title 29, section 1926.451(i) with the exception of section 1926.451(i)(8).

In addition, the following requirements shall be met:

A. All multistage suspension scaffolds shall be equipped with at least one additional emergency support cable and automatic locking device at each end of the platform capable of supporting the work platform in the event one or both of the main suspension cables should fail.

B. The two additional emergency support cables required in item A, shall provide the required strength for a safety factor of six times the platform's intended load, including support for scaffold platforms, materials, tools, and employees working on the scaffold.

C. Employees shall tie off with a lanyard to the scaffold system in lieu of a lifeline to the building. The section of scaffold system or cable used by employees for attachment of lanyard, when tying off to the scaffold in lieu of a lifeline as required above, shall be capable of supporting at least six times the intended load.

Subp. 2. **Suspension scaffolds.** The scaffold suspension lines shall be secured to the scaffold and to the roof irons, hooks, or outriggers by bolt-type devices or cable eyes and cable clamps. Hooks or safety hooks are not permitted as a means of rigging.

Subp. 3. **Outrigger beams or thrustout.** When a suspension scaffold is supported by outrigger beams or thrustouts, each outrigger beam or thrustout must meet the following requirements:

A. Each outrigger beam or thrustout shall be of a size and design to support four times the intended load.

B. The inner end of the outrigger beam must be secured from overturning or tilting laterally.

C. Tie-backs that meet the requirements of *Code of Federal Regulations*, title 29, section 1926.451(i)(4), shall be securely fastened to the outrigger beam.

D. Counterweights, when used, shall be sufficient to balance four times the intended load, shall be securely fastened to the outrigger beam, marked to indicate their weight, and of a rigid nonflowable material.

Subp. 4. **Lifelines on single-point suspension scaffolds.** A lifeline that meets the requirements of *Code of Federal Regulations*, title 29, section 1926.104(b), shall be installed ~~on~~ for single-point suspension scaffolds. Employees working on the scaffold shall be provided with a safety belt and lanyard that meet the requirements of *Code of Federal Regulations*, title 29, section 1926.104, and shall be required to tie off to the lifeline.

Subp. 5. **Broken wire safeties.** When two-point scaffolds are equipped with broken wire safeties, the employees may tie off to a substantial member of the scaffold itself. A "substantial member" is a member capable of withstanding the anticipated load. Guardrails are not considered substantial members. The maximum potential fall before the lanyard becomes taut shall be six feet.

ENVIRONMENTAL CONTROLS**5207.0300 CONFINED SPACES:**

~~Subpart 1. **Scope:** This subpart prescribes minimum safeguards for preventing employee exposure to dangerous air contamination or oxygen deficiency within such spaces as silos, tanks, vats, vessels, boilers, compartments, ducts, sewers, pipelines, vaults, bins, tubs, pits, and other similar spaces. This subpart does not apply to underwater operations conducted in diving bells or other underwater devices or to supervised hyperbaric facilities.~~

~~Subp. 2. **General requirements:** Work in confined spaces on construction sites shall meet the requirements of parts 5205.1000 to 5205.1040.~~

5207.0310 CARBON MONOXIDE MONITORING:

~~Subpart 1. **Internal combustion engines:** The employer shall monitor environmental exposure of employees to carbon monoxide whenever internal combustion engines or unvented space heaters are operated indoors to ensure that carbon monoxide levels do not exceed those given in *Code of Federal Regulations*, title 29, section 1910.1000, Table Z-1. The air sampling shall be done during initial operation and at least bimonthly thereafter and during a period representing highest usage in areas where carbon monoxide exposure is most likely.~~

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Adopted Rules

~~Subp. 2. **Lift trucks.** Where the carbon monoxide source is lift trucks, the employer shall ensure that exhaust gases do not contain more than one percent carbon monoxide for propane fueled trucks or two percent carbon monoxide for gasoline fueled trucks.~~

5207.0320 GAS FIRED MACHINES AND APPLIANCES.

The flame of the gas pilot, burner, or burners in gas fired units shall be protected by a quick-acting flame-sensitive safeguard that will automatically shut off the fuel supply in case of pilot or burner failure.

CRANES, HOISTS, AND DERRICKS

5207.0400 CRANES, HOISTS, AND DERRICKS.

Subpart 1. **Scope.** This part applies to any crane, hoist, or derrick having a maximum rated capacity of one ton or less; to railway and automobile wrecking cranes; skip hoists; hoist-like units used for horizontal pulling only; mine hoists; conveyors and shovels; drag line excavators; backhoes; and any equipment ~~within the scope of~~ such as mobile scaffolds, towers, and platforms.

Subp. 2. **General requirements.** Cranes, hoists, or derricks within the scope of this part shall meet the requirements of parts 5205.1200 to 5205.1210.

5207.0410 PERSONNEL PLATFORMS SUSPENDED FROM CRANES AND DERRICKS.

This part applies to the hoisting of personnel platforms on the load line of friction or hydraulic portal, tower, crawler, locomotive, truck, and wheel mounted cranes or derricks.

No crane or derrick function may be performed while an employee is on a personnel platform attached to a load line on such equipment unless the requirements of parts 5205.1240 to 5205.1300 are met. The practice of hoisting employees on such equipment is only permitted under the specific circumstances defined in part 5205.1290.

5207.0500 ENCLOSURES AT CONSTRUCTION OR ENGINEERING PROJECTS.

The ground actually occupied by the building construction operations or engineering project shall be shut off by an enclosure from places accessible to the public. The enclosure shall be such as to avoid any risk that might arise from the fall of any objects whatsoever. Places on the building site that are accessible to the workers shall be protected in a similar manner.

5207.0510 WELLS, PITS, SHAFTS, AND OTHER SIMILAR SPACES.

All wells, pits, shafts, and other similar spaces shall be barricaded or covered. Upon completion of exploration and similar operations, temporary wells, pits, shafts, and other similar spaces shall be backfilled.

5207.0520 WARNING SIGNS AT CONSTRUCTION OR ENGINEERING PROJECTS.

Warning signs, or warning signs and red lights shall be conspicuously placed and maintained at all dangerous places on the job.

5207.0530 SIDEWALK SHEDS.

Whenever a building shall be erected or increased over two stories in height, or whenever a building of more than 25 feet in height is to be demolished upon any street of a municipality on which municipal regulations will not allow sidewalks to be blockaded, the owner, builder, or contractor constructing, repairing, or demolishing the building shall erect and maintain, during the period of construction and repair, a shed which shall extend over not less than one-half the width of the sidewalk and shall have a minimum width of three feet. The side wall toward the building shall be sealed with boards. The roof over the shed shall be constructed to support the approximate load carried, but in no case shall the planks on the roof be less than two inches thick or at least 3/4-inch plywood. The street side of the sidewalk shed shall have a hand and an intermediate rail.

5207.0540 LIGHTS AT SIDEWALK SHEDS.

Every sidewalk shed shall be kept in good repair, free from unnecessary obstruction, and properly lighted at night. The ends of the sidewalk shed walk shall be marked with red lights on the street side.

MACHINE GUARDING

5207.0600 LOCKOUT DEVICES.

Subpart 1. **Electrical power disconnect.** Any main electrical power disconnect means which controls a source of power or material flow shall be locked out with a lockout device whenever employees are maintaining, cleaning, adjusting, or servicing machinery or equipment, if the disconnect is not in clear sight of the employee. A "Do Not Start" tag as described in *Code of Federal Regulations*, title 29, section 1910.145(f)(3), shall be affixed to any and all operating controls.

Subp. 2. **Pneumatic and hydraulic lines.** The pressure shall be eliminated from any pneumatic and hydraulic lines that activate a mechanism or machine, and the valve holding back the activating substance shall be locked out before an employee works on that mechanism or machine.

Subp. 3. **Spring tension mechanisms.** Mechanisms under spring tension or compression shall be blocked, clamped, secured in position, or the compression or tension totally relieved before being worked on by an employee.

Subp. 4. **Suspended mechanisms.** Suspended mechanisms or parts that normally cycle through a lower position shall be lowered to the lowest position, be clamped, blocked, or otherwise secured in position before being worked on by an employee.

Subp. 5. **Individual lockouts.** Where more than one employee is engaged in working on machinery or equipment, each employee shall affix the employee's individual lockout device or lock to the disconnect switch or power supply.

Subp. 6. **Exemption.** Utility companies, when working on lines and equipment, will be exempt from this standard but must comply with the requirements of *Code of Federal Regulations*, title 29, section 1926.950(d).

5207.0610 MOTOR START BUTTON:

The motor start button on machines shall be physically protected against unintended operation.

5207.0620 MACHINE CONTROLS AND EQUIPMENT:

On machines with points of operation, pinch points, or nip points, a mechanical or electrical power control shall be provided on each machine to make it possible for the operator to cut off the power from each machine without leaving the position at the point of operation.

5207.0630 FOOT ACTUATED MACHINES.

The treadle or pedal of foot actuated machines, tools, or equipment shall be physically protected to prevent unintended operation.

MAINTENANCE AND REPAIR OF EQUIPMENT

5207.0700 COMPRESSED GAS CONTAINERS.

Valves on compressed gas containers shall be protected from damage while in use or storage.

5207.0710 PRESSURE HOSES.

All hand-held pressure hoses and nozzles that could cause injury when the hose or nozzle is not being held, including air, water, hot water and steam, and all high temperature hoses or nozzles including hot water and steam, shall have a constant pressure control.

5207.0720 ALTERATION OF TOOLS AND EQUIPMENT:

All tools and equipment, whether powered or manually operated, shall be used only for their intended purpose. Tools and equipment shall not be altered, modified, or used for other than their intended purpose without the manufacturer's written approval.

5207.0730 LUBRICATION OF MOVING MACHINERY.

Machinery or equipment shall be shut down during manual lubrication unless access to lubrication fittings is safeguarded or is located far enough away from moving parts that employees cannot contact them.

5207.0740 SCISSOR POINT PROTECTION.

Scissor points on all rubber tired skid steer equipment including front-end loaders shall be guarded to protect the operator.

SANITATION

5207.0800 PRIVIES AT CONSTRUCTION AND ENGINEERING PROJECTS.

Privies shall be provided on all construction and engineering projects as provided for in the sanitation laws of Minnesota. Privies shall be placed inside of heated buildings wherever possible to do so. Where privies are not placed inside of heated buildings, provisions shall be made for heating privies to a minimum of heat that can be emitted from the installation of a 1,300 watt heater or other type equivalent heater.

5207.0810 JOBSITE SHELTER.

Subpart 1. **Definitions.** "Suitable place" means an enclosed shed, designated area within a new or existing structure, or van, panel truck, or mobile home. A "man-day" is equivalent to one person working an eight-hour shift.

Subp. 2. **Scope.** The provisions of this standard apply to those construction projects which have exceeded 30 man-days.

Subp. 3. **Place to change and eat.** From November 1 to March 15 of each winter season, all construction jobs shall be provided with a suitable place for employees to change their clothes and eat their lunch.

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Adopted Rules

Subp. 4. **Size.** The size of jobsite shelters shall be based on the maximum number of employees using the room at one time. The minimum space requirements, in square feet per person, shall be determined by the values as shown below:

- A. 25 or fewer employees, 13 square feet;
- B. 26 to 74 employees, 12 square feet;
- C. 75 to 149 employees, 11 square feet; and
- D. 150 employees and over, 10 square feet.

Subp. 5. **Temperature.** Jobsite shelters shall be heated to a temperature of at least 50 degrees Fahrenheit during all periods when the shelter is occupied.

Subp. 6. **Contaminated clothing storage.** If toxic or harmful substances are handled so that work clothes become contaminated, facilities shall be provided so that street clothes and work clothes will not be stored in contact with each other.

Subp. 7. **Lighting.** Jobsite shelters shall be lighted with not less than ten footcandles of light.

Subp. 8. **Crew mobility.** The requirements of this standard can be met by furnishing transportation to a reasonably convenient location which meets the other requirements of this standard.

VEHICLES

5207.0900 POWERED INDUSTRIAL TRUCK OPERATIONS.

~~All~~ Industrial trucks designed and constructed solely for use on solid hard level surfaces shall be restricted to such operations.

All solid hard level surfaces must be free of cracks, irregularities, or holes that could upset the balance of the industrial truck.

When a fork truck operator is positioning a load in an area that is not fully visible to the fork truck operator, the operator shall be assisted by a designated person who shall direct the safe placing of the load by using predetermined signals.

5207.0910 SERVICING MULTIPIECE AND SINGLE PIECE RIM WHEELS.

Subpart 1. **Scope.** This subpart applies to the servicing of multipiece and single piece rim wheels used on large vehicles such as trucks, tractors, off-road machines, and similar vehicles used on construction sites. It does not apply to the servicing of rim wheels used on automobiles or pickup trucks and vans using automobile tires or truck tires designated "LT."

Subp. 2. **General requirements.** Servicing of multipiece and single piece rim wheels on large vehicles on construction sites shall meet the requirements of *Code of Federal Regulations*, title 29, section 1910.177.

REPEALER. Minnesota Rules, parts 5205.0160; 5205.0170; 5205.0180; 5205.0210; 5205.0220; 5205.0230; 5205.0240; 5205.0250; 5205.0260; 5205.0270; 5205.0280; 5205.0290; 5205.0300; 5205.0310; 5205.0320; 5205.0460, subparts 15 and 19; 5205.0900; 5205.0910; 5205.0920; 5205.0930; 5205.0940; and 5205.0950, are repealed.

Department of Labor and Industry

Adopted Permanent Rules Relating to Workers' Compensation Medical Fees

Notice

Notice is hereby given that the workers' compensation medical fee schedule, Minn. Rules Parts 5221.0100-5221.3200, is amended as set forth below. These amendments are made pursuant to Minn. Stat. § 176.136, subd. 5 (1986) and are effective for health care services rendered on or after October 1, 1987.

Dated: 21 September 1987

Ray Bohn
Commissioner
Labor and Industry

Rules as Adopted

5221.1100 PHYSICIAN SERVICES; MEDICINE.

Subpart 1. and 2. [Unchanged.]

Subp. 3. **Office services.** The following codes, service descriptions, and maximum fees apply to services provided at the physician's office.

Adopted Rules

Code	Service	Maximum Fee	
90000	New patient - brief service	\$ 29.00	<u>30.00</u>
90010	New patient - limited service	36.50	<u>36.00</u>
90015	New patient - intermediate service	45.00	<u>46.00</u>
90017	New patient - extended service	65.00	<u>70.00</u>
90030	Established patient - minimal service	15.00	<u>16.00</u>
90040	Established patient - brief service	21.00	<u>22.00</u>
90050	Established patient - limited service	24.00	<u>25.00</u>
90060	Established patient - intermediate service	32.00	<u>34.00</u>
90070	Established patient - extended service	50.00	<u>55.00</u>
90080	Established patient - comprehensive service	79.00	<u>82.25</u>

Subp. 4. **Hospital services.** The following codes, service descriptions, and maximum fees apply to services provided at a hospital. Initial hospital care shall be is categorized under codes 90200 to 90220. Subsequent hospital care shall be is categorized under codes 90240 to 90270.

Code	Service	Maximum Fee	
90200	Brief initial hospital care	\$ 60.00	<u>62.50</u>
90215	Intermediate initial hospital care	80.00	<u>85.00</u>
90220	Comprehensive initial hospital care	118.00	<u>123.00</u>
90240	Subsequent hospital care - brief service	25.50	<u>26.50</u>
90250	Subsequent hospital care - limited service	35.00	<u>37.00</u>
90260	Intermediate services	46.00	<u>50.00</u>
90270	Subsequent hospital care - extended service	76.50	<u>75.00</u>
90280	Subsequent hospital care - comprehensive service		<u>75.00</u>

Hospital Discharge Services

90292	Hospital discharge day management	\$	52.00
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Subp. 5. **Emergency department services.** The following codes, service descriptions, and maximum fees apply to services provided in an emergency room, or when the physician is assigned to the emergency department.

Code	Service	Maximum Fee	
90500	New patient - minimal service	\$	26.00
90505	New patient - brief service	32.50	<u>35.00</u>
90510	New patient - limited service	40.75	<u>44.00</u>
90515	New patient - intermediate service	57.50	<u>60.00</u>
90517	New patient - extended service	77.00	<u>82.00</u>
90540	Established patient - brief service	33.00	<u>35.00</u>
90550	Established patient - limited service	36.00	<u>39.00</u>
90560	Established patient - intermediate service	43.00	<u>46.00</u>
90570	Established patient - extended service	50.00	<u>52.50</u>

5221.1200 CONSULTATIONS.

Subpart 1. and 2. [Unchanged.]

Subp. 3. **Fees.** The following codes, service descriptions, and maximum fees apply to consultations.

Code	Service	Maximum Fee	
90600	Initial consultation; limited	\$ 51.00	<u>55.00</u>
90605	Intermediate consultation	70.00	<u>73.00</u>
90610	Extensive consultation	85.00	<u>89.00</u>
90620	Comprehensive consultation		135.00
90630	Complex consultation	149.00	<u>155.00</u>

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Adopted Rules

Follow-up Consultation

Code	Service		Maximum Fee
90640	Follow-up consultation; brief visit	\$ 41.50	<u>65.00</u>
<u>90641</u>	<u>limited</u>		<u>53.00</u>

Confirmatory (Additional Opinion) Consultation

90650	Confirmatory consultation; limited	\$ 46.00	<u>55.00</u>
90651	intermediate		<u>75.00</u>
<u>90652</u>	<u>extensive</u>		<u>80.00</u>
<u>90654</u>	<u>complex</u>		<u>175.00</u>

Immunization Injections

90701	Immunization, active; diphtheria and tetanus toxoids and pertussis vaccine (DTP)	\$ 10.00	<u>15.00</u>
90702	diphtheria and tetanus toxoids (DT)	9.25	<u>10.00</u>
90703	tetanus toxoid		9.00
90704	mumps virus vaccine, live	15.80	<u>14.50</u>
90705	measles virus vaccine, live, attenuated	14.00	<u>14.50</u>
90706	rubella virus vaccine, live	13.40	<u>14.19</u>
90707	measles, mumps, and rubella virus vaccine, live	20.75	<u>23.50</u>
90708	measles and rubella virus vaccine, live		<u>19.00</u>
90712	polio virus vaccine, live, oral; any type(s)	10.00	<u>12.65</u>
90713	poliomyelitis vaccine		10.00
90718	tetanus and diphtheria toxoids absorbed, for adult use (Td)	8.45	<u>9.50</u>
90719	diphtheria toxoid	8.50	<u>9.00</u>
90724	influenza virus vaccine	10.00	<u>11.00</u>
90732	pneumococcal vaccine, polyvalent	15.00	<u>16.00</u>
90733	meningococcal polysaccharide vaccine; any group(s)		15.00

Therapeutic Injections

90788	Intramuscular injection of antibiotic (specify)		\$12.75
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5221.1300 PSYCHIATRIC THERAPY.

The following codes, service descriptions, and maximum fees apply to psychiatric therapeutic procedures, and to a provider licensed as a doctor of medicine or a doctor of osteopathy.

General Clinical Psychiatric Diagnostic or Evaluative Interview Procedures

90801	Psychiatric diagnostic interview examination including history, mental status, or disposition	\$ 110.00	<u>113.00</u>
90841	Individual medical psychotherapy with continuing medical diagnostic evaluation, and drug management when indicated, including psychoanalysis, insight oriented, behavior modifying or supportive psychotherapy; time unspecified		<u>85.00</u>
90843	<u>Individual medical psychotherapy with continuing medical diagnostic evaluation, and drug management when indicated, including psychoanalysis, insight oriented, behavior modifying or supportive psychotherapy; approximately 20 to 30 minutes</u>	50.00	<u>55.00</u>

Code	Service	Maximum Fee
90844	approximately 45 or 50 minutes	90.00 <u>95.00</u>
90847	Family medical psychotherapy (conjoint psychotherapy)	85.00 <u>90.00</u>
90853	Group medical psychotherapy (other than of a multiple-family group)	45.00

Other Psychiatric Therapy

90880	Medical hypnotherapy	\$ 55.00
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	55.75 <u>90.00</u>

5221.1400 BIOFEEDBACK.

The following codes, service descriptions, and maximum fees apply to biofeedback procedures, and to a provider licensed as a doctor of medicine or a doctor of osteopathy.

Code	Service	Maximum Fee
90906	Regulation of skin temperature or peripheral blood flow	\$ 45.00
<u>90900</u>	<u>Biofeedback training; by electromyogram application (for example, in tension headache, muscle spasm)</u>	\$ <u>70.00</u>

5221.1500 OPHTHALMOLOGICAL SERVICES.

Subpart 1. and 2. [Unchanged.]

Subp. 3. **Ophthalmological services and fees.** The following codes, service descriptions, and maximum fees apply to ophthalmological services. General ophthalmological services, codes 92002 to 92020, constitute integrated services in which medical diagnostic evaluation cannot be separated from the examining techniques used. The components of the services should not be itemized, except where the service goes beyond what is normally provided. Minimal, brief, and limited levels of service should be submitted under the appropriate code. Routine ophthalmoscopy, codes 92225 to 92235, is part of general and special ophthalmological services wherever indicated, and shall not be reported separately.

General Services

92002	Intermediate ophthalmological service: medical evaluation with initiation of diagnostic and treatment program - new patient	\$ 46.50 <u>48.50</u>
92004	Comprehensive ophthalmological service: medical evaluation with initiation of diagnostic and treatment program - new patient, one or more visits	51.50 <u>54.00</u>
92012	Ophthalmological services: medical examination and evaluation, with initiation or continuation or diagnostic and treatment program; intermediate, established patient	40.00 <u>38.40</u>

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Adopted Rules

Code	Service		Maximum Fee
92014	Comprehensive ophthalmological service: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program - established patient, one or more visits	51.00	<u>53.00</u>
92020	Gonioscopy with medical diagnostic evaluation (separate procedure)	29.00	<u>27.00</u>
Special Services			
92083	Visual field examination with medical diagnostic evaluation; extended examination; quantitative perimetry (e.g. manual static and kinetic perimetry or Goldmann or Tubinger perimeter or equivalent, or automated static perimetry, complex, such as octopus program 31 + 41 or 32 + 41)	\$ 50.00	<u>54.00</u>
92100	Serial tonometry with medical diagnostic evaluation as a separate procedure, one or more sessions, same day	23.00	<u>23.50</u>
92140	Provocative tests for glaucoma, with medical diagnostic evaluation, without tonography	27.00	<u>25.00</u>
Ophthalmoscopy			
92225	Ophthalmoscopy, extended as for retinal detachment with medical diagnostic evaluation; initial	\$ 30.00	<u>32.00</u>
92226	subsequent		30.00
92235	Ophthalmoscopy, including medical diagnostic with fluorescein angiography and multiframe photography and medical interpretation	134.00	<u>143.00</u>
Other Specialized Services			
92280	Visually evoked potential or response study, with medical diagnostic evaluation		\$ 140.00

5221.1700 AUDIOLOGIC TESTS.

The codes, service descriptions, and maximum fees in this part apply to audiologic function tests with medical diagnostic evaluation, and to a provider licensed as a doctor of medicine or a doctor of osteopathy. The tests involve use of calibrated electronic equipment. Other hearing tests such as whispered voice, tuning fork which are usually included in a comprehensive otorhinolaryngologic evaluation or office visit shall not be itemized, but shall be included in the basic office visit or consultation. The following codes refer to testing of both ears.

Basic Audiometry

92551	Screening test, pure-tone; air only	\$ 12.00	<u>12.50</u>
92552	Pure tone audiometry (threshold); air only	20.00	<u>21.00</u>
92553	Pure tone audiometry (threshold); air and bone	33.00	<u>35.00</u>
92555	Speech audiometry; threshold only	15.00	<u>16.00</u>
92556	Speech audiometry; threshold and discrimination		32.00

Adopted Rules

Code	Service	Maximum Fee
92557	Basic comprehensive audiometry (92553 and 92556 combined), (pure tone, air and bone, and speech, threshold and discrimination)	53.00 <u>54.00</u>
Audiologic Tests		
92562	Loudness balance test, alternate binaural or monaural	\$ 46.00 <u>18.00</u>
92563	Tone decay test	<u>15.00</u>
92566	Impedance testing	<u>20.00</u>
92567	Tympanometry	15.00 <u>18.00</u>
92568	Acoustic reflex testing	15.00 <u>16.00</u>
92575	Sensorineural acuity level test	9.50 <u>10.00</u>
92581	Evoked response audiometry	165.00 <u>185.00</u>
92582	Conditioning play audiometry	30.00 <u>32.00</u>
92585	Brainstem evoked response recording	173.00 <u>182.00</u>
92591	Hearing aid examination and selection binaural	<u>65.00</u>
92593	Hearing aid check; binaural	49.00 <u>30.00</u>

5221.1800 CARDIOGRAPHY.

The codes, service descriptions, and maximum fees in this part apply to cardiographic services, and to a provider licensed as a doctor of medicine or a doctor of osteopathy.

92960	Cardioversion, elective, electrical conversion of arrhythmia, external	\$ 200.00 <u>202.50</u>
93000	Electrocardiogram (ECG); with interpretation and report, routine ECG with at least 12 leads	39.40 <u>42.20</u>
93000-26	professional component only	17.00
93005	tracing only, without interpretation and report	27.80 <u>29.50</u>
93010	interpretation and report only	46.70 <u>18.00</u>
93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, with interpretation and report	172.00
93017	<u>Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring</u> , tracing only without interpretation and report	130.00 <u>94.00</u>
93018	interpretation and report only	91.00 <u>104.00</u>
93040	Rhythm ECG, one to three leads; with interpretation	20.00 <u>22.00</u>
93041	Rhythm ECG; tracing only without interpretation and report	16.50
93042	<u>Rhythm ECG, tracing with</u> interpretation and report only	14.50 <u>15.00</u>

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Adopted Rules

Code	Service		Maximum Fee
93220	Vectorcardiogram (VCG), with or without ECG; with interpretation and report		95.00
93270	Electrocardiographic monitoring utilizing a system such as magnetic tape for up through 12 hours; includes recording, scanning analysis, interpretation, and report		171.00
93274	Electrocardiographic monitoring utilizing a system such as magnetic tape, 12 through 24 hours; includes recording, scanning analysis, interpretation and report		200.00
93276	Scanning analysis with report	96.00	100.00
93277	physician review and interpretation, with report		85.00
93309	Echocardiography, M-mode; complete		96.00
93300-26	Echocardiography, M-mode; professional component only	56.00	63.00
93308	Echocardiography, real time with image documentation (2D); limited		155.00
93309	Echocardiography, M-mode and real time with image documentation		80.00
93320	Doppler echocardiography		75.00
Cardiac Catheterization			
93501	Right heart catheterization only	\$ 471.75	560.00
93503	Placement of flow directed catheter (e.g., Swan-Ganz), with or without balloon tip, when placed for monitoring purposes, collection of blood, and/or angiography	316.00	360.00
93543	Injection procedure during cardiac catheterization; for pulmonary angiography for selective left ventricular or left atrial angiography		300.00
93544	for aortography	295.00	300.00
93547	Combined left heart catheterization, selective coronary angiography and selective left ventricular angiography	710.00	750.00
93549	Combined right and left heart catheterization, selective coronary angiography, and selective left ventricular angiography	972.00	994.50
Non-Invasive Peripheral Vascular Diagnostic Studies			
Cerebrovascular Arterial Studies			
93870	Non-invasive studies of carotid artery, imaging (e.g., flow imaging by ultrasonic arteriography, high resolution B-scan with or without pulsed Doppler flow evaluation, Doppler flow or duplex scan with spectrum analysis)	\$ 243.00	245.00
Venous Studies			
93950-26	Non-invasive studies of extremity veins; professional component only	\$ 43.50	36.00

5221.1900 PULMONARY.

The codes, service descriptions, and maximum fees of this part apply to pulmonary services, and to a provider licensed as a doctor of medicine or a doctor of osteopathy. The services include laboratory procedures, interpretation, and physician services, except surgical and anesthesia services.

Code	Service		Maximum Fee
94070	Prolonged postexposure evaluation of bronchospasm with multiple spirometric determinations after test dose of bronchodilator (aerosol only) or antigen, with spirometry		\$75.00
94150	Vital capacity, total	46.00	\$ <u>15.00</u>
94640	Nonpressurized inhalation treatment for acute airway obstruction	20.00	<u>21.00</u>
94650	Intermittent positive pressure breathing (IPPB) treatment, air or oxygen, with or without nebulized medication; initial demonstration and/or evaluation	31.00	<u>20.00</u>
94664	Aerosol or vapor inhalations for sputum mobilization, bronchodilation, or sputum induction for diagnostic purposes; initial demonstration and/or evaluation	48.50	<u>19.30</u>

Allergy and Clinical Immunology

95017	Intracutaneous (intra-dermal) tests, with antibiotics, biologicals, stinging insects, immediate reaction 15-20 minutes; 1-15 tests		\$ 40.00
95078	Provocative testing		40.00
95120	Professional services for allergen immunotherapy in prescribing physician's office or institution, including provision of allergenic extract; single antigen		\$ 7.50
95125	Multiple antigens (specify number of injections)	9.00	<u>9.25</u>
95130	Single stinging insect venom		<u>15.00</u>

5221.2000 NEUROLOGY AND NEUROMUSCULAR.

The codes, service descriptions, and maximum fees of this part apply to neurology and neuromuscular services, and to a provider licensed as a doctor of medicine or a doctor of osteopathy. Services performed as part of and included in the definition of an office visit, hospital visit, or consultation shall not be listed separately, but shall be submitted under the appropriate code.

95819	Electroencephalogram (EEG) including recording awake, drowsy, and asleep, with hyperventilation or photic stimulation, standard or portable, same facility		\$122.00
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Adopted Rules

Code	Service	Maximum Fee
95819-26	<u>Electroencephalogram (EEG) including recording awake, drowsy, and asleep, with hyperventilation or photic stimulation, standard or portable, same facility; professional component only</u>	50.00 \$ <u>55.00</u>
95819-TC	technical component only	110.00
95822	<u>Electroencephalogram (EEG), sleep only</u>	<u>147.25</u>
95823	<u>physical or pharmacological activation only</u>	45.00
95833	Muscle testing, manual; total evaluation of body, excluding hand	25.00 <u>10.00</u>
95860	Electromyography; one extremity and related paraspinal areas	170.00
95860-26	professional component only	125.00 <u>120.00</u>
95861	two extremities and related paraspinal areas	225.00 <u>235.00</u>
95863	three extremities and related paraspinal areas	145.50 <u>155.70</u>
95864	four extremities and related paraspinal areas	201.00 <u>215.20</u>
95864-26	professional component only	152.00
95869	<u>Electromyography, limited study of specific muscles (e.g., thoracic spinal muscles)</u>	78.00
95882	Assessment of higher cerebral function with medical interpretation; cognitive testing and others	150.00
95900-26 <u>95900</u>	Nerve conduction, velocity, or latency study, motor, each nerve; professional component only	27.50 <u>50.00</u>
95937	<u>Neuromuscular junction testing (repetitive stimulation, paired stimuli) each nerve, any one method</u>	112.50
95950	<u>Ambulatory 24-hour EEG monitoring</u>	<u>450.00</u>

5221.2100 PHYSICAL MEDICINE.

The following codes, service descriptions, and maximum fees apply to physical medicine services, and to a provider licensed as a doctor of medicine or a doctor of osteopathy. Physical medicine office visits as listed under "modalities" and "procedures" shall be submitted under the appropriate code from this paragraph. Modalities and procedures require supervision by the physician, and constant attendance by the physician or therapist.

Modalities

97000	Office visit with one of the following modalities to one area:	
	1. Hot or cold packs	
	2. Traction, mechanical	
	3. Electrical stimulation (unattended)	
	4. Vasopneumatic devices	
	5. Paraffin bath	
	6. Microwave	
	7. Whirlpool	
	8. Diathermy	
	9. Infrared	
	10. Ultraviolet	\$ 14.00 <u>18.00</u>

Adopted Rules

Code	Service	Maximum Fee
97010	<u>Physical medicine treatment to one area; hot or cold packs</u>	<u>24.50</u>
97012	Physical medicine treatment to one area; traction mechanical	44.50 <u>15.50</u>
97014	Physical medicine treatment to one area; electrical stimulation (unattended)	44.00 <u>17.00</u>
97018	Paraffin bath	15.00
97020	Microwave	12.75
97022	Whirlpool	17.50
97024	Diathermy	13.75 <u>14.75</u>
97026	Infrared	7.50
97039	Unlisted modality (specify)	16.30 <u>27.10</u>
Procedures		
97110	Physical medicine treatment to one area, initial 30 minutes, each visit; therapeutic exercises	\$ 22.00 <u>26.50</u>
97116	Gait training	32.00 <u>20.00</u>
97118	Electrical stimulation (manual)	15.50 <u>16.00</u>
97120	Iontophoresis	20.00
97122	Traction, manual	20.00
97124	Massage	16.30 <u>17.00</u>
97128	Ultrasound	16.00 <u>17.00</u>
97139	Unlisted procedure (specify)	<u>25.00</u>
97145	Physical medicine treatment to one area, each additional 15 minutes	14.00 <u>12.50</u>
97220	Hubbard tank; initial 30 minutes, each visit	<u>28.00</u>
97240	Pool therapy or Hubbard tank with therapeutic exercises; initial 30 minutes, each visit	35.00 <u>32.00</u>
97260	Manipulation (cervical, thoracic, lumbosacral, sacroiliac, hand, wrist) (separate procedure), performed by physician; one area	22.00
97261	<u>Manipulation (cervical, thoracic, lumbosacral, sacroiliac, hand, wrist) (separate procedure), performed by physician; each additional area</u>	7.00 <u>8.00</u>
97530	Kinetic activities to increase coordination, strength, and/or range of motion; one area; initial 30 minutes, each visit	15.50
97531	each additional 15 minutes	5.50

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Adopted Rules

Code	Service		Maximum Fee
97700	Office visit, including one of the following tests or measurements, with report:		
	a. Orthotic check-out		
	b. Prosthetic check-out		
	c. Activities of daily living check-out; initial 30 minutes, each visit	52.00	<u>45.00</u>
97701	each additional 15 minutes	16.25	<u>33.00</u>
97720	Extremity testing for strength, dexterity, or stamina; initial 30 minutes, each visit		30.00
Tests and Measurements			
97740	Kinetic activities to increase coordination, strength, and/or range of motion, one area, any two extremities, initial 30 minutes		\$14.50
97741	each additional 15 minutes		5.00
97752	Muscle testing, torque curves during isometric and isokinetic exercise (e.g., by use of eyebex machine)		48.00

5221.2200 CRITICAL CARE SERVICES.

Critical care services (codes 99162 to 99173) apply to a provider licensed as a doctor of medicine or a doctor of osteopathy, and include the care of critically ill patients in a variety of medical emergencies that require the constant attention of the physician, for example, cardiac arrest, shock, bleeding, respiratory failure, postoperative complications, or critically ill neonate. Critical care is usually, but not always, given in a critical care area, such as the coronary care unit, intensive care unit, respiratory care unit, or the emergency care facility. The critical care services include, but are not limited to, cardiopulmonary resuscitation and a variety of services attendant to this procedure as well as other acute emergency situations. Separate procedure codes for services performed during this period, such as placement of catheters, cardiac output measurement, management of dialysis, control of gastrointestinal hemorrhage, or electrical conversion of arrhythmia, are not permitted when critical care services are billed on a per hour basis.

99000	Collection, handling, or conveyance of specimen for transfer from the physician's office to a laboratory		\$ 8.00
99001	Handling and/or conveyance of specimen for transfer from the patient in other than a physician's office to a laboratory (distance may be indicated)		11.90
Surgical Procedures			
99025	Initial, new patient visit when asterisk (*) surgical procedure constitutes major service at that visit		20.00
99058	Office services provided on an emergency basis	32.00	<u>35.00</u>
99075	Medical testimony		Reasonableness of charges reviewable by commissioner

Adopted Rules

Code	Service	Maximum Fee
99080	Special reports like insurance forms, or the review of medical data to clarify a patient's status more than the information conveyed in the usual medical communications or on standard reporting forms required by the commissioner	Reasonableness of charges reviewable by commissioner
Prolonged Services		
99150	Prolonged physician attendance requiring physician detention beyond usual service (e.g., operative standby, monitoring ECG, EEG, intrathoracic pressures, intravascular pressures, blood gases during surgery); 30 minutes to one hour	\$ 90.00 <u>100.00</u>
99151	more than one hour	174.00
99155	Medical conference by physician regarding medical management with patient, or relative, guardian, or other (may include counseling by a physician); approximately 25 minutes	63.00 <u>65.00</u>
99156	approximately 50 minutes	100.00 <u>115.00</u>
Critical Care		
99160	Critical care, initial, including the diagnostic and therapeutic services and direction of care of the critically ill or multiple injured or comatose patient, requiring the prolonged presence of the physician; each hour	\$ 127.00 <u>140.00</u>
99162	additional 30 minutes	73.00 <u>75.00</u>
99171	Critical care, subsequent follow-up visit; brief examination, evaluation and/or treatment for same illness	55.00
99172	Critical care, subsequent follow-up visit; limited examination, evaluation, or treatment for same or new illness	50.00 <u>53.00</u>
99173	Intermediate examination, evaluation, or treatment, same or new illness	75.00
99174	Extended reexamination, reevaluation and/or treatment, same or new illness	110.00 <u>131.00</u>
99175	Ipecac or similar administration for individual emesis and continued observation until stomach adequately emptied of poison	60.00 <u>62.00</u>

5221.2250 PHYSICIAN SERVICES; SURGERY.

Subpart 1. and 2. [Unchanged.]

Subp. 3. **Integumentary system.** The following codes, service descriptions, and maximum fees apply to surgical procedures of the integumentary system. Excision of benign lesions (codes 11200 to 11441) includes a simple closure and local anesthesia for

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Adopted Rules

treatment of benign lesions of skin or subcutaneous tissues, for example, cicatricial, fibrous, inflammatory, congenital, or cystic lesions. Treatment of burns (codes 16000 to 16030) refer to local treatment of the burned surface only. Simple repair (codes 12001 to 12014) shall be used for superficial wounds involving skin or subcutaneous tissues, without significant involvement of deeper structures, and which requires simple suturing. Wounds which require closure with adhesive strips only shall be listed according to the appropriate office visit. Intermediate repair (codes 12031 to 12052) shall be used for the repair of wounds that, in addition to simple repair, require layer closure. These wounds usually involve deeper layers such as fascia or muscle, to the extent that at least one of the deeper layers requires separate closure. Complex repair (codes 13120 to 13152) shall be used for the repair of wounds which require reconstructive surgery, complicated wound closures, skin grafts, or unusual and time consuming techniques of repair to obtain the maximum functional and cosmetic result. It may include creation of the defect and necessary preparation for repairs or the debridement and repair of complicated lacerations or avulsions. The instructions in items A to C also apply to coding of repair services (codes 12001 to 13152):

A. When multiple wounds are repaired, the lengths of those of the same classification shall be added together and reported as a single item. When more than one classification of wounds is repaired, the most complicated shall be listed as the primary procedure and the less complicated as the secondary procedure, using modifier number 50.

B. Only when gross contamination requires prolonged cleansing is decontamination or debridement to be considered a separate procedure. Debridement is considered a separate procedure only when appreciable amounts of devitalized or contaminated tissue are removed.

C. Involvement of nerves, blood vessels, and tendons shall be reported under the appropriate system for repair of these structures. The repair of the associated wound shall be included in the primary procedure, unless it qualifies as a complex wound, in which case modifier number 50 applies. Simple ligation of vessels in an open wound is considered as part of any wound closure. Simple exploration of nerves, blood vessels, or tendons exposed in an open wound is also considered part of the essential treatment of the wound and is not a separate procedure unless appreciable dissection is required.

Incision

Code	Service		Maximum Fee
10000*	Incision and drainage of infected or noninfected sebaceous cyst; one lesion	\$ 48.00	<u>50.00</u>
10003*	Incision and drainage of infected or noninfected epithelial inclusion cyst with complete removal of sac and treatment of cavity	56.00	<u>59.00</u> 35.00
10020*	Incision and drainage of furuncle		
10060*	Incision and drainage of abscess, for example, carbuncle, suppurative hidradenitis, and other cutaneous or subcutaneous abscesses; simple	49.00	<u>51.50</u>
10080	Incision and drainage of piloridial cyst; simple	50.00	<u>59.25</u>
10100*	Incision and drainage of onychia or paronychia single or simple		45.00
10120*	Incision and removal of foreign body, subcutaneous tissues; simple	47.00	<u>50.00</u> 47.00
10140	Incision and drainage of hematoma; simple		
10160*	Puncture aspiration of abscess, hematoma, bulla, or cyst	41.50	<u>45.00</u>

Paring or Curettement

11050*	Paring or curettement of benign lesion with or without chemical cauterization (such as verrucae or clavi); single lesion		\$ 27.00
11051	two to four lesions		40.00
11052	more than four lesions	49.00	<u>52.00</u>

Biopsy

Code	Service	Maximum Fee	
11100	Biopsy of skin, subcutaneous tissue, or mucous membrane, including simple closure, unless otherwise listed (separate procedure); one lesion	\$ 59.00	<u>60.00</u>
11101	each additional lesion	45.00	<u>31.50</u>

Excision — Benign Lesions

11200*	Excision, skin tags, multiple fibrocuteaneous tags, any area; up to 15 lesions	\$ 53.00	<u>54.00</u>
11400	Excision, benign lesion, except skin tag (unless listed elsewhere), trunk, arms or legs; lesion diameter up to 0.5 centimeter	62.00	<u>68.00</u>
11401	lesion diameter 0.5 to 1.0 centimeter	75.00	<u>78.00</u>
11402	lesion diameter 1.0 to 2.0 centimeters	88.00	<u>96.50</u>
11403	lesion diameter 2.0 to 3.0 centimeters	108.00	<u>115.00</u>
11404	lesion diameter 3.0 to 4.0 centimeters	125.00	<u>130.00</u>
11420	Excision, benign lesion, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; lesion diameter up to 0.5 centimeter	70.00	<u>72.50</u>
11421	lesion diameter 0.5 to 1.0 centimeter	86.00	<u>91.25</u>
11422	lesion diameter 1.0 to 2.0 centimeters	100.00	<u>110.00</u>
11423	lesion diameter 2.0 to 3.0 centimeters	119.00	<u>140.00</u>
11440	Excision, other benign lesion (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter up to 0.5 centimeter	80.00	<u>87.00</u>
11441	lesion diameter 0.5 to 1.0 centimeter	99.00	<u>108.80</u>

Excision — Malignant Lesions

11602	Excision, malignant lesion, trunk, arms, or legs; lesion diameter 1.0 to 2.0 centimeters		\$200.00
11621	Lesion, malignant lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 to 1.0 centimeters		210.00

Nails

11701	Debridement of nails, manual; each additional five or less		\$ 46.00
11730*	Avulsion of nail plate, partial or complete, simple; single	<u>57.50</u>	<u>\$ 60.00</u>
11740	Evacuation of subungual hematoma	31.75	<u>35.00</u>

Miscellaneous

11900	Injection, intralesional, up to and including seven lesions	\$ 32.00	<u>35.00</u>
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Adopted Rules

Repair — Simple

Code	Service		Maximum Fee
12001*	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk, or extremities, including hands and feet; up to 2.5 centimeters	\$ 50.00	<u>53.00</u>
12002*	2.5 to 7.5 centimeters	69.00	<u>77.00</u>
12004*	7.5 to 12.5 centimeters	100.00	<u>112.00</u>
12005*	12.5 to 20.0 centimeters	144.50	<u>134.00</u>
12011*	Simple repair of superficial wounds of face, ears, eyelids, nose, lips, or mucous membranes; up to 2.5 centimeters	70.00	<u>78.00</u>
12013*	2.5 to 5.0 centimeters	93.50	<u>107.00</u>
12014	5.0 to 7.5 centimeters		<u>110.00</u>

Repair — Intermediate

12031*	Layer closure of wounds of scalp, axillae, trunk, or extremities excluding hands and feet; up to 2.5 centimeters	\$ 72.00	<u>80.00</u>
12032	2.5 to 7.5 centimeters	98.00	<u>100.00</u>
12034	<u>7.6 to 12.5 centimeters</u>		<u>143.10</u>
12041*	Layer closure of wounds of neck, hands, feet, or external genitalia; up to 2.5 centimeters	90.00	<u>98.00</u>
12042	2.5 to 7.5 centimeters	110.00	<u>130.00</u>
12051*	Layer closure of wounds of face, ears, eyelids, nose, lips, or mucous membranes up to 2.5 centimeters	100.00	<u>110.00</u>
12052	2.5 to 5.0 centimeters	150.00	<u>139.00</u>

Repair — Complex

13120	Repair, complex, scalp, arms and/or legs; 1.0 to 2.5 centimeters		\$200.00
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 1.0 to 2.5 centimeters		320.00
13132	2.5 to 7.5 centimeters		400.00
13151	Repair, complex, eyelids, nose, ears, or lips; 1.0 to 2.5 centimeters		\$ 420.00
13152	2.5 to 7.5 centimeters	630.00	<u>697.00</u>

Adjacent Tissue Transfer or Rearrangement

14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, or feet; defect up to 10 square centimeters	\$ 662.00	<u>726.25</u>
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears, or lips; defect up to 10 square centimeters	840.00	<u>850.00</u>

Free Skin Grafts

Code	Service	Maximum Fee
15100	Split graft, trunk, scalp, arms, legs, hands, or feet except multiple digits; up to 100 square centimeters, or each one percent of body area of infants and children	\$ 550.00 <u>583.00</u>

Burns, Local Treatment

16000	Initial treatment, first degree burn, when no more than local treatment is required	\$ 45.00 <u>50.00</u>
16020*	Dressings or debridement, initial or subsequent; without anesthesia, office or hospital, small	37.00 <u>40.00</u>
16025*	without anesthesia, medium, for example, whole face or whole extremity	58.00 <u>66.00</u>
16030	without anesthesia; large (e.g., more than one extremity)	 <u>65.00</u>

Destruction

17000*	Destruction by any method, with or without surgical curettement, all facial lesions or premalignant lesions in any location, including local anesthesia; one lesion	\$ 37.00 <u>47.50</u>
17100*	Destruction by any method of benign skin lesions on any area other than the face, including local anesthesia; one lesion	35.00 <u>36.50</u>
17101	second lesion	24.00 <u>20.25</u>
17200*	Electrosurgical destruction of multiple fibrocutaneous tags; up to 15 lesions	38.00 <u>51.00</u>
17250*	Chemical cauterization of a wound	32.00 <u>30.00</u>
17340*	Cryotherapy (CO ₂ slush, liquid N ₂)	26.00 <u>28.00</u>

Subp. 4. **Musculoskeletal system.** The following codes, service descriptions, and maximum fees apply to surgical procedures of the musculoskeletal system. Rereduction of a fracture or dislocation performed by the primary physician may be identified by the addition of the modifier number 76 to the usual procedure number to indicate "repeat procedure by same physician."

Excision—General

20205	Biopsy; muscle; deep	\$ 225.00
20220	Biopsy, bone, trocar, or needle; superficial, for example ilium, sternum, spinous process, ribs	\$ 150.00

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Adopted Rules

Introduction or Removal—General

Code	Service		Maximum Fee
20501*	Injection of sinus tract; diagnostic (sinogram) (separate procedure)	\$ 48.00	<u>48.88</u>
20550*	Injection, tendon sheath, ligament, or trigger points	40.00	<u>41.00</u>
20600*	Arthrocentesis, aspiration, or injection; small joint or bursa, for example, fingers, toes		42.00
20605*	intermediate joint or bursa, for example, temporomandibular, acromioclavicular, wrist, elbow, or ankle, olecranon bursa	51.00	<u>58.55</u>
20610*	major joint or bursa, for example, shoulder, hip, knee joint, subacromial bursa	50.00	<u>57.00</u>
20680	Removal of implant; deep, for example, buried wire, pin, screw, metal band, nail, rod, or plate	305.00	<u>320.00</u>

Introduction or Removal

21116	Injection procedure for temporomandibular arthrotopography	\$	74.00
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Head—Fracture or Dislocation

21240	Arthroplasty, temporomandibular joint		\$2,000.00 <u>\$2,226.00</u>
21310	Treatment of closed or open nasal fracture without manipulation		45.00
21315*	Manipulative treatment, nasal bone fracture; without stabilization		95.00
21320	Manipulative treatment, nasal bone fracture; with stabilization	250.00	<u>278.00</u>
21455	Closed manipulative treatment by interdental fixation of closed or open mandibular fracture	659.00	<u>718.43</u>

Neck (Soft Tissues) and Thorax—Fracture or Dislocation Spine

22555	Arthrodesis with discectomy, cervical, anterior interbody approach with iliac or other autogenous bone graft (includes obtaining graft)	\$2,145.00	<u>2,261.00</u>
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Shoulders—Fracture or Dislocation

23350	Injection procedure for shoulder arthrography	\$	58.00
23420	Repair of complete shoulder cuff avulsion, chronic (includes acromionectomy)	1,397.00	<u>1,563.50</u>
23450	Capsulorrhaphy for recurrent dislocation, anterior; Putti-Platt procedure or Magnuson type operation	1,280.00	<u>1,355.00</u>
23500	Treatment of closed clavicular fracture; without manipulation	80.00	<u>100.00</u>

Code	Service		Maximum Fee
23550	Open treatment of closed or open acromioclavicular dislocation, acute or chronic	857.00	<u>852.00</u>
23650	Treatment of closed shoulder dislocation, with manipulation; without anesthesia	115.00	<u>146.00</u>
23655	requiring anesthesia	150.00	<u>197.00</u>
Shoulder—Manipulation			
23700*	Manipulation under anesthesia, including application of fixation apparatus (dislocation excluded)	\$ 172.00	<u>188.00</u>
Humerus (Upper Arm) and Elbow—Fracture or Dislocation			
24105	Excision, olecranon bursa	\$ 361.00	<u>375.00</u>
24650	Treatment of closed radial head or neck fracture without manipulation	126.00	<u>135.00</u>
Forearm and Wrist—Incision and Excision			
25111	Excision of ganglion, wrist (dorsal or volar); primary	\$ 355.00	<u>380.00</u>
25260	Repair, tendon of muscle, flexor; primary, single, each tendon of muscle		<u>350.00</u>
25270	Repair, tendon of muscle, extension; primary, single, each tendon of muscle		<u>305.00</u>
25500	Treatment of closed radial shaft fracture; without manipulation	165.00	<u>150.50</u>
Forearm and Wrist—Fracture or Dislocation			
25505	Treatment of closed radial shaft fracture; with manipulation	\$ 318.00	<u>341.00</u>
25565	Treatment of closed radial and ulnar shaft fractures; with manipulation	380.00	<u>406.00</u>
25600	Treatment of closed distal radial fracture (for example, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; without manipulation	150.00	<u>189.00</u>
25605	with manipulation	303.00	<u>318.00</u>
25610	Treatment of closed, complex, distal radial fracture (for example, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, requiring manipulation; without external skeletal fixation or percutaneous pinning	426.00	<u>443.00</u>
25611	with external skeletal fixation or percutaneous pinning	551.00	<u>600.00</u>

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Adopted Rules

Hand and Fingers—Incision, Excision, Repair, Revision, or Reconstruction

Code	Service		Maximum Fee
26055	Tendon sheath incision for trigger finger		\$ 358.00 <u>\$ 383.00</u>
26120	Fasciectomy, palmar, simple, for Dupuytren's contracture; partial excision		478.00
26160	Excision of lesion of tendon sheath or capsule	212.00	<u>248.00</u>
26418	Extensor tendon repair, dorsum of finger, single, primary, or secondary; without free graft, each tendon	400.00	<u>255.00</u>

Hands and Fingers—Fractures or Dislocations

26600	Treatment of closed metacarpal fracture, single; without manipulation, each bone		\$ 126.00 <u>195.00</u>
26605	with manipulation, each bone	163.00	
26615	Open treatment of closed or open metacarpal fracture, single, with or without internal or external skeletal fixation, each bone	480.00	<u>490.00</u>
26720	Treatment of closed phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each	55.00	<u>80.00</u>
26725	with manipulation, each	131.00	<u>137.00</u>
26750	Treatment of closed distal phalangeal fracture, finger or thumb; without manipulation, each	50.00	<u>56.00</u>
26770	Treatment of closed interphalangeal joint dislocation, single, with manipulation; without anesthesia	57.00	<u>62.00</u>

Hand and Fingers—Amputation

26951	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure	\$ 240.00	<u>275.00</u>
27130	Arthroplasty, Acetabular and proximal femoral prosthetic replacement; simple	2,900.00	<u>3,050.00</u>
27131	complex	3,775.00	<u>3,628.00</u>
27236	Open treatment of closed or open femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	1,560.00	<u>1,629.00</u>
27244	Open treatment of closed or open intertrochanteric or pertrochanteric femoral fracture, with internal fixation	1,418.00	<u>1,491.00</u>

Femur (Thigh Region) and Knee Joint—Introduction or Removal

27370	Injection procedure for knee arthrography	\$ 53.50	<u>55.64</u>
27373	Arthroscopy, knee, diagnostic (separate procedure)		386.00

Adopted Rules

Code	Service	Maximum Fee	
27374	Arthroscopy, knee, surgical; debridement with cartilage shaving or drilling or resection of reactive synovium	1,337.00	<u>1,450.00</u>
27377	with removal of loose body		1,219.00
27378	with partial meniscectomy	1,347.00	<u>1,380.00</u>
27379	with plica resection or shelf resection	1,069.00	<u>1,225.00</u>
Femur (Thigh Region) and Knee Joint—Repair, Revision, or Reconstruction			
27422	Reconstruction for recurrent dislocating patella; with extensor realignment or muscle advancement or release (Campbell, Goldwaite, type procedure)	\$1,120.00	<u>1,156.00</u>
27425	Lateral retinacular release (any method)		847.00
27447	Arthroplasty, knee condyle and plateau; medial and lateral compartments with or without patella resurfacing (total knee replacement)	2,834.00	<u>3,000.00</u>
27506	Open treatment of closed or open femoral shaft fracture (including supracondylar), with or without internal or external skeletal fixation	1,385.00	<u>1,580.88</u>
Leg (Tibula and Fibula) and Ankle Joint —Fractures or Dislocations			
27752	Treatment of closed tibial shaft fracture; with manipulation	\$ 366.00	<u>425.00</u>
27760	Treatment of closed distal tibial fracture (Medial Malleolus); without manipulation		170.00
27780	Treatment of closed proximal fibula or shaft fracture; without manipulation	126.00	<u>150.00</u>
27786	Treatment of closed distal fibular fracture (lateral malleolus); without manipulation	130.00	<u>152.50</u>
27792	Open treatment of closed or open distal fibular fracture (lateral malleolus); with fixation	665.00	<u>730.00</u>
27802	Treatment of closed tibia and fibula fractures, shafts; with manipulation	482.00	<u>511.00</u>
27814	Open treatment of closed or open bimalleolar ankle fracture, with or without internal or external skeletal fixation	855.00	<u>920.00</u>

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Adopted Rules

Code	Service		Maximum Fee
27822	Open treatment of closed or open trimalleolar ankle fracture, with or without internal or external skeletal fixation, medial, or lateral malleolus; only	1,120.00	<u>1,112.00</u>
27880	Amputation leg, through tibia and fibula	780.00	<u>893.00</u>
Foot—Fracture or Dislocation			
28080	Excision of Morton neuroma; single each		\$ 350.00
28090	Excision of lesion of tendon or fibrous sheath or capsule (including synovectomy) (cyst or ganglion) foot	289.00	<u>303.80</u>
28285	Hammertoe operation; one toe (for example, interphalangeal fusion, filleting, phalangectomy)	410.00	<u>385.00</u>
28290	Hallux valgus (bunion) correction, with or without sesamoidectomy; simple extostectomy (silver type procedure)	355.00	<u>425.00</u>
<u>28292</u>	<u>Keller, McBride or Mayo type procedure</u>		<u>675.00</u>
28296	with metatarsal osteotomy (Mitchell or Lapidus type procedure)	759.00	<u>760.00</u>
28470	Treatment of closed metatarsal fracture; without manipulation, each	126.00	<u>133.13</u>
28490	Treatment of closed fracture great toe, phalanx, or phalanges; without manipulation	47.00	<u>50.00</u>
28510	Treatment of closed fracture, phalanx or phalanges, other than great toe; without manipulation, each	55.00	<u>51.25</u>

Amputation

<u>28820</u>	<u>Amputation, toe; metatarso phalangeal joint</u>		\$ <u>300.00</u>
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Subp. 5. **Casts and strapping.** The following codes, service descriptions, and maximum fees apply to procedures associated with the application of casts and strapping. The services include the application and removal of the first cast or traction device only. Subsequent replacement of cast or traction device requires an additional listing. Codes for cast removal shall be employed only for casts applied by another physician.

Body and Upper Extremity Casts

29065	shoulder to hand (long arm)	\$ 78.50	<u>82.50</u>
29075	elbow to finger (short arm)	65.00	<u>66.00</u>
29085	hand and lower forearm (gauntlet)	65.00	<u>67.00</u>

Splints

29105	Application of long arm splint (shoulder to hand)	\$ 45.00	<u>47.00</u>
29125	Application of short arm splint (forearm to hand); static	37.00	<u>42.00</u>

Strapping—Any Age

<u>29200</u>	<u>Strapping; thorax</u>		\$ <u>20.00</u>
29220	<u>Strapping; low back</u>	20.00	\$ <u>21.00</u>
29260	elbow or wrist		20.00
29325	Application of hip spica cast; bilateral, or one and one-half spica	260.00	<u>282.00</u>

Adopted Rules

Code	Service	Maximum Fee
29345	Application of long leg cast (thigh to toes)	104.75 <u>109.00</u>
29355	walker or ambulatory type	113.00 <u>124.00</u>
29358	Application of long leg cast	244.00
29365	Application of cylinder cast (thigh to ankle)	86.50 <u>85.00</u>
29405	Application of short leg cast (below knee to toes)	78.00 <u>82.00</u>
29425	walking or ambulatory type	88.30 <u>90.50</u>
29435	Application of patellar tendon bearing (PTB) cast	113.00 <u>119.00</u>
29440	Adding walker to previously applied cast	31.00 <u>32.25</u>
29450	Application of clubfoot cast with molding or manipulation, long or short leg; unilateral	52.00
29455	bilateral	94.00 <u>100.00</u>
Splints		
29505	Application of long leg splint (thigh to ankle or toes)	\$ 57.00 <u>74.00</u>
29515	Application of short leg splint (calf to foot)	44.00 <u>45.00</u>
Strapping—Any Age		
29540	Strapping; ankle	\$24.00
29580	Unna boot	30.00
29530	<u>Strapping; knee</u>	\$ <u>48.00</u>
Removal or Repair		
29705	Removal or bivalving; full arm or full leg cast	\$ 25.00
29720	Repair of spica, body cast, or jacket	17.00 \$ <u>20.00</u>
Arthroscopy		
29874	<u>Arthroscopy, knee, surgical; for infection, lavage and drainage; for removal of loose body or foreign body (for example, osteochondritis dissecans fragmentation, chondral fragmentation)</u>	<u>\$1,310.00</u>
29875	<u>synovectomy, limited (for example, plica or shelf resection)</u>	<u>1,210.00</u>
29877	<u>debridement/shaving of articular cartilage (chondroplasty)</u>	<u>1,400.00</u>
29881	<u>with meniscectomy (medial or lateral including any meniscal shaving)</u>	<u>1,450.00</u>
<p>Subp. 6. Respiratory system. The following codes, service descriptions, and maximum fees apply to surgical procedures of the respiratory system.</p>		
30300*	Removal foreign body, intranasal; office type procedure	\$ 35.00

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Adopted Rules

		Nose—Repair	
Code	Service		Maximum Fee
30420	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, or elevation of nasal tip, including major septal repair	\$1,975.00	<u>2,045.00</u>
30520	Septoplasty with or without cartilage implant (separate procedure)	903.00	<u>921.00</u>
Other Procedures			
30901	Control nasal hemorrhage, anterior, simple (cauterization); unilateral	\$ 40.00	<u>49.00</u>
30903	Control nasal hemorrhage, anterior, complex (cauterization with local anesthesia and packing); unilateral	88.00	<u>95.00</u>
Larynx			
31500	Intubation, endotracheal, emergency procedure	\$ 94.00	<u>95.00</u>
31505	Laryngoscopy, indirect; diagnostic	32.75	<u>35.00</u>
31525	Laryngoscopy, direct; diagnostic, except newborn	314.75	<u>291.00</u>
31535	Laryngoscopy, direct; operative, with biopsy	502.50	<u>470.00</u>
31575	Laryngoscopy, flexible fiberoptic; diagnostic	66.00	<u>74.00</u>
Trachea and Bronchi			
31600	Tracheostomy, planned (separate procedure)		\$ 425.00
31620	Bronchoscopy; diagnostic, rigid bronchoscope	425.00	<u>450.00</u>
31621	diagnostic, fiberoptic bronchoscope (flexible)	415.00	<u>449.50</u>
31625	with biopsy, rigid bronchoscope		430.00
31626	with biopsy, fiberoptic bronchoscope (flexible)	430.00	<u>470.00</u>
31627	with brushing, fiberoptic bronchoscope (flexible)	460.00	<u>450.00</u>
31628	with transbronchial lung biopsy, fiberoptic bronchoscope (flexible) under fluoroscopic guidance	425.00	<u>493.75</u>
Lungs			
32000*	Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent	\$ 112.00	<u>115.50</u>
32020	Tube thoracostomy with water seal (for example, pneumothorax, hemothorax, empyema) (separate procedure)		420.00
32480	Lobectomy, total or segmental		1,750.00

Subp. 7. **Cardiovascular system.** The following codes, service descriptions, and maximum fees apply to surgical procedures of the cardiovascular system. Injection procedures include necessary local anesthesia, introduction of needles or catheter, injection of contrast medium with or without automatic power injection, or necessary pre- and postinjection care specifically related to the injection procedure. Catheters, drugs, and contrast media are not included in the listed service for the injection procedures.

Heart

Code	Service	Maximum Fee
33210	Insertion of temporary transvenous cardiac electrode, or pacemaker catheter	\$ 410.00 <u>429.00</u>
Coronary Artery Procedures		
33511	Coronary artery bypass, autogenous graft (for example, saphenous vein or internal mammary artery); two coronary arteries	\$4,233.00
33512	<u>Coronary artery bypass, autogenous graft (for example, saphenous vein or internal mammary artery); three coronary arteries</u>	4,655.00 <u>\$4,970.00</u>
Vascular Injection Procedures—Venous		
36000*	Introduction of needle or intracatheter, vein; unilateral	\$ 22.00 <u>23.00</u>
36010	Introduction of catheter; in superior or inferior vena cava, right heart or pulmonary artery	331.00
36415*	Routine venipuncture for collection of specimen(s)	6.00 <u>8.00</u>
36430	Transfusion, blood or blood components; indirect	69.50
36431	<u>Transfusion, blood or blood components; direct</u>	25.50 <u>27.30</u>
36471*	Injection of sclerosing solution; multiple veins, same	38.50 <u>36.50</u>
36480*	Catheterization, subclavian, external jugular or other vein, for central venous pressure determination; percutaneous	105.00
<u>36489</u>	<u>Placement of central venous catheter (subclavian, jugular, or other vein) (for example, for central venous pressure, hyperalimentation, hemodialysis, or chemotherapy); percutaneous, over age 2</u>	<u>125.00</u>
<u>36510</u>	<u>Catheterization of umbilical vein for diagnosis or therapy, newborn</u>	<u>100.00</u>
<u>36520</u>	<u>Therapeutic apheresis (plasma and/or cell exchange)</u>	<u>150.00</u>
Vascular Injection Procedures—Arterial		
36620	Arterial catheterization or cannulation for sampling, monitoring, or transfusion (separate procedure); percutaneous	\$ 125.00
36625	cutdown	130.00
<u>36660</u>	<u>Arterial catheterization, umbilical artery, newborn, for diagnosis or therapy</u>	<u>150.00</u>

Subp. 8. **Digestive system.** The following codes, service descriptions, and maximum fees apply to surgical procedures of the digestive system.

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Adopted Rules

Abdomen, Peritoneum, and Omentum—Repair, Hernioplasty, Herniorrhaphy, Herniotomy

Code	Service		Maximum Fee
		Spleen	
38100	Splenectomy; total		\$1,015.00
		Esophagus	
43200	Esophagoscopy, rigid or flexible fiberoptic (specify); diagnostic procedure		\$ 350.00
43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; complex diagnostic	319.00	<u>343.00</u>
43239	For biopsy and/or collection or specimen by brushing or washing	354.00	<u>374.00</u>
43324	Esophagogastric fundoplasty (for example, Nissen, Belsey IV, Hill procedures)		1,470.00
43450*	Dilation esophagus, by unguided sounds(s) or bougie(s), indirect; initial session	76.00	<u>84.00</u>
43451*	subsequent session	50.00	<u>64.00</u>
		Stomach	
43760*	Change of gastrostomy tube; simple	\$ 50.00	<u>47.50</u>
43830	Gastrostomy, temporary (tube, rubber, or plastic)(separate procedure); neonatal, for feeding	630.00	<u>632.00</u>
43844	Gastric bypass for morbid obesity		2,015.00
43846	Gastric bypass with Roux-en-Y gastroenterostomy for morbid obesity	2,540.00	<u>2,625.00</u>
		Intestines	
44000	Enterolysis, freeing of intestinal adhesion	\$ 820.00	<u>840.00</u>
44005	with acute bowel obstruction	1,010.00	<u>1,094.25</u>
44140	Colectomy, partial; with anastomosis	1,400.00	<u>1,401.25</u>
44950	Appendectomy	670.00	<u>700.00</u>
44960	for ruptured appendix with abscesses or generalized peritonitis	806.00	<u>850.00</u>
45300	Proctosigmoidoscopy; diagnostic	58.00	<u>63.00</u>
45305	for biopsy		<u>93.00</u>
45330	Sigmoidoscopy, flexible fiberoptic; diagnostic	97.75	<u>100.00</u>
45331	for biopsy and/or collection of specimen by brushing or washing	145.00	<u>147.00</u>
45378	Colonoscopy, fiberoptic, beyond splenic flexure; diagnostic procedure	466.00	<u>475.00</u>
45380	for biopsy and/or collection of specimen by brushing or washing	565.00	<u>555.00</u>
45385	for removal of polypoid lesion(s)	647.00	<u>620.00</u>
45505	Proctoplasty; for prolapse of mucous membrane		770.00
46255	Hemorrhoidectomy, internal and external, simple	600.00	<u>625.00</u>
46275	Fistulotomy; submucular		<u>700.00</u>
46320*	Enucleation or excision of external thrombotic hemorrhoid	67.75	<u>70.43</u>

Adopted Rules

Liver

Code	Service	Maximum Fee
47000*	Biopsy of liver; percutaneous needle	\$ 129.00
47600	Cholecystectomy	1,070.00
47605	with cholangiography	1,145.00
47610	Cholecystectomy with exploration of common duct	1,287.00
49000	Exploratory laparotomy, exploratory celiotomy	700.00
49420*	Insertion of intraperitoneal cannula or catheter for drainage or dialysis; temporary	150.00
49500	<u>Repair inguinal hernia, under age 5 years, with or without hydrocelectomy</u>	608.00
49505	Repair inguinal hernia, age 5 or over; unilateral	650.00
49515	with excision of hydrocele or spermatocele	766.00
49520	recurrent	775.00
49530	incarcerated	806.00
49550	Repair femoral hernial groin incision	660.00
49560	Repair ventral (incisional) hernia (separate procedure)	736.00
49565	<u>Repair ventral (incisional) hernia (separate procedure); recurrent</u>	931.00
49580	<u>Repair umbilical hernia; under age 5 years</u>	510.00
49581	Repair umbilical hernia; age 5 or over	589.00

Kidney

50200*	Renal biopsy, percutaneous trocar or needle	\$ 350.00
51600*	Injection procedure for cystography or voiding urethrocytography	1,785.00
51705*	Change of cystostomy tube; simple	39.00
51725	Simple cystometrogram (CMG) (for example, spinal manometer)	67.00
51726	Complex cystometrogram (for example, calibrated electronic equipment)	74.50
51736	Simple uroflowmetry	64.00
51741	Complex uroflowmetry	50.00
51786	Electromyography; during cystometrogram	155.00
51840	Anterior vesicourethropexy, or urethropexy; simple	992.00
52000	Cystourethroscopy, office	126.00
52005	with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service	252.00
52100	Cystourethroscopy, hospital	144.00

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Adopted Rules

Code	Service		Maximum Fee
52105	Cystourethroscopy, hospital; with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service		<u>235.00</u>
52204	Cystourethroscopy with biopsy; office	150.00	<u>163.63</u>
52280	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy and injection procedure for cystography, male or female; hospital		211.00
52281	Cystourethroscopy, with calibration and/or dilation or urethral stricture or stenosis, with or without meatotomy and injection procedure for cystography, male or female; office	223.00	<u>230.00</u>
52320	Cystourethroscopy; with removal of ureteral calculus	490.00	<u>518.75</u>
52332	Cystourethroscopy, with insertion of indwelling ureteral stent	297.00	<u>319.00</u>
53600*	Dilation of urethral stricture by passage of sound, male; initial	36.50	<u>37.00</u>
53660*	Dilation of female urethra including suppository and/or instillation; initial	26.00	<u>29.00</u>
53661	subsequent	25.00	<u>28.00</u>
53670*	Catheterization; simple	25.00	<u>35.00</u>
54640	Orchiopexy, any type, with or without hernia repair; unilateral	800.00	<u>855.00</u>
55040	Excision of hydrocele; unilateral	600.00	<u>560.00</u>
58150	Total hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)	1,110.00	<u>1,199.25</u>
58260	Vaginal hysterectomy	1,116.00	<u>1,175.00</u>
58265	with plastic repair of vagina, anterior and/or posterior colporrhaphy	1,350.00	<u>1,375.00</u>
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral	800.00	<u>860.00</u>
58980	Laparoscopy for visualization of pelvic viscera	500.00	<u>550.00</u>

Subp. 9. **Nervous system.** The following codes, service descriptions, and maximum fees apply to surgical procedures of the nervous system.

Code	Service		Maximum Fee
61107	Twist drill hole for subdural or ventricular puncture; for implanting ventricular catheter or pressure recording device		\$709.00
61310	Craniectomy or craniotomy, evacuation of hematoma, extradural, subdural, or intracerebral; supratentorial	2,385.00	<u>\$2,625.00</u>

Spine and Spinal Cord—Puncture for Injection, Drainage, or Aspiration

62270*	Spinal puncture lumbar diagnostic	\$ 89.00	<u>90.00</u>
62273*	Injection lumbar epidural, of blood or clot patch	160.00	<u>200.00</u>

Adopted Rules

Code	Service	Maximum Fee	
62274*	Injection of anesthetic substance, diagnostic or therapeutic; subarachnoid or subdural simple epidural or caudal single		82.75
62278*	Injection procedure for myelography and computerized axial tomography, spinal or posterior fossa	130.00	<u>135.00</u>
62284*	Injection of substance other than anesthetic, contrast, or neurolytic solutions, epidural or caudal	232.00	<u>240.00</u>
62289	Injection procedure for chemonucleolysis, intervertebral disk, single or multiple levels; lumbar	1,650.00	<u>1,775.00</u>
Spine and Spinal Cord—Laminectomy or Laminotomy, for Exploration or Decompression			
63005	Laminectomy for decompression of spinal cord and/or cavda equina, one or two segments; lumbar, except for spondylolisthesis	\$1,797.00	<u>2,060.00</u>
63017	Laminectomy for decompression of spinal cord or cavda equina; more than two segments; lumbar		2,115.00
63020	Laminotomy (hemilaminectomy), for excision of herniated intervertebral disk, and/or decompression of nerve root; one interspace, cervical, unilateral	1,850.00	<u>2,025.00</u>
63030	Laminotomy (hemilaminectomy), for herniated intervertebral disk, or decompression of nerve root; one interspace, lumbar, unilateral	1,767.00	<u>1,936.00</u>
63042	Laminotomy (hemilaminectomy), for herniated intervertebral disk, or decompression of nerve root, any level, extensive or re-exploration; lumbar	2,255.00	<u>2,150.00</u>
Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System—Exploration, Neurolysis, or Nerve Decompression (Neuroplasty)			
64421	<u>Injection, anesthetic agent; intercostal nerves, multiple, regional block</u>		\$ 130.00
64450*	Injection, anesthetic agent; other peripheral nerve or branch	\$ 87.00	<u>110.00</u>
64550	Application of surface (transeutaneous) neurostimulator		55.00
64718	Neurolysis or transposition; ulnar nerve at elbow	884.00	<u>891.00</u>
64721	median nerve at carpal tunnel	645.00	<u>698.00</u>
64831	Suture of digital nerve, hand or foot; one nerve		450.00

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Adopted Rules

Eye and Ocular Adnexa—Removal of Ocular Foreign Body

Code	Service		Maximum Fee
65205*	Removal foreign body, external eye; conjunctival superficial	\$ 39.00	<u>40.80</u>
65210*	conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating	45.00	<u>50.00</u>
65220*	corneal, without slit lamp	45.00	<u>50.00</u>
65222*	corneal, with slit lamp	56.00	<u>60.00</u>
65420	Excision or transposition of pterygium; without graft	428.00	<u>437.50</u>
66980	Insertion intraocular lens prosthesis; at time of cataract extraction (any technique) one stage		1,720.00
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure)	1,850.00	<u>1,893.00</u>
67216	Destruction of localized lesion/retina or choroid, one or more stages; photocoagulation, laser		725.00
67226	Destruction of progressive retinopathy, one or more stages; photocoagulation, laser	703.00	<u>650.00</u>
68800*	Dilation of lacrimal punctum, with or without irrigation, unilateral or bilateral		35.00
68825	Probing of nasolacrimal duct, with or without irrigation, unilateral or bilateral; requiring hospitalization	210.00	<u>237.00</u>
Auditory System			
69433*	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia; unilateral	\$ 164.00	<u>152.50</u>
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia; unilateral		210.00
69437	bilateral	330.00	<u>350.00</u>
69440	Middle ear exploration through postauricular or ear canal incision	785.00	<u>865.00</u>
69620	Meningoplasty	1,130.00	<u>1,186.00</u>
69631	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction	1,650.00	<u>1,785.75</u>
69632	with ossicular chain reconstruction (for example, postfenestration)	1,885.00	<u>2,006.00</u>
69641	Tympanoplasty with antrotomy or mastoidectomy; without ossicular chain reconstruction	1,995.00	<u>2,100.00</u>
69660	Stapedectomy with reestablishment of ossicular continuity, with or without use of foreign material		1,706.00

5221.2300 PHYSICIAN SERVICES; RADIOLOGY.

Subpart 1. [Unchanged.]

Subp. 2. **Diagnostic radiology.** The following codes, service descriptions, and maximum fees apply to diagnostic radiology procedures.

Head and Neck

Code	Service		Maximum Fee
<u>70050</u>	<u>Radiologic examination, eye; for</u> <u>detection and localization of foreign body</u>		\$ 22.40
70100	Radiologic examination, mandible; partial, less than four views	\$ 36.00	<u>45.00</u>
70100-26	professional component only	20.00	<u>20.75</u>
70110-26	professional component only	20.00	<u>21.20</u>
70120	Radiologic examination, mastoids; less than three views per side	55.00	<u>53.00</u>
70130	Radiologic examination, mastoids; complete, minimum of three views per side	76.50	<u>87.00</u>
70134	Radiologic examination, internal auditory meati, complete		78.00
70140	Radiologic examination, facial bones; less than three views	46.00	<u>56.91</u>
70140-26	professional component only	18.00	<u>18.88</u>
70150-26	professional component only	22.00	<u>24.50</u>
70160	Radiologic examination, nasal bones; complete, minimum of three views	47.00	<u>48.38</u>
70160-26	professional component only	13.00	<u>15.00</u>
70200-26	professional component only	20.50	<u>23.20</u>
70210	Radiologic examination, sinuses, paranasal, less than three views	34.00	<u>35.00</u>
70210-26	professional component only	15.00	<u>16.00</u>
70220	Radiologic examination, sinuses, paranasal, complete, minimum of three views; without contrast studies	61.00	<u>66.00</u>
70220-26	<u>Radiologic examination, sinuses,</u> <u>paranasal, complete, minimum of three</u> <u>views; without contrast studies;</u> professional component only	22.00	<u>23.25</u>
70240	Radiologic examination, sella turcica		<u>42.00</u>
70250	Radiologic examination, skull, less than four views, with or without stereo		<u>35.00</u>
70260	complete, minimum of four views, with or without stereo		<u>58.00</u>
70260-26	<u>Radiologic examination, skull, less than</u> <u>four views, with or without stereo,</u> <u>complete, minimum of four views;</u> professional component only	32.00	<u>33.00</u>
70260-TC	technical component only	55.00	<u>57.50</u>
70332	Temporomandibular joint arthrotomography; supervision and interpretation only		<u>191.00</u>
70350	Cephalogram, orthodontic		<u>40.00</u>
<u>70320</u>	<u>Radiologic examination, teeth; complete,</u> <u>full mouth</u>		<u>51.00</u>
<u>70328</u>	<u>Radiologic examination, temporomandibular</u> <u>joint, open and closed mouth; unilateral</u>		<u>67.50</u>
70355	Orthopantogram		<u>30.00</u>

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Adopted Rules

Code	Service		Maximum Fee
70355-26	<u>Orthopantogram</u> ; professional component only	16.50	<u>19.00</u>
70360	Radiologic examination, neck, soft tissue	26.00	<u>28.00</u>
70360-26	professional component only	15.00	<u>13.50</u>
70450-26	professional component only	77.50	<u>77.00</u>
70460-26	professional component only	85.00	<u>86.25</u>
70470-26	professional component only	98.00	<u>105.50</u>
70480-26	professional component only		<u>75.00</u>
70490	Computerized axial tomography, soft tissue neck; without contrast material		104.00
Chest			
71010	Radiologic examination, chest; single view, posteroanterior	\$ 30.00	<u>31.50</u>
71010-26	professional component only	12.50	<u>13.50</u>
71010-TC	technical component only	23.50	<u>30.00</u>
71015	stereo, posteroanterior	31.90	<u>33.30</u>
71020	two views, posteroanterior and lateral	42.00	<u>45.00</u>
71020-TC	technical component only	35.00	<u>38.25</u>
71020-26	professional component only	18.00	<u>18.75</u>
71021	Radiological examination, frontal and lateral; with apical lordotic procedure	36.00	<u>41.50</u>
71022	<u>Radiologic examination, chest; with oblique projections</u>		<u>21.00</u>
71022-26	professional component only	20.00	<u>21.00</u>
71030-26	professional component only	24.00	<u>27.38</u>
71100	Radiologic examination, ribs, unilateral; two views		46.00
71100-26	<u>Radiologic examination, ribs, unilateral; two views</u> ; professional component only	20.00	<u>19.50</u>
71100-TC	technical component only	36.50	<u>40.00</u>
71110	Radiologic examination, ribs, bilateral; three views	58.00	<u>60.00</u>
71110-26	professional component only	27.00	<u>28.13</u>
71120	Radiologic examination; sternum, minimum of two views	36.00	<u>38.00</u>
71120-26	professional component only	16.00	<u>17.70</u>
71250	Computerized axial tomography, thorax; without contrast material		379.00
71250-26	<u>Computerized axial tomography, thorax; without contrast material</u> ; professional component only	115.00	<u>126.00</u>
71260-26	professional component only	120.00	<u>105.50</u>
71270-26	without contrast material, followed by contrast material(s) and further sections; professional component only		133.00
Spine and Pelvis			
72010-26	Radiologic examination, spine, entire, survey study, anteroposterior, and lateral; professional component only	\$ 25.00	<u>42.25</u>
72020-26	Radiologic examination, spine, single view, specify level; professional component only		15.00
72040	Radiologic examination, spine, cervical; anteroposterior and lateral	44.00	<u>47.00</u>
72040-26	professional component only	18.00	<u>20.00</u>

Adopted Rules

72050	minimum of four views	70.00	<u>75.00</u>
72050-26	professional component only	26.00	<u>27.00</u>
72050-TC	technical component only	51.00	<u>55.50</u>
72052	complete, including oblique and flexion or extension studies		70.00
72052-26	professional component only		<u>31.00</u>
72070	Radiologic examination, spine; thoracic, anteroposterior and lateral	49.00	<u>53.00</u>
72070-26	professional component only	21.00	<u>22.00</u>
72070-TC	technical component only	45.00	<u>47.00</u>
72072-26	professional component only	24.50	<u>22.10</u>
72080	thoracolumbar, anteroposterior and lateral	55.00	<u>62.00</u>
72090	scoliosis study, including supine and erect studies	45.00	<u>50.00</u>
72100	Radiologic examination, spine, lumbosacral; anteroposterior and lateral		
		54.00	<u>57.95</u>
72100-26	professional component only	22.00	<u>24.50</u>
72110	complete, with oblique views	75.00	<u>80.00</u>
72110-26	professional component only	28.50	<u>30.00</u>
72110-TC	technical component only	59.00	<u>62.00</u>
72114	complete, including bending views	87.00	<u>95.00</u>
72125	Computerized axial tomography, cervical spine; without contrast material		525.00
72125-26	<u>Computerized axial tomography, cervical spine; without contrast material;</u> professional component only	106.00	<u>114.00</u>
72126-26	professional component only	126.00	<u>135.00</u>
72128-26	Computerized axial tomography, thoracic spine; without contrast material; professional component only	100.00	<u>111.75</u>
<u>72129</u>	<u>Computerized axial tomography, thoracic spine; with contrast material</u>		<u>120.00</u>
72131	Computerized axial tomography, lumbar spine; without contrast material	440.00	<u>465.00</u>
72131-26	professional component only		<u>100.00</u>
72132	with contrast material		365.00
72132-26	professional component only	99.00	<u>104.00</u>
72170	Radiologic examination, pelvis; anteroposterior only		36.50
72170-26	<u>Radiologic examination, pelvis; anteroposterior only;</u> professional component only	15.00	<u>16.00</u>
72180	stereo		42.00
72180-26	professional component only	21.50	<u>22.25</u>
72190	complete, minimum of three views	50.00	<u>61.00</u>
72190-26	professional component only	21.00	<u>21.50</u>
72192	Computerized axial tomography, pelvis; without contrast material		177.00

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Adopted Rules

Code	Service		Maximum Fee
72192-26	<u>Computerized axial tomography, pelvis;</u> <u>without contrast material;</u> professional component only	90.00	<u>114.00</u>
72193-26	with contrast material(s); professional component only	78.00	<u>97.00</u>
72200	Radiologic examination, sacroiliac joints; less than three views	37.00	<u>45.00</u>
72202	three or more views		<u>49.00</u>
72202-26	professional component only	15.00	<u>19.90</u>
72220	Radiologic examination, sacrum and coccyx, minimum of two views	45.00	<u>48.00</u>
72220-26	professional component only	16.00	<u>17.70</u>
72241-26	Myelography, cervical, complete procedure; professional component only	222.50	<u>245.06</u>
72265-26	Myelography, lumbosacral; supervision and interpretation only; professional component only	63.00	<u>67.00</u>
72266-26	complete procedure; professional component only	217.00	<u>198.69</u>
72270	Myelography, entire spinal canal; supervision and interpretation only	178.00	<u>194.40</u>
72271	complete procedure	302.00	<u>305.00</u>
72271-26	professional component only	291.00	<u>303.50</u>
72295	Diskography, lumbar; supervision and interpretation only		42.50
Upper Extremities			
73000	Radiologic examination; clavicle, complete	\$ 31.00	<u>33.00</u>
73000-26	professional component only	12.00	<u>12.75</u>
73000-TC	technical component only	37.00	<u>42.00</u>
73010	scapula, complete		<u>45.00</u>
73010-26	professional component only	14.00	<u>15.00</u>
73020	Radiologic examination, shoulder; one view	33.00	<u>35.00</u>
73020-26	professional component only	12.00	<u>13.25</u>
73030	complete, minimum of two views		<u>41.00</u>
73030-26	professional component only	14.00	<u>15.00</u>
73040-26	Radiologic examination, shoulder, arthrography; supervision and interpretation only; professional component only	13.00	<u>14.00</u>
73041-26	complete procedure; professional component only	147.00	<u>167.00</u>
73050	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction	46.00	<u>48.50</u>
73050-26	professional component only	16.00	<u>15.88</u>
73060	humerus, minimum of two views	37.00	<u>39.00</u>
73060-26	professional component only	13.00	<u>14.00</u>
73070	Radiologic examination, elbow; anteroposterior and lateral views	35.00	<u>38.00</u>
73070-26	professional component only	13.00	<u>13.50</u>
73070-TC	technical component only	26.55	<u>34.00</u>
73080	complete, minimum of three views	41.00	<u>39.00</u>
73080-26	professional component only	16.00	<u>15.75</u>
73080-TC	technical component only	35.00	<u>36.00</u>

Adopted Rules

Code	Service	Maximum Fee	
73090	Radiologic examination; forearm, anteroposterior and lateral views	35.00	<u>37.00</u>
73090-26	professional component only	43.00	<u>14.00</u>
73090-TC	technical component only	28.00	<u>34.00</u>
73100	Radiologic examination, wrist; anteroposterior and lateral views	34.00	<u>37.00</u>
73100-26	professional component only	43.00	<u>13.50</u>
73100-TC	technical component only	27.00	<u>34.00</u>
73110	complete, minimum of three views	39.00	<u>41.00</u>
73110-26	professional component only	45.00	<u>15.75</u>
73110-TC	technical component only	35.00	<u>42.50</u>
73120	Radiologic examination, hand; two views	34.50	<u>36.50</u>
73120-26	professional component only	43.00	<u>13.25</u>
73120-TC	technical component only	23.00	<u>23.75</u>
73130	minimum of three views	37.00	<u>40.50</u>
73130-26	professional component only	43.00	<u>14.00</u>
73130-TC	technical component only	36.00	<u>41.50</u>
73140	Radiologic examination, finger or fingers, minimum of two views	30.00	<u>32.00</u>
73140-26	professional component only	41.00	<u>12.00</u>
73140-TC	technical component only	25.50	<u>30.00</u>
Lower Extremities			
73500	Radiologic examination, hip; unilateral, one view	\$ 31.00	<u>36.56</u>
73500-26	professional component only	43.00	<u>14.10</u>
73510	complete, minimum of two views		48.00
73510-26	professional component only	49.00	<u>20.00</u>
73510-TC	technical component only	36.00	<u>41.00</u>
73520	Radiologic examination, hips, bilateral, minimum of two views of each hip, including anteroposterior view of pelvis	51.00	<u>56.00</u>
73520-26	professional component only	22.00	<u>24.21</u>
73530	Radiologic examination, hip, during operative procedure		24.00
73530-26	<u>Radiologic examination, hip, during operative procedure</u> ; professional component only	24.00	<u>28.50</u>
73540	<u>Radiologic examination, pelvis and hips, infant or child, minimum of two views</u>		48.00
73550	Radiologic examination, femur, anteroposterior, and lateral views	43.00	<u>42.00</u>
73550-26	professional component only	43.00	<u>14.50</u>
73560	Radiologic examination, knee; anteroposterior and lateral views	37.00	<u>40.00</u>
73560-26	professional component only	43.00	<u>14.00</u>
73560-TC	technical component only	28.00	<u>33.00</u>
73562	anteroposterior and lateral, with oblique, minimum of three views	45.00	<u>50.00</u>

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Adopted Rules

Code	Service		Maximum Fee
73562-26	professional component only	14.00	<u>14.50</u>
73562-TC	technical component only	44.00	<u>39.00</u>
73564	complete, including oblique, or tunnel, or patellar, or standing views	52.00	<u>55.75</u>
73564-26	professional component only		18.00
73564-TC	technical component only	58.00	<u>65.00</u>
73580	Radiologic examination, knee, arthrography; supervision and interpretation only	105.00	<u>120.00</u>
73581	Radiologic examination, knee, arthrography; complete procedure		139.00
73581-26	<u>Radiologic examination, knee, arthrography; complete procedure;</u> professional component only	139.00	<u>144.50</u>
73590	Radiologic examination, tibia and fibula, anteroposterior and lateral views	37.00	<u>40.00</u>
73590-26	professional component only	13.00	<u>14.00</u>
73590-TC	technical component only	28.00	<u>36.50</u>
73600	Radiologic examination, ankle; anteroposterior and lateral views	33.00	<u>35.20</u>
73600-26	professional component only	13.00	<u>13.50</u>
73600-TC	technical component only	26.00	<u>30.10</u>
73610	complete, minimum of three views	39.00	<u>41.00</u>
73610-26	professional component only		15.00
73610-TC	technical component only	35.00	<u>40.00</u>
73620	Radiologic examination, foot; anteroposterior and lateral views	34.00	<u>35.00</u>
73620-26	professional component only	13.00	<u>14.00</u>
73620-TC	technical component only	26.00	<u>28.70</u>
73630	complete, minimum of three views	40.00	<u>43.00</u>
73630-26	professional component only	13.00	<u>14.25</u>
73630-TC	technical component only	36.00	<u>41.00</u>
73650	Radiologic examination; calcaneus, minimum of two views	33.00	<u>36.00</u>
73650-26	professional component only		13.00
73650-TC	technical component only		31.00
73660	toe or toes, minimum of two views	30.00	<u>32.00</u>
73660-26	professional component only	11.00	<u>11.70</u>
73660-TC	technical component only	27.00	<u>30.00</u>

Abdomen

74000	Radiologic examination, abdomen, single anteroposterior view		\$ 37.00
74000-26	<u>Radiologic examination, abdomen, single anteroposterior view;</u> professional component only		\$ 16.00
74000-TC	technical component only	28.00	<u>32.00</u>
74010-26	anteroposterior and additional oblique and cone views, professional component only	48.00	<u>20.25</u>
74020-26	complete, including decubitus or erect views, professional component only	22.00	<u>22.50</u>
74022	Complete acute abdomen series, including supine, erect, and/or decubitus views, upright PA chest		32.00

Adopted Rules

Code	Service	Maximum Fee
74022-26	professional component only	32.00
74150-26	Computerized axial tomography, abdomen; without contrast material, professional component only	103.00 <u>108.50</u>
74160-26	with contrast materials; professional component only	105.00 <u>114.00</u>
74170-26	without contrast material followed by contrast material and further sections; professional component only	134.00 <u>136.00</u>
Gastrointestinal Tract		
74220	Radiologic examination; esophagus	\$ 90.00
74220-26	<u>Radiologic examination; esophagus;</u> professional component only	45.50 <u>\$ 49.50</u>
74240	Radiologic examination, gastrointestinal tract, upper; with or without delayed films, without KUB	86.00 <u>90.00</u>
74240-26	professional component only	50.50 <u>52.00</u>
74241	with or without delayed films, with KUB	56.00 <u>58.00</u>
74241-26	professional component only	46.00 <u>46.50</u>
74241-TC	technical component only	56.00 <u>58.00</u>
74245-26	with small bowel, includes multiple serial films; professional component only	73.00 <u>73.75</u>
74247	with or without delayed films, with KUB	57.75 <u>57.00</u>
74250-26	Radiologic examination, small bowel, includes multiple serial films; professional component only	43.50 <u>48.00</u>
74270	Radiologic examination, colon; barium enema	87.50 <u>90.00</u>
74270-26	professional component only	50.50 <u>52.00</u>
74270-TC	technical component only	69.00 <u>72.00</u>
74280-26	air contrast with specific high density barium, with or without glucagon; professional component only	66.00 <u>69.00</u>
74290	Cholecystography, oral contrast	62.00 <u>64.90</u>
74290-26	professional component only	23.00 <u>24.75</u>
74290-TC	technical component only	55.00 <u>57.00</u>
74300-26	Cholangiography; during surgery, professional component only	37.50 <u>39.00</u>
74330	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, fluoroscopic monitoring and radiography	59.00
74330-26	professional component only	50.50 <u>53.00</u>

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Adopted Rules

Urinary Tract

Code	Service		Maximum Fee
74400	<u>Urography, intravenous, including kidneys, ureters, and bladder</u>		\$117.00
74400-26	<u>Urography, intravenous, including kidneys, ureters, and bladder;</u> professional component only	50.50	\$ 52.50
74400-TC	technical component only		84.00
74405	<u>Urography (pyelography), intravenous, including kidneys, ureters, and bladder with special hypertensive contrast concentration or clearance studies</u>		147.00
74405-26	<u>Urography (pyelography), intravenous, including kidneys, ureters, and bladder with special hypertensive contrast concentration or clearance studies;</u> professional component only	53.00	48.00
74410	<u>Urography, infusion, drip technique</u>		90.00
74410-26	<u>Urography, infusion, drip technique;</u> professional component only	37.00	39.13
74420-26	Urography, retrograde, with or without kidneys, ureters, and bladder; professional component only	23.00	23.63
74425-26	professional component only	42.00	43.00
74430-26	Cystography, minimum of three views; supervision and interpretation only; professional component only	25.00	27.00
74455-26	Urethrocystography, voiding; professional component only	40.00	37.50
74456-26	professional component only	54.00	56.25
75628-26	Aortography, abdominal, catheter by serialography; professional component only	350.00	361.31
75631-26	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography; professional component only	400.00	416.00
75655-26	Angiography, cerviocerebral, selective catheter, including vessel origin; two vessels, complete procedure; professional component only	450.00	474.50
75657-26	three or four vessels, complete procedure; professional component only	550.00	551.25
75673-26	Angiography, carotid, cerebral, bilateral; catheter, complete procedure; professional component only		423.50
75712-26	Angiography, by serialography, complete procedure; professional component only	178.00	229.00
75750-26	Angiography, coronary, root injection; professional component only		76.50
75754-26	Angiography, coronary, bilateral selective injection, including left ventricular and supra-avalvular angiogram and pressure recording; professional component only	161.50	131.25

Veins and Lymphatics

Code	Service	Maximum Fee	
75821-26	Venography, extremity, unilateral; complete procedure; professional component only	\$ 115.00	<u>120.50</u>

Miscellaneous

76062	Radiologic examination, osseous survey; complete	\$ 150.00	<u>160.00</u>
76062-26	professional component only		58.00
76081-26	Radiologic examination, fistula or sinus tract study; complete procedure; professional component only		63.00
76100	Radiologic examination, single plane body section	88.00	<u>96.50</u>

Subp. 3. **Diagnostic ultrasound.** The following codes, service descriptions, and maximum fees apply to diagnostic ultrasound procedures. In C, "A-mode" implies a one-dimensional ultrasonic measurement procedure; "M-mode" implies a one-dimensional ultrasonic measurement procedure with movement of the trace to record amplitude and velocity of moving echo-producing structures; "B-scan" implies a two-dimensional ultrasonic scanning procedure with a two-dimensional display; and "Real-time scan" implies a two-dimensional ultrasonic scanning procedure with display of both two-dimensional structure and motion with time.

Head and Neck

Code	Service	Maximum Fee	
76511	Ophthalmic ultrasound, echography; A-mode, spectral analysis with amplitude quantification		\$ 150.00
76516	Echography, ophthalmic, ultrasonic biometry;		150.00
<u>76519</u>	<u>Ophthalmic biometry by ultra sound echography, A-mode</u>		<u>168.00</u>

Chest

76604	B-scan (includes Mediastinum) and/or real time with image documentation	\$ 57.00	<u>63.75</u>
76620-26	Echocardiography, M-mode; professional component only	92.00	<u>96.65</u>
<u>76629</u>	<u>Echocardiography, M-mode and real time with image documentation</u>		<u>186.00</u>
76700-26	Echography, abdominal, B-scan; professional component only	64.50	<u>67.50</u>
76705-26	limited; professional component only	51.00	<u>46.25</u>
76770-26	Echography, retroperitoneal (for example, renal, aorta, nodes), B-scan; professional component only	61.00	<u>63.75</u>
76775	Echography, retroperitoneal, B-scan and/or real time with image documentation; complete		63.00
76775-26	<u>Echography, retroperitoneal, B-scan and/or real time with image documentation; complete; professional component only</u>	65.00	<u>68.25</u>

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Adopted Rules

Pelvis

Code	Service	Maximum Fee
76805	Echography, pelvic, B-scan (for example, real-time), in obstetrics, gynecology, or transplants; complete	\$75.00
76805-26	<u>Echography, pelvic, B-scan (for example, real time), in obstetrics, gynecology, or transplants; complete;</u> professional component only	59.00 \$ <u>61.50</u>

Vascular Studies

	Peripheral imaging, B-scan, Doppler or real-time scan	\$110.00
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Subp. 4. **Therapeutic radiology.** The following codes, procedures and maximum fees apply to therapeutic radiology procedures. Listings for teletherapy and brachytherapy include initial consultation, clinical treatment planning, simulation, medical radiation physics, dosimetry, treatment devices, special services, and clinical treatment management procedures. They include normal follow-up care during the course of treatment and for three months following its completion.

Except where specified, clinical treatment management assumes treatment on a daily basis (four or five fractions per week) with the use of megavoltage photon or high energy particle sources. Daily and weekly clinical treatment management are mutually exclusive for the same dates. "Simple" means a single treatment area, single port or parallel opposed ports, simple blocks. "Intermediate" means two separate treatment areas, three or more ports on a single treatment area, use of special blocks. "Complex" means three or more separate treatment areas and highly complex blocking (mantle, inverted Y, tangential ports, wedges, compensators, or other special beam considerations).

Code	Service	Maximum Fee
77280	Therapeutic radiology simulation	\$ 111.00
77300	Basic radiation dosimetry calculation, central axis depth dose, TDF, NSD, gap calculation off axis factor, tissue inhomogeneity factors, as required during course of treatment	50.00
77300-26	<u>Basic radiation dosimetry calculation, central axis depth dose, TDF, NSD, gap calculation off axis factor, tissue inhomogeneity factors, as required during course of treatment;</u> professional component only	\$ 50.00
77334	Treatment devices, design and construction; complex	88.00 <u>92.00</u>
77400	Daily megavoltage treatment management; simple	80.00
77336	<u>Continuing medical radiation physics consultation in support of therapeutic radiologist, including continuing quality assurance</u>	90.00
77400-26	professional component only	34.00 <u>34.75</u>
77410-26	professional component only	44.00 <u>48.00</u>
77415	Therapeutic radiology treatment port film interpretation and verification, per treatment course	8.00
77420	Weekly megavoltage treatment management; simple	20.00
77420-26	<u>Weekly megavoltage treatment management; simple;</u> professional component only	44.00 <u>48.00</u>
77465	Daily kilovoltage treatment management	35.00

Adopted Rules

Code	Service	Maximum Fee
77465-26	<u>Daily kilovoltage treatment management;</u> professional component only	24.00 <u>40.00</u>
77465-TC	technical component only	36.00 <u>33.75</u>

Subp. 5. **Nuclear medicine.** The following codes, service descriptions and maximum fees apply to nuclear medicine procedures. Procedures may be performed independently or in the course of overall medical care. The services listed do not include the provision of radium or other radioelements.

Code	Service	Maximum Fee
78000-26	Thyroid uptake; single determination; professional component only	\$ 49.50 <u>19.75</u>
78006-26	Thyroid imaging, with uptake; single determination, professional component only	56.50 <u>59.00</u>
78010-26	Thyroid imaging; only, professional component only	45.00 <u>49.60</u>

Diagnostic—Gastrointestinal System

78201	Liver imaging only	\$ 63.00 <u>69.00</u>
78215-26	Liver and spleen imaging; professional component only	75.00 <u>72.50</u>
78216	with vascular flow	83.00 <u>86.00</u>
78220	Liver function study with hepatobiliary agents, with serial images	75.00
78220-26	professional component only	78.00 <u>63.00</u>
78223-26	professional component only	75.00 <u>85.00</u>
78280	Gastrointestinal blood loss study	75.00 <u>74.90</u>
<u>78290</u>	<u>Bowel imaging (for example, ectopic gastric mucosa, Meckel's localization, volvulus</u>	<u>72.50</u>
78300-26	Bone imaging; limited area (for, example, skull, pelvis), professional component only	51.00 <u>52.00</u>
78305	Bone imaging; multiple areas	79.00

Diagnostic - Musculoskeletal System

78305-26	professional component only	\$ 79.00 <u>82.00</u>
78306-26	whole body; professional component only	75.00 <u>79.38</u>
78310	Bone imaging; vascular flow only	<u>70.00</u>
78310-26	professional component only	70.00

Diagnostic - Cardiovascular System

<u>78402</u>	<u>Cardiac blood pool imaging, with vascular flow assessment (sequential imaging with or without time activity curve evaluation)</u>	\$ <u>78.60</u>
78403-26	Cardiac blood pool imaging; with determination of regional ventricular function including ejection fraction and wall motion; professional component only	\$ 77.00 <u>87.00</u>

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Adopted Rules

Code	Service		Maximum Fee
78413	with determination of ventricular wall motion		103.00
78418-26	Myocardium imaging; regional myocardial perfusion at rest; component only		72.00
<u>78411</u>	<u>Cardiac blood pool imaging by first pass technique, with determination of global or regional ventricular function (specify right, left, or both) including but not necessarily limited to ejection fraction and wall motion, at rest</u>		<u>107.50</u>
78422	Myocardium imaging; regional Myocardial perfusion at rest for evaluation of infarction (infarct avid imaging)	73.00	<u>75.00</u>
78435	Cardial flow imaging (i.e., angiocardigraphy)		73.00
78580	Pulmonary perfusion imaging; particulate		73.00
<u>78424</u>	<u>Myocardium imaging; with quantitative evaluation (for example, pharmacokinetic temporal assessment) regional myocardial perfusion (redistribution resting or postexercise study)</u>		<u>76.80</u>
78580-26	professional component only	73.00	<u>76.80</u>
Diagnostic - Respiratory System			
78581	Pulmonary perfusion imaging; gaseous	\$ 72.00	<u>76.00</u>
78582	gaseous, with ventilation, rebreathing and washout	69.00	<u>78.10</u>
78585	rebreathing and washout, with or without single breath		103.00
78587	multiple projections	70.00	<u>73.50</u>
78587-26	professional component only	45.00	<u>58.75</u>
78591	<u>Pulmonary ventilation imaging; gaseous; single breath; single projection</u>		59.00
78591-26	<u>Pulmonary ventilation imaging; gaseous; single breath; single projection;</u> professional component only	59.00	<u>62.00</u>
78593	Pulmonary ventilation imaging, gaseous, with rebreathing and washout, with or without single breath; single projection	60.00	<u>65.00</u>
78593-26	professional component only		54.00
78594	Pulmonary ventilation imaging; gaseous; with rebreathing and washout with or without single breath; multiple projections (e.g., anterior, posterior, lateral views)		73.00
78594-26	professional component only		70.00
Nervous System			
78606	Brain imaging; complete study; with vascular flow	\$	81.00
78630	Cerebrospinal fluid flow; imaging		119.00
78701	Kidney imaging; with vascular flow		70.00
<u>78605</u>	<u>Brain imaging, complete study; static</u>	\$	<u>77.00</u>

Genitourinary System

Code	Service	Maximum Fee	
78704	Kidney imaging; with function study (imaging renogram)	\$ 71.00	<u>76.00</u>
78715	Kidney vascular flow only	48.00	<u>51.00</u>
78715-26	professional component only	35.00	<u>45.00</u>
78720	kidney function study only		78.00
78720-26	professional component only	77.00	<u>69.88</u>
78802	Tumor localization; whole body		77.00

5221.2400 PHYSICIAN SERVICES; PATHOLOGY AND LABORATORY.

Subpart 1. [Unchanged.]

Subp. 2. **Automated, multichannel tests.** The following codes, service descriptions, and maximum fees apply to tests that can be and are frequently done as groups and combinations on automated multichannel equipment. For any combination of three or more tests among those listed below, the appropriate code from 80003 to 80072 shall apply. Automated, multichannel tests do not include multiple tests performed individually for immediate or "stat" reporting.

- Albumin
- Albumin/globulin ratio
- Bilirubin, direct
- Bilirubin, total
- Calcium
- Carbon dioxide content
- Chloride
- Cholesterol
- Creatinine
- Globulin
- Glucose (sugar)
- Lactic dehydrogenase (LDH)
- Phosphatase, alkaline
- Phosphorus (inorganic phosphate)
- Potassium
- Protein, total
- Sodium
- Transaminase, glutamic oxaloacetic (SGOT)
- Transaminase, glutamic pyruvic (SGPT)
- Urea nitrogen (BUN)
- Uric acid

Automated Multichannel Tests

Code	Service	Maximum Fee	
80002	Automated multichannel tests; 1 or 2 clinical chemistry tests	\$ 42.00	<u>14.75</u>
80003	Automated multichannel tests; 3 clinical chemistry tests	29.00	<u>30.00</u>
80004	4 clinical chemistry tests		24.00
80005	5 clinical chemistry tests	30.00	<u>31.50</u>
<u>80006</u>	<u>6 clinical chemistry tests</u>		<u>26.50</u>
80007	7 clinical chemistry tests	27.00	<u>27.50</u>
80009	9 clinical chemistry tests		27.00
<u>80008</u>	<u>8 clinical chemistry tests</u>		<u>30.00</u>

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Adopted Rules

Code	Service		Maximum Fee
<u>80010</u>	<u>10 clinical chemistry tests</u>		<u>32.00</u>
80011	11 clinical chemistry tests	37.00	<u>38.90</u>
80012	12 clinical chemistry tests	33.00	<u>35.00</u>
80016	13-16 clinical chemistry tests	34.00	<u>38.00</u>
80018	17-18 clinical chemistry tests		49.50
<u>80019</u>	<u>19 or more clinical chemistry tests</u> <u>(indicate instrument used and number of</u> <u>test performed)</u>		<u>35.00</u>
80031	Therapeutic quantitative drug monitoring in blood and/or urine; measurement one drug	35.00	<u>37.80</u>
<u>80053</u>	<u>Executive profile</u>		<u>60.00</u>
<u>80055</u>	<u>Obstetric profile</u>		<u>32.00</u>
<u>80056</u>	<u>Amenorrhea profile</u>		<u>130.00</u>
80058	Hepatic function panel		28.00
80059	Hepatitis panel	60.00	<u>57.25</u>
80060	Hypertension panel	31.00	<u>30.00</u>
80061	Lipid profile	27.00	<u>30.00</u>
80062	Cardiac evaluation (including coronary risk) panel	27.00	<u>32.00</u>
80064	Cardiac injury panel; with creatine phosphokinase (CPK) and/or lactic dehydrogenase (LDH) isoenzyme determination	45.00	<u>25.00</u>
80065	Metabolic panel	46.00	<u>48.75</u>
80070	Thyroid panel	26.00	<u>29.50</u>
80071	with thyrotropin releasing hormone (TRH)		43.00
80072	Arthritis panel	42.00	<u>41.00</u>
<u>80086</u>	<u>Macrocytic anemia panel</u>		<u>42.00</u>

Subp. 3. **Urinalysis.** The following codes, service descriptions, and maximum fees apply to urinalysis procedures.

Code	Service		Maximum Fee
81000	Urinalysis; routine (pH, specific gravity, protein, tests for reducing substances as glucose), with microscopy	\$ 40.50	<u>11.00</u>
81002	routine, without microscopy	6.50	<u>7.00</u>
81004	components, single, not otherwise listed, specify	5.00	<u>6.50</u>
81005	chemical, qualitative, any number of constituents	5.00	<u>5.50</u>
81010	concentration and dilution test		5.00
81015	microscopic only		8.00

Subp. 4. **Chemistry and toxicology.** The following codes, service descriptions, and maximum fees apply to chemistry and toxicology procedures. The material for examination may be from any source. Examination is quantitative unless otherwise specified.

Code	Service		Maximum Fee
82009	Acetone; qualitative		\$ 5.00
82011	Acetylsalicylic acid; quantitative	18.00	<u>\$ 19.00</u>
82060	Alcohol, blood; by gas-liquid chromatography	34.00	<u>36.10</u>
82137	Aminophylline	32.00	<u>32.50</u>
82150	Amylase, serum	18.00	<u>19.00</u>
82156	Amylase, urine	19.00	<u>20.30</u>
82205	Barbiturates; quantitative	29.00	<u>32.75</u>
82210	quantitative and identification	29.50	<u>31.00</u>
82245	Bile pigments, urine	7.00	<u>6.00</u>
82250	Bilirubin; blood, total OR direct	14.50	<u>15.00</u>
82251	Bilirubin; blood, total and direct		17.00

Adopted Rules

Code	Service	Maximum Fee	
82270	Blood; occult, feces, screening		7.00
82310	Calcium, blood; chemical	14.00	<u>13.75</u>
82340	Calcium, urine; quantitative, timed specimen	16.00	<u>17.10</u>
82372	Carbamazepine, serum	29.00	<u>30.00</u>
82375	Carbon monoxide; quantitative		<u>26.00</u>
82380	Carotene, blood		<u>19.00</u>
82435	Chlorides; blood (specify chemical or electrometric)	16.00	<u>17.00</u>
82465	Cholesterol, serum; total	13.00	<u>14.40</u>
82470	Cholesterol, serum; total and esters		<u>18.00</u>
82480	<u>Cholinesterase; serum</u>		<u>35.00</u>
82512	Clonazepam	37.00	<u>39.40</u>
82525	Copper; blood	18.00	
82533	Cortisol; RIA, plasma	35.00	<u>41.00</u>
82540	Creatine; blood		<u>12.00</u>
82546	Creatine and creatinine		<u>5.00</u>
82550	Creatine phosphokinase		<u>19.00</u>
82555	Colorimetric	16.00	<u>18.00</u>
82565	Creatinine; blood	14.00	<u>13.75</u>
82570	urine		<u>18.50</u>
82575	clearance	27.50	<u>29.00</u>
82606	Cyanocobalamin; bioassay		<u>35.00</u>
82607	Cyanocobalamin (Vitamin B-12); RIA	32.00	<u>33.00</u>
82643	Digoxin; RIA		<u>33.00</u>
82660	Drug screen (amphetamines, barbiturates, alkaloids)	32.00	<u>40.00</u>
82756	Free thyroxine index (T-7)		<u>25.00</u>
82785	Gammaglobulin, E	33.00	<u>28.50</u>
82792	Gases, blood, oxygen saturation; by oximetry		<u>35.00</u>
82947	Glucose; except urine (for example, blood, spinal fluid, joint fluid)	13.00	<u>14.00</u>
82948	blood; stick test		<u>11.00</u>
82949	Glucose; fermentation	8.00	<u>9.00</u>
82950	post glucose dose (includes glucose)	14.00	<u>15.00</u>
82951	tolerance test (GTT), three specimens (includes glucose)		<u>42.00</u>
82996	Gonadotropin, chorionic, bioassay; qualitative	15.00	<u>17.00</u>
82997	quantitative	17.00	<u>22.00</u>
82998	Gonadotropin, chorionic, RIA	28.00	<u>28.50</u>
83000	Gonadotropin; pituitary; follicle stimulating hormone (FSH); bioassay		<u>44.00</u>
83001	RIA	41.00	<u>44.00</u>
83002	Gonadotropin, pituitary, luteinizing hormone (LH) (ICSH), RIA	46.00	<u>50.00</u>
83036	Hemoglobin; glycosylated	18.00	<u>19.00</u>
83052	sickle; turbidimetric		<u>8.00</u>
83053	solubility, S-D, etc.		<u>10.00</u>

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Adopted Rules

Code	Service		Maximum Fee
83050	<u>Methemoglobin</u>		<u>8.00</u>
83523	Imipramine	49.00	<u>52.40</u>
83540	Iron, serum; chemical	14.00	<u>15.00</u>
83545	automated	15.00	<u>13.00</u>
83550	Iron binding capacity, serum; chemical		<u>21.00</u>
83555	automated	25.00	<u>26.30</u>
83605	Lactate		<u>12.00</u>
83615	Lactic dehydrogenase (LDH), blood; kinetic ultraviolet method		<u>19.00</u>
<u>83565</u>	<u>Iron binding capacity, serum; radioactive uptake method</u>		<u>26.50</u>
83620	colorimetric or fluorometric	12.50	<u>14.55</u>
83690	Lipase, blood	19.00	<u>19.90</u>
83705	Lipids, blood; fractionated	17.00	<u>19.20</u>
83718	Lipoprotein high density cholesterol by precipitation method	17.00	<u>17.90</u>
83725	Lithium, blood, quantitative	18.00	<u>18.75</u>
83735	Magnesium, blood; chemical	15.00	<u>17.10</u>
83835	Metanephrines, urine	25.00	<u>29.45</u>
83930	Osmolality; blood	9.00	<u>9.80</u>
83970	Parathormone, RIA	87.00	<u>92.90</u>
84030	Phenylalanine (PKU), blood; Guthrie	11.00	<u>13.00</u>
84035	Phenylketones; blood; qualitative		<u>13.50</u>
84037	urine; qualitative		<u>6.00</u>
84045	Phenytoin	28.00	<u>29.50</u>
84060	Phosphatase, acid; blood	20.00	<u>21.50</u>
84065	prostatic fraction	21.00	<u>24.00</u>
84075	Phosphatase, alkaline, blood;		<u>15.00</u>
84080	isoenzymes, electrophoretic method	33.00	<u>39.00</u>
84100	Phosphorus (phosphate); blood	15.00	<u>11.40</u>
<u>84105</u>	urine		<u>14.50</u>
84132	Potassium; blood	13.00	<u>15.00</u>
84133	urine		<u>14.00</u>
84139	Pregnanetriol; other method (specify)		<u>16.00</u>
84141	Primidone	38.00	<u>40.70</u>
84144	Progesterone, any method	38.00	<u>45.00</u>
84146	Prolactin, RIA	45.00	<u>46.00</u>
84165	Protein, total, serum; electrophoretic fractionation and quantitation	24.50	<u>25.70</u>
84175	Protein, other sources, quantitative	8.50	<u>16.50</u>
84180	Protein, urine; quantitative, 24-hour specimen	15.50	<u>16.70</u>
84190	electrophoretic fractionation and quantitation	25.00	<u>32.20</u>
84195	Protein, spinal fluid; semi-quantitative		<u>16.50</u>
84202	Protoporphyrin, RBC; quantitative		<u>13.00</u>
84203	screen	8.00	<u>9.00</u>
84295	Sodium; blood	11.00	<u>12.00</u>
84403	Testosterone, blood, RIA	71.00	<u>84.00</u>
84420	Theophylline, blood, or saliva		<u>30.00</u>
84435	Thyroxine, CPB or resin uptake	19.00	<u>18.00</u>
84436	Thyroxine, true, RIA	18.00	<u>18.50</u>
84439	Thyroxine, free, RIA	18.50	<u>22.00</u>
84442	Thyroxine binding globulin (TBG)	31.00	<u>33.50</u>
84443	Thyroid stimulating hormone (TSH), RIA	37.00	<u>37.95</u>

Adopted Rules

Code	Service		Maximum Fee
84447	Toxicology, screen; general	81.00	<u>87.00</u>
84448	sedative		<u>28.00</u>
84450	Transaminase, glutamic oxaloacetic (SGOT), blood; timed kinetic ultraviolet method		15.00
84455	colorimetric or fluorometric		<u>42.00</u>
84460	Transaminase, glutamic pyruvic (SGPT), blood; timed kinetic ultraviolet method	19.00	<u>14.00</u>
84478	Triglycerides, blood		15.00
84480	Triiodothyronine, true, RIA		50.00
84520	Urea nitrogen, blood (BUN); quantitative		14.00
84550	Uric acid; blood, chemical		14.00
84555	uricase, ultraviolet method	13.00	<u>13.20</u>
84560	Uric acid, urine	15.00	<u>17.50</u>
84590	Vitamin A, blood		35.50
84595	including carotene		<u>35.50</u>

Subp. 5. **Hematology.** The following codes, service descriptions, and maximum fees apply to hematology procedures.

Code	Service		Maximum Fee
85000	Bleeding time; Duke	\$ 7.00	<u>8.00</u>
85002	Ivy or template	19.00	<u>20.40</u>
85005	Blood count; basophil count, direct		<u>22.00</u>
85007	<u>Blood count; basophil count,</u> differential WBC count (includes RBC morphology and platelet estimation)	10.00	<u>11.00</u>
85012	eosinophil count, direct	13.00	<u>14.00</u>
85014	hematocrit	7.50	<u>7.00</u>
85018	hemoglobin, colorimetric	8.00	<u>9.00</u>
85021	hemogram, automated (RBC, WBC, Hgb, Hct and indices only)	18.00	<u>19.00</u>
85022	hemogram, automated, with platelet count	22.00	<u>25.00</u>
85027	hemogram, automated, and differential WBC count (CBC)	14.00	<u>14.50</u>
85028	Hemogram, automated, and differential WBC count (CBC) with platelet count	23.00	<u>26.00</u>
85031	hemogram, manual, complete CBC (RBC, WBC, Hgb, Hct, differential and indices)	20.00	<u>21.00</u>
85044	reticulocyte count	12.00	<u>13.25</u>
85048	White blood cell (WBC)	8.50	<u>9.00</u>
85096	Bone marrow smear and/or cell block; interpretation only		75.00
85097	<u>Bone marrow smear and/or cell block;</u> smear interpretation only		80.00
85097-26	professional component only		70.00
85100	aspiration, staining, and interpretation	91.00	<u>105.00</u>
85102	<u>Bone marrow needle biopsy</u>		<u>80.00</u>
85103	Bone marrow needle biopsy; staining and interpretation		94.00

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Adopted Rules

Code	Service		Maximum Fee
85103-26	<u>Bone marrow needle biopsy; staining and interpretation</u> ; professional component only	73.00	<u>43.00</u>
85105-26	professional component only		70.00
85344	<u>Clotting inhibitors or anticoagulants; PTT inhibition test</u>		<u>42.00</u>
85368	<u>Fibrin degradation (split) products (FDP) (FSP); protamine paracoagulation</u>		<u>18.50</u>
85544	<u>Lupus erythematosus (LE) cell prep</u>		<u>24.00</u>
85548	Morphology of red blood cells only	26.50	<u>27.00</u>
85575	<u>Platelet; adhesiveness</u>		<u>42.00</u>
85580	Platelet; count (Rees-Ecker)	13.00	<u>14.00</u>
85585	<u>Platelet; estimation on smear only</u>		<u>9.00</u>
85590	phase microscopy	9.00	<u>15.00</u>
85595	electronic	13.00	<u>14.00</u>
85610	Prothrombin time;	11.00	<u>12.00</u>
85650	Sedimentation rate (ESR); Wintrobe type		10.00
85651	Westergren type	9.00	<u>9.50</u>
85660	Sickling of RBC, reduction, slide method	10.00	<u>14.00</u>
85730	Thromboplastin time, partial; plasma or whole blood	15.00	<u>17.30</u>

Subp. 6. **Immunology.** The following codes, service descriptions, and maximum fees apply to immunology procedures.

Code	Service		Maximum Fee
86000	Agglutinins; febrile, each	\$ 15.00	<u>16.20</u>
86006	Antibody, qualitative, not otherwise specified; first antigen, slide or tube	15.00	<u>15.50</u>
86007	Antibody, qualitative, not otherwise specified; each additional antigen		25.00
86013	Antibody absorption, cold auto absorption; differential	8.00	<u>7.50</u>
86017	with ABO + Rh(D) typing (for holding blood instead of complete crossmatch)		<u>15.00</u>
86024	Antibody identification; RBC antibodies (8-10 cell panel); standard technique		24.00
86028	Saline or high protein, each	25.00	<u>34.50</u>
86031	Antihuman globulin test; direct, 1-3 dilutins	12.50	<u>14.13</u>
86032	indirect, qualitative		20.00
86034	enzyme technique, qualitative		28.00
86060	Antistreptolysin O; titer	22.00	<u>19.25</u>
86063	screen	10.00	<u>14.00</u>
86066	<u>Antitrypsin, alpha-1; Pi typing</u>		<u>17.00</u>
86072	Blood crossmatch; enzyme technique	19.00	<u>20.40</u>
86080	Blood typing; ABO only	9.00	<u>8.00</u>
86082	ABO and Rho(D)	19.00	<u>20.30</u>
86095	Blood typing, RBC, antigens other than ABO or Rho(D); antiglobulin technique, each antigen	18.00	<u>20.00</u>
86100	<u>Blood typing; Rho(D) only</u>		<u>15.00</u>
86105	Blood typing; Rh genotyping, complete	9.00	<u>8.00</u>
86140	C-reactive protein	13.00	<u>13.50</u>
86151	Carcinoembryonic antigen (CEA); RIA	51.00	<u>60.00</u>
86163	Complement; C ¹ -3 esterase	23.00	<u>28.56</u>
86164	C ⁴ -4 esterase		<u>23.00</u>

Adopted Rules

Code	Service	Maximum Fee
<u>86171</u>	<u>Complement fixation tests, each (for example, cat scratch fever, coccidioidomycosis, histoplasmosis, psittacosis, rubella, streptococcus MG, syphilis)</u>	<u>15.50</u>
86185	Counterelectrophoresis, each antigen	76.00 <u>81.50</u>
86225	Deoxyribonucleic acid (DNA) antibody	25.00 <u>33.45</u>
86255	Fluorescent antibody; screen	29.50 <u>30.00</u>
86256	titer	29.50 <u>30.70</u>
86287	Hepatitis B surface antigen (HB-Ag) (Australian antigen, HAA); RIA method	24.00
<u>86280</u>	<u>Hemagglutination inhibition tests (HAI), each (for example, amebiasis, rubella, viral)</u>	<u>16.00</u>
<u>86286</u>	<u>Hepatitis B surface antigen (HBsAg) (Australian antigen, HAA); counterelectrophoresis with concentration of serum</u>	<u>25.00</u>
86289	Hepatitis B core antibody; RIA or EIA	29.00 <u>15.00</u>
86291	Hepatitis B surface antibody	24.00 <u>25.40</u>
86293	Hepatitis Be antigen	49.00 <u>52.00</u>
86296	Hepatitis A antibody	31.00 <u>33.30</u>
86300	Heterophile antibodies; screening (includes monotype test), slide or tube	13.00 <u>14.50</u>
86423	Radioimmunosorbent test IgE, quantitative	35.00
<u>86305</u>	<u>Heterophile antibodies; quantitative titer</u>	<u>18.00</u>
<u>86329</u>	<u>Immunodiffusion; quantitative, each IgA, IgG, IgM, ceruloplasmin, transferrin, alpha-2, macroglobulin, complement fractions, alpha-1 antitrypsin, or other (specify)</u>	<u>40.00</u>
86430	Rheumatoid factor, latex fixation	15.00 <u>16.50</u>
86580	Skin test; tuberculosis, patch, or intradermal	8.50 <u>9.00</u>
86585	tuberculosis, tine test	7.00 <u>7.50</u>
86590	Streptokinase, antibody	<u>10.00</u>
86592	Syphilis, precipitation or flocculation tests, qualitative VDRL, RPR, ART	<u>10.00</u>
86650	Treponema antibodies, fluorescent, absorbed	26.00 <u>37.50</u>

Subp. 7. **Microbiology.** The following codes, service descriptions, and maximum fees apply to microbiology procedures.

Code	Service	Maximum Fee
87040	Culture, bacterial, definitive, aerobic; blood (may include anaerobic screen)	\$ 21.00 <u>23.00</u>
<u>87045</u>	<u>stool</u>	<u>27.50</u>
87060	Culture, bacterial, definitive, aerobic, throat or nose	11.00 <u>12.00</u>

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Adopted Rules

Code	Service		Maximum Fee
87070	any other source	20.00	<u>21.00</u>
87072	Culture, presumptive, pathogenic organisms, by commercial kit, any source except urine	12.50	<u>13.50</u>
87081	Culture, bacterial, screening only, for single organisms	11.50	<u>12.70</u>
87082	Culture, presumptive, pathogenic organisms, screening only, by commercial kit (specify type); for single organisms	10.00	<u>12.00</u>
87083	multiple organisms		<u>12.00</u>
87084	with colony estimation from density chart (includes throat culture)		<u>17.00</u>
87086	Culture, bacterial, urine; quantitative, colony count	17.00	<u>17.60</u>
87087	commercial kit		<u>12.00</u>
87088	identification, in addition to quantitative or commercial kit	20.50	<u>22.00</u>
87104	Culture, fungi, isolation; skin		<u>15.00</u>
87106	Culture, fungi, isolation; skin; definitive identification, by culture, per organism, in addition to skin or other source	25.00	<u>26.30</u>
87117	Culture, tubercle or other acid fast bacilli; concentration plus isolation		<u>32.00</u>
87140	Culture, typing; fluorescent method; each		<u>14.00</u>
87147	Serologic method, agglutination grouping, per antiserum	13.00	<u>15.00</u>
87163	Culture, special extensive definitive diagnostic studies, beyond usual definitive studies	21.00	<u>22.50</u>
87164	Dark field examination, any source (for example, penile, vaginal, oral, skin); includes specimen collection		7.50
87177	Ova and parasites, direct smears, concentration and identification	23.00	<u>24.00</u>
87181	Sensitivity studies, antibiotic; agar diffusion method, each antibiotic		15.00
87184	disc method, each plate (12 or less discs)	17.00	<u>17.50</u>
87186	microtiter, minimum inhibitory concentration (MIC), 8 or less antibiotics	23.00	<u>21.05</u>
87205	Smear, primary source, with interpretation; routine stain for bacteria, fungi, or cell types		13.00
87206	fluorescent and/or acid fast stain for bacteria, fungi, or cell types		<u>24.00</u>
87208	direct or concentrated, dry, for ova and parasites	12.00	<u>12.50</u>
87210	wet mount with simple stain and interpretation, for bacteria, fungi, ova, or parasites	11.00	<u>12.00</u>
87211	wet and dry mount, with interpretation, for ova and parasites	10.00	<u>11.50</u>

Adopted Rules

Code	Service	Maximum Fee
87220	Tissue examination for fungi (for example, KOH slide)	11.00 <u>12.50</u>

Subp. 8. **Anatomic pathology.** The following codes, service descriptions, and maximum fees apply to anatomic pathology procedures.

Cytopathology

Code	Service	Maximum Fee
88104	Cytopathology, fluids, washings or brushings, with centrifugation except cervical or vaginal; smears and interpretation	\$ 31.50 <u>32.25</u>
88106	filter method only with interpretation	28.50
88107	smears and filter preparation with interpretation	30.00 <u>48.00</u>
88109	smears and cell block with interpretation	<u>53.50</u>
88160	Cytopathology, any other source; screening and interpretation	25.00 <u>35.00</u>
88161-26	preparation, screening, and interpretation; professional component only	25.00 <u>28.50</u>

Subp. 9. **Surgical pathology.** The following codes, service descriptions, and maximum fees apply to surgical pathology procedures. The services listed include accession, handling, and reporting. Only one of the codes listed (88302 to 88307) should be used in reporting specimens (single or multiple) that are removed during a single surgical procedure.

Code	Service	Maximum Fee
88302	Surgical pathology, gross and microscopic; examination for identification and record purposes (for example, uterine tubes, vas deferens, sympathetic ganglion)	\$ 37.00 <u>35.00</u>
88302-26	professional component only	30.00 <u>31.00</u>
88304	diagnostic exam, small or uncomplicated specimen (for example, skin lesion, needle biopsy)	45.00
88305	diagnostic exam, larger specimen or multiple small	67.00
88307	complex diagnostic exam, large specimen, organs or multiple tissues requiring multiple slides	90.00
88309	Complex diagnostic problem with or without dissection	150.00
88312	Special stains; Group I stains for microorganisms	18.50 <u>25.00</u>
88318-26	Determinative histochemistry to identify chemical components; professional component only	40.50
88321	Consultation and report on referred slides prepared elsewhere	43.50

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Adopted Rules

Code	Service	Maximum Fee
88329-26	Consultation during surgery; professional component only	40.00
88331	with frozen section(s); single specimen	100.00
88332-26	each additional tissue block with frozen section(s); professional component only	25.00
88346-26	Immunofluorescent study, each study; professional component only	98.00
88348-26	Electron microscopy; diagnostic scanning; professional component only	198.50

Subp. 10. **Miscellaneous.** The following codes, service descriptions, and maximum fees apply to miscellaneous pathology and laboratory services.

Code	Service	Maximum Fee
89007	Test combinations assigned individual procedure numbers for secretarial convenience only; CBC, urinalysis, serology, blood typing, and Rh grouping (includes codes 85022 or 85031, 81000, 86592, 86082, and 86100)	\$ 38.50 <u>25.00</u>
89050	Cell count, miscellaneous body fluids	<u>22.00</u>
89051	with differential count	<u>13.40</u>
89130	Gastric intubation and aspiration, diagnostic, each specimen, for chemical analyses or cytopathology	39.00 <u>42.10</u>
89180	Microscopic examination for eosinophils, nasal secretions, sputum, bronchoscopic aspiration, mucus of stools, others (specify)	11.00 <u>11.60</u>
89190	Nasal smear for eosinophils	11.00 <u>11.25</u>
89205	Occult blood, any source except feces	<u>6.00</u>
89310	Semen analysis; motility and count	<u>18.00</u>
89320	complete	<u>39.75</u>
89350	Sputum, obtaining specimen, aerosol induced technique	51.50 <u>54.00</u>

5221.2500 DENTISTS.

Subpart 1. [Unchanged.]

Subp. 2. **Diagnostic.** The following codes, service descriptions, and maximum fees apply to diagnostic services.

Clinical Oral Examination

Code	Service	Maximum Fee
00110	Initial oral examination	\$ 13.00 <u>15.00</u>
00120	Periodic oral examination	11.00 <u>12.00</u>
00130	Emergency oral examination	<u>15.00</u>

Radiographs

00210	Intraoral complete series	\$ 35.00 <u>38.00</u>
00220	Intraoral; periapical, single, first film	<u>6.00</u>
00240	occlusal, film	<u>7.00</u>
00272	Bitewing; two films	<u>10.00</u>
00274	four films	15.00 <u>16.00</u>
00330	Panoramic; maxilla and mandible, film	34.50 <u>35.00</u>

Adopted Rules

Code	Service	Maximum Fee	
00335	maxilla and mandible, film, with bitewings	40.00	<u>43.00</u>
00340	Cephalometric film	30.00	<u>38.00</u>
Tests and Laboratory Examinations			
00450	Histopathologic examination		\$ 40.00
Restorative			
02110	Amalgam; one surface, deciduous	22.00	\$ <u>25.00</u>
02120	Amalgam; two surfaces, deciduous		<u>35.00</u>
02130	Amalgam; three surfaces, deciduous	44.00	<u>45.00</u>
02131	Amalgam; four surfaces, deciduous	50.00	<u>54.00</u>
02140	Amalgam; one surface, permanent	24.00	<u>25.00</u>
02150	Amalgam; two surfaces, permanent	35.00	<u>36.00</u>
02160	Amalgam; three surfaces, permanent	45.00	<u>48.00</u>
02161	Amalgam; four or more surfaces, permanent	55.00	<u>58.00</u>
Acrylic or Plastic Restorations			
02310	Acrylic or plastic		\$ 30.00
02330	Composite resin; one surface	30.00	\$ <u>34.00</u>
02331	Composite resin; two surfaces	44.00	<u>46.00</u>
02332	Composite resin; three surfaces	56.00	<u>61.00</u>
02335	Composite resin (involving incisal angle)		<u>60.00</u>
Crowns—Single Restoration Only			
02711	Plastic, prefabricated	\$ 85.00	<u>90.00</u>
02825	Removal of tooth, soft tissue impaction	75.00	<u>80.00</u>
02826	Removal of tooth, partial bony impaction	84.00	<u>88.00</u>
02827	Removal of tooth, complete bony impaction	87.00	<u>90.00</u>
02830	stainless steel		<u>75.00</u>
02832	Alveolectomy with or without alveoloplasty, six teeth (quadrant)		75.00
02910	Recement inlays	20.00	<u>25.00</u>
02920	Recement crowns	20.00	<u>22.00</u>
02940	Fillings		<u>21.00</u>
02950	Crown buildups	70.00	<u>75.00</u>
Endodontics			
03220	Vital pulpotomy	\$ 35.00	<u>40.00</u>
Root Canal Therapy			
03310	Anterior (excludes final restoration)	\$ 160.00	<u>171.75</u>
03320	Bicuspid (excludes final restoration)	193.00	<u>200.00</u>
03330	Molar (excludes final restoration)	245.00	<u>260.00</u>
03410	Apicoectomy—performed as separate surgical procedure (per root)	125.00	<u>130.00</u>
03950	Canal preparation and fitting of pre-formed dowel or post	57.25	<u>60.00</u>

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Adopted Rules

Prosthodontics, Removable

Complete Dentures—including six months post-delivery care

Code	Service		Maximum Fee
05110	Complete upper	\$ 435.00	<u>453.00</u>
05120	Complete lower	432.00	<u>455.00</u>
05130	Immediate upper		450.00
05140	Immediate lower	445.00	<u>450.00</u>

Partial Dentures—including six months post-delivery care

05212	Lower—without clasps, acrylic base	\$ 450.00	<u>498.75</u>
05216	Upper—with two chrome clasps with rests, acrylic base	450.00	<u>485.00</u>
05218	Lower—with chrome clasps with rests, acrylic base	475.00	<u>500.00</u>
05231	Lower—with chrome lingual bar and two clasps, acrylic base	480.00	<u>500.00</u>
05241	Lower —with chrome lingual bar and two clasps, cast base	295.00	<u>525.00</u>
05251	Upper—with chrome palatal bar and two clasps, acrylic base	485.00	<u>500.00</u>
05261	Upper—with chrome palatal bar and two clasps, cast base	500.00	<u>550.00</u>
05292	Full cast partial—with two chrome clasps (upper)	495.00	<u>520.00</u>
05294	Full cast partial—with two chrome clasps (lower)	500.00	<u>520.00</u>

Adjustments to Dentures

05421	Partial denture (upper)		\$ 17.50
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Repairs to Dentures

05610	Repair broken or complete or partial denture—no teeth damaged	\$ 50.00	<u>51.00</u>
05620	Repair broken complete or partial denture—replace one broken tooth	52.00	<u>59.00</u>
05630	Replace additional teeth—each tooth		25.00
05640	Replace broken tooth or denture—no other repairs	43.00	<u>45.00</u>
05650	Adding tooth to partial denture to replace extracted tooth—each tooth (not involving clasp or abutment tooth)	57.00	<u>65.00</u>
05660	Adding tooth to partial denture to replace extracted tooth—each tooth (involving clasp or abutment tooth)	91.50	<u>92.25</u>
05670	Reattaching damaged clasp on denture	52.50	<u>65.00</u>
05680	Replacing broken clasp with new clasp on denture	68.00	<u>75.00</u>
05690	Each additional clasp with rest	60.00	<u>64.80</u>

Denture Duplication

05710	Duplicate upper or lower complete denture	\$ 200.00	<u>202.50</u>
05720	Duplicate upper or lower partial denture	204.00	<u>207.50</u>

Denture Relining

05730	Relining upper or lower complete denture (office reline)		\$ 105.00
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Adopted Rules

Code	Service	Maximum Fee
05740	Relining upper or lower partial denture (office reline)	100.00 \$ <u>95.00</u>
05750	Relining upper or lower complete denture (laboratory)	135.00 <u>150.00</u>
05760	Relining upper or lower partial denture (laboratory)	135.00 <u>144.50</u>
Other Prosthetic Services		
05820	Denture temporary (partial stayplate), upper	\$ 155.00 <u>160.00</u>
05850	Tissue Conditioning	25.00 <u>28.00</u>
Prosthodontics, Fixes		
06620	Replace broken facing where post is intact	\$ 60.00
06640	Replace broken facing with acrylic	\$ <u>54.00</u>
06930	Recement bridge	33.00 <u>40.00</u>
Oral Surgery		
Extractions—includes local anesthesia and routine postoperative care		
07110	Single tooth	\$ 28.00 <u>30.00</u>
07120	Each additional tooth	25.00 <u>28.00</u>
Surgical Extractions—includes local anesthesia and routine postoperative care		
07210	Extraction of tooth—erupted	\$ 60.00 <u>70.00</u>
07220	Impaction that requires incision of overlying soft tissue and the removal of the tooth	75.00 <u>80.00</u>
07230	Impaction that requires incision of overlying soft tissue, elevation of a flap, removal of bone and the removal of the tooth	95.00 <u>100.00</u>
07240	Impaction that requires incision of overlying soft tissue, elevation of a flap, removal of bone and sectioning of the tooth for removal	110.00 <u>120.00</u>
07241	Impaction that requires incision of overlying soft tissue, elevation of a flap, removal of bone, sectioning of the tooth for removal, and presents unusual difficulties and circumstances	125.00 <u>135.00</u>
07250	Root recovery (surgical removal of residual root)	60.00 <u>60.00</u>
07280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons - including wire attachment	110.00 <u>80.00</u>
07310	Alveoloplasty (per quadrant) in conjunction with extractions	50.00 <u>60.00</u>

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Adopted Rules

Code	Service		Maximum Fee
07320	per quadrant; not in conjunction with extractions	65.00	<u>75.00</u>
Surgical Excision			
07425	Excision pericoronal gingiva	\$ 35.00	<u>30.60</u>
07430	Excision of benign tumor lesion, diameter up to 1.25 centimeter		<u>100.00</u>
07510	Incision and drainage of abscess, intraoral	35.00	<u>44.50</u>
Other Oral Surgery			
07960	Frenulectomy	\$ 75.00	<u>80.00</u>
Adjunctive General Services			
Unclassified treatment			
09220	General	\$ 63.00	<u>70.00</u>
09230	Analgesia		<u>10.00</u>
09430	Office visit during regularly scheduled office hours		<u>12.00</u>
Miscellaneous Services			
09910	Application of desensitizing medicaments	\$ 11.00	<u>15.00</u>

5221.2700 AUDIOLOGISTS.

Subpart 1. [Unchanged.]

Subp. 2. **Audiology.** The following codes, service descriptions, and maximum fees apply to audiology services.

Code	Service		Maximum Fee
92506	Medical evaluation, speech, language and/or hearing problems	\$ 45.00	<u>51.00</u>
92507	Speech, language, or hearing therapy, with continuing medical supervision; individual		<u>15.00</u>
92508	group		<u>5.00</u>
92532	Positional nystagmus		<u>20.00</u>
92545	Oscillating tracking test, with recording		<u>31.00</u>
92551	Screening test, pure tone, air only		<u>12.50</u>
92552	Pure tone audiometry (threshold); air only		<u>21.00</u>
92553	air and bone		<u>35.00</u>
92555	Speech audiometry; threshold only		<u>16.00</u>
92556	threshold and discrimination		<u>32.00</u>
92557	Basic comprehensive audiometry (92553 and 92556 combined), (pure tone, air and bone, and speech, threshold and discrimination)		<u>54.00</u>
92562	Loudness balance test, alternate binaural or monaural		<u>18.00</u>
92563	Tone decay test		<u>15.00</u>
92566	Impedance testing		<u>20.00</u>
92567	Tympanometry		<u>18.00</u>
92568	Acoustic reflex testing		<u>16.00</u>
92575	Sensorineural acuity level test		<u>10.00</u>
92581	Evoked response (EEG) audiometry		<u>185.00</u>
92585	Brainstem evoked response recording		<u>182.00</u>

Adopted Rules

Code	Service	Maximum Fee	
92590	Hearing and examination and selection; monaural	45.00	<u>53.50</u>
92592	Hearing aid check; monaural		30.00
<u>92591</u>	<u>binaural</u>		<u>65.00</u>
<u>92593</u>	<u>Hearing aid check; binaural</u>		<u>30.00</u>

5221.2800 PHYSICAL THERAPISTS.

Subpart 1. [Unchanged.]

Subp. 2. **Physical therapy.** The following codes, service descriptions, and maximum fees apply to physical therapy procedures.

Evaluations

Code	Service	Maximum Fee	
95831	Muscle testing, manual (separate procedure); extremity (excluding hand) or trunk, with report		\$ 14.00
95851	Range of motion measurements and report (separate procedure); each extremity, excluding hand	14.00	<u>9.25</u>

Modalities

<u>97010</u>	<u>Physical medicine treatment to one area; hot or cold packs</u>		\$ <u>16.00</u>
97012	Physical medicine treatment to one area; traction, mechanical	\$ 14.00	<u>15.50</u>
97014	electrical stimulation (unattended)	13.00	<u>15.00</u>
97016	vasopneumatic devices	13.00	<u>15.00</u>
97018	paraffin bath	18.00	<u>15.00</u>
97022	whirlpool	15.00	<u>17.00</u>
97024	diathermy	14.00	<u>15.00</u>
<u>97026</u>	<u>infrared</u>		<u>11.50</u>

Procedures

97110	Physical medicine treatment to one area, initial 30 minutes, each visit; therapeutic exercises		\$ 20.00
97112	neuromuscular reeducation	17.00	<u>20.00</u>
97114	functional activities	15.00	<u>26.00</u>
97116	gait training	16.00	<u>24.86</u>
97120	iontophoresis	16.00	<u>25.00</u>
97122	traction, manual	15.00	<u>15.50</u>
97124	massage	15.00	<u>15.50</u>
97126	contrast baths	23.00	<u>16.00</u>
97128	ultrasound	15.00	<u>16.00</u>
97145	Physical medicine treatment to one area, each additional 15 minutes		12.50
<u>97220</u>	<u>Hubbard tank; initial 30 minutes; each visit</u>		<u>41.00</u>

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Adopted Rules

Code	Service		Maximum Fee
97260	Manipulation (cervical, thoracic, lumbosacral, sacroiliac, hand, wrist)(separate procedure), performed by physician; one area	10.00	<u>18.00</u>
<u>97500</u>	Orthotics training (dynamic bracing, splinting), upper extremities;		<u>24.00</u>
97501	each additional 15 minutes		26.00
	<u>initial 30 minutes, each visit</u>		<u>26.00</u>
97530	Kinetic activities to increase coordination, strength and/or range of motion, one area (any two extremities or trunk); initial 30 minutes, each visit		25.00
97531	each additional 15 minutes		12.00
<u>97540</u>	Activities of daily living (ADL) and diversional activities;		
97541	each additional 15 minutes		14.00
	<u>initial 30 minutes, each visit</u>		<u>33.00</u>

Tests and Measurements

97720	Extremity testing for strength, dexterity, or stamina; initial 30 minutes, each visit	\$ 33.00	<u>45.00</u>
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5221.2900 CHIROPRACTORS.

Subpart 1. [Unchanged.]

Subp. 2. **Medicine.** The following codes, service descriptions, and maximum fees apply to medical services.

Code	Service		Maximum Fee
09509	Home or nursing home visit with routine chiropractic examination and/or treatment which includes adjustment, manipulation, and/or one unit of conjunctive therapy for the same or new condition		\$ 50.00
Examinations—Includes History and Diagnosis, Office			
09520	New patient; brief examination		\$ 30.00
09521	intermediate		40.00
09522	extensive		65.00
09530	Established patient; brief examination	30.00	<u>25.00</u>
09531	intermediate	40.00	<u>36.00</u>
09532	extensive	60.00	<u>65.00</u>
Chiropractic visit with manipulation/adjustment			
09540	Visit with manipulation/adjustment, initial; office		\$ 20.00
09541	Visit with manipulation/adjustment, subsequent; office	20.00	<u>22.00</u>
09542	Each additional manipulation/adjustment on same day; office, home, or nursing home		12.00
Conjunctive therapy/modality—office, home, or nursing home			
09560	Application of hot pack		\$ 10.00
09561	Application of cold pack	12.00	<u>10.00</u>
09562	Diathermy	15.00	<u>20.00</u>

Adopted Rules

Code	Service	Maximum Fee	
09563	Electrical stimulation, includes: muscle stimulation, low volt therapy, sine wave therapy, stimulation of peripheral nerve, galvanic		12.00
09564	Intersegmental motorized mobilization	22.00	<u>14.00</u>
09565	Muscle stimulation, manual		12.00
09566	Ultrasound therapy	11.00	<u>12.00</u>
09567	Traction		13.00
09568	Acupressure, manual or mechanical	12.00	<u>10.00</u>
09569	Acupuncture		15.00
09571	Colonie therapy		40.00
09572	Infrared—at lamp		9.00
09573	Ultraviolet	16.00	<u>11.67</u>
09574	Trigger point therapy		12.00
09593	Diet consultation/instruction		20.00

Subp. 3. **Radiology.** The following codes, service descriptions, and maximum fees apply to radiology services, and include both the technical and professional (interpretive) components of the service.

Chest

Code	Service	Maximum Fee	
71010	Radiologic examination, chest; (single view, posteroanterior)		\$ 30.00
71100	Radiologic examination, ribs, unilateral; two views		86.00

Spine and Pelvis

72010	Radiologic examination, spine, entire, survey study (14 x 36, anteroposterior and lateral)		\$ 60.00
72020	Radiologic examination, spine; single view, (specify level)	35.00	<u>40.00</u>
72040	Radiologic examination, spine, cervical; limited	40.00	<u>42.00</u>
72050	comprehensive (minimum four views)		80.00
72070	Radiologic examination, spine; thoracic		50.00
72080	thoracic, limited (anteroposterior and lateral)	56.50	<u>47.50</u>
72090	scoliosis study, comprehensive		40.00
72100	Radiologic examination, spine; lumbar, limited (anteroposterior and lateral)	50.00	<u>51.00</u>
72114	Radiologic examination, spine, lumbosacral; complete, including bending views	100.00	<u>170.00</u>
72170	Radiologic examination, pelvis; limited (minimum two views)	40.00	<u>42.00</u>
72180	Radiologic examination, pelvis; stereo		35.00
72190	complete; minimum of three views		113.00

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Adopted Rules

Upper Extremities

Code	Service		Maximum Fee
73020	Radiologic examination, shoulder; limited (one projection)	\$ 25.50	<u>30.00</u>
<u>73030</u>	<u>complete, minimum of two views</u>		<u>47.00</u>
73070	Radiologic examination, elbow; limited (anteroposterior and lateral)	30.00	<u>40.00</u>
73100	Radiologic examination, wrist; limited (anteroposterior and lateral)	25.00	<u>35.00</u>
73120	Radiologic examination, hand		28.00
<u>73140</u>	<u>Radiologic examination, finger or fingers, minimum of two views</u>		<u>30.00</u>

Lower Extremities

73500	Radiologic examination, hip; limited (one view)	\$ 25.00	<u>30.00</u>
73510	Radiologic examination, hip; complete, minimum of two views	45.00	<u>53.00</u>
73562	Radiologic examination, knee; anteroposterior and lateral, with oblique(s); minimum of three views		78.00
73600	Radiologic examination, ankle; limited (two views)	30.00	<u>35.00</u>
73610	Radiologic examination, ankle; comprehensive (minimum of three views)		45.00

Subp. 4. **Laboratory.** The following codes, service descriptions, and maximum fees apply to laboratory procedures. Automated, standard chemistry profiles include the following tests.

Code	Service		Maximum Fee
80016	Automated multichannel test; 13-16 clinical chemistry tests	\$ 90.00	<u>115.00</u>
80019	19 or more clinical chemistry tests (indicate instrument used and number of tests performed)		60.00
81015	Urinalysis; microscopic only	10.50	<u>12.00</u>
85022	Blood count; hemogram, automated, and differential WBC count (CBC)	22.00	<u>29.00</u>
85031	Blood count; hemogram, manual, complete CBC (RBC, WBC, Hgb, Het, differential and indices)		15.00
85577	Platelet; retention (in vitro); glass bead		15.00
87164	Dark field examination, any source (e.g., penile, vaginal, oral, skin); includes specimen collection		35.00

5221.3000 PODIATRISTS.

Subpart 1. [Unchanged.]

Subp. 2. **Medicine.** The following codes, service descriptions, and maximum fees apply to medical services.

Surgery

Code	Service		Maximum Fee
10100*	Incision and drainage of onychia or paronychia; single or simple		\$ 48.00
11050*	Paring or curettement of benign lesion with or without chemical cauterization; single lesion	20.00	<u>23.00</u>
11052	more than four lesions	32.50	<u>25.45</u>
11420	Excision, benign lesion, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia, lesion diameter up to 0.5 centimeter		86.00
Nails			
11700*	Debridement of nails, manual; five or less	\$ 15.00	<u>18.00</u>
11701	each additional, five or less		10.00
11710*	Debridement of nails, electric grinder; five or less	17.00	<u>15.00</u>
11711	each additional, five or less		9.00
11750	Excision of nail and nail matrix, partial or complete, for permanent removal	168.00	<u>175.00</u>
17100*	Destruction by any method of benign skin lesions on any area other than the face, including local anesthesia; one lesion	30.00	<u>35.00</u>
17110*	Destruction by any method of flat (plane, juvenile) warts or molluscum contagiosum, milia, up to 15 lesions		24.00
29405	Application of short leg cast (below knee to toes)		100.00
29540	Strapping; ankle	18.00	<u>15.00</u>
29550	toes	15.00	<u>18.00</u>
29580	Unna boot	33.00	<u>22.00</u>
64450	Injection, anesthetic agent; other peripheral nerve or branch	20.00	<u>30.00</u>
73600	Radiologic examination, ankle; anteroposterior and lateral views	36.00	<u>36.96</u>
73620	Radiologic examination, foot; anteroposterior and lateral views	33.00	<u>35.00</u>
73630	complete, minimum of three views		50.00
73650	Radiologic examination; calcaneus,		32.00
73660	toe or toes, minimum of two views		38.00
82947	Glucose; except urine		11.00
85018	Blood count; hemoglobin, colorimetric	6.00	<u>6.50</u>
90000	New patient; brief service	28.00	<u>27.00</u>
90010	New patient; limited service		35.00
90015	New patient; intermediate service	25.00	<u>38.00</u>
90017	New patient; extended service		<u>28.00</u>

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Adopted Rules

Code	Service		Maximum Fee
90020	New patient; comprehensive service	30.00	<u>35.00</u>
90030	Established patient; minimal service		16.00
90040	Established patient; brief service		22.00
90050	Established patient; limited service		24.00
90060	Established patient; intermediate service	25.00	<u>28.00</u>
90070	Established patient; extended service	39.00	<u>36.00</u>
90080	Established patient; comprehensive service		<u>30.00</u>

Hospital Medical Services

90140	Brief service		\$ 21.00
90200	Brief history and examination, initiation of diagnostic and treatment programs, and preparation of hospital records	59.00	\$ <u>65.00</u>
90215	Intermediate examination		40.00

Therapeutic Injections

90782	Therapeutic injection of medication (specify); subcutaneous or intramuscular	\$ 20.00	<u>30.00</u>
90788	Intramuscular injection of antibiotic (specify)		16.50

Physical Medicine

95851	Range of motion measurements and report (separate procedure); each extremity	\$ 35.00	<u>37.50</u>
97010	Physical medicine treatment to one area; hot or cold packs		26.50
97022	Whirlpool	17.50	<u>17.44</u>
97128	Ultrasound	13.00	<u>14.00</u>
L1940	Ankle-foot orthoses, molded to patient model, plastic	78.00	<u>79.00</u>
L3000	Foot, insert, removable, molded to patient model (UCB) type Berkeley Shell, each	85.00	<u>82.50</u>
L3010	Foot, insert, removable, molded to patient model, longitudinal arch support, each		105.00

Other Procedures

X1229	Radical excision of nail	\$ 190.00	<u>200.00</u>
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5221.3100 PSYCHOLOGISTS.

Subpart 1. [Unchanged.]

Subp. 2. **Psychological services.** The following codes, service descriptions, and maximum fees apply to psychological services.

Code	Service		Maximum Fee
09046	Initial office visit with evaluation and history, one hour	\$ 75.00	<u>80.00</u>
09048	Initial inpatient hospital visit, including history and evaluation, per hour		88.00
09050	Initial consultation, one hour		78.00
09064	Biofeedback, per hour	65.00	<u>75.00</u>
09065	Biofeedback, per half hour	42.50	<u>45.00</u>
09066	Psychotherapy (inpatient, outpatient, office or home) one hour, or biofeedback performed by a licensed consulting psychologist, one hour		75.00

Adopted Rules

Code	Service	Maximum Fee
09067	Psychotherapy, group (maximum ten persons per group), 1-1/2 hours per person	40.00
09068	Psychotherapy (inpatient, outpatient, office or home) half hour, or biofeedback performed by a licensed consulting psychologist, one-half hour	42.50 <u>45.00</u>
09070	Family members psychotherapy, conjoint, two or more members, family group, evaluation and therapy per hour (per family charge)	68.00 <u>70.00</u>

5221.3200 HOSPITAL; SEMIPRIVATE ROOM CHARGES.

Subpart 1. [Unchanged.]

Subp. 2. **Group 1.** The following hospitals make up group 1:

A. to CC. [Unchanged.]

Service	Maximum Fee
Group 1 semiprivate room charge for one day	\$ 254.92 <u>276.45</u>

Subp. 3. **Group 2.** The following hospitals make up group 2:

A. to JJJJJ. [Unchanged.]

Service	Maximum Fee
Group 2 semiprivate room charge for one day	\$ 487.50 <u>202.57</u>

Subp. 4. **Group 3.** The following hospitals make up group 3:

- A. Hennepin County Medical Center, Minneapolis
- B. Saint Paul Ramsey Medical Center, Saint Paul
- C. University of Minnesota Hospitals and Clinics, Minneapolis

Service	Maximum Fee
Group 3 semiprivate room charge for one day	\$ 286.39 <u>332.56</u>

Subp. 5. **Group 4.** The following hospitals make up group 4:

- A. Rochester Methodist Hospital, Rochester
- B. Saint Mary's Hospital, Rochester

Service	Maximum Fee
Group 4 semiprivate room charge for one day	\$ 465.08 <u>172.80</u>

REPEALER. Minnesota Rules, part 5221.1600, is repealed.

EFFECTIVE DATE. These rules are effective October 1, 1987, and apply to all health care services or supplies governed by parts 5221.0100 to 5221.3200 provided after October 1, 1987.

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Official Notices

Pursuant to the provisions of Minnesota Statutes § 14.10, an agency, in preparing proposed rules, may seek information or opinion from sources outside the agency. Notices of intent to solicit outside opinion must be published in the *State Register* and all interested persons afforded the opportunity to submit data or views on the subject, either orally or in writing.

The *State Register* also publishes other official notices of state agencies, notices of meetings, and matters of public interest.

Minnesota Agricultural and Economic Development Board

Notice of Public Hearing on Proposed Project and the Issuance of Bonds Under *Minnesota Statutes* 1986, Chapter 116M and *Minnesota Statutes*, Chapter 41A

NOTICE IS HEREBY GIVEN that the Minnesota Agricultural and Economic Development Board (the "Board") or its designated representative, shall meet on Oct. 21, 1987, at 3:00 p.m. o'clock, at 900 American Center Building, 150 East Kellogg Boulevard, Saint Paul, Minnesota, for the purpose of conducting a public hearing on a proposed issue of bonds (the "Bonds") and the provision of other financial assistance under *Minnesota Statutes* 1986, Chapter 116M, and *Minnesota Statutes*, Chapter 41A, as amended (the "Act"), to undertake and finance a project on behalf of International Computer Appliance Corporation, a Minnesota corporation (the "Applicant"). Such persons as desire to be heard with reference to said issue of Bonds will be heard at this public hearing.

The project to be financed consists of the development, construction and operation of a manufacturing facility consisting of approximately 25,000 square feet in the City of Dayton, Hennepin County, Minnesota (general description of the location being Dayton, Minnesota (the "Project")). The initial owner of the project will be the Applicant and the Project is expected to be operated and managed by the Applicant. It is contemplated that the Project will be used for manufacturing of computer cabinets and related manufacturing purposes. The estimated amount of the Board's proposed bond issue is an amount not to exceed \$1,000,000. The Bonds shall be limited obligations of the Board, the Bonds and the interest thereon shall be payable solely from the revenue pledged to the payment thereof, and a mortgage or security interest or other security arrangements to be established by or on behalf of the Applicant. In addition, the Bonds and the Project may be subsequently considered by the Board for financial assistance to be provided by the Economic Development Fund created and established under *Minnesota Statutes* 1986, Chapter 116M or other financial assistance from the Board. Notwithstanding the foregoing, no holders of any such Bonds shall ever have the right to compel any exercise of the taxing powers of the State of Minnesota or any political subdivision thereof to pay the Bonds or the interest thereon nor to enforce payment against any property of said State or said political subdivision.

A copy of the Application to the Board for approval of the Project, together with all attachments and exhibits thereto and a copy of the Board's resolution accepting the Application and accepting the Project is available for public inspection at the offices of the Board at 900 American Center Building, 150 East Kellogg Boulevard, Saint Paul, Minnesota from the date of this notice to the date of the public hearing hereinabove identified, during normal business hours.

Dated: 28 September 1987

BY ORDER OF THE MEMBERS OF THE
MINNESOTA AGRICULTURAL AND
ECONOMIC DEVELOPMENT BOARD

David J. Speer
Commissioner, Department of
Trade and Economic Development,
or Executive Director or Chair,
Minnesota Agricultural and
Economic Development Board

Emergency Response Commission

Announcement of Availability of Hazardous Chemical Report Form-Title III

Notice is hereby given that the Emergency Response Commission has developed a hazardous chemical report form to list chemicals at facilities subject to Section 311 of Title III ("Emergency Planning and Community Right-to-Know Act"). The form includes instructions on who must submit information and what chemicals are included. Facilities in Standard Industrial Classification Codes 20-39 must submit hazardous chemical information. The form must be sent to the Emergency Response Commission and the local

fire department with jurisdiction over the particular facility. Contact the Commission for copies of the form and for additional information.

Minnesota Emergency Response Commission
Room B-5 State Capitol Building
St. Paul, MN 55155
(612) 296-0481

Office of the Secretary of State

Notice of Vacancies in Multi-Member State Agencies

Notice is hereby given to the public that vacancies have occurred in multi-member state agencies, pursuant to *Minnesota Statutes* § 15.0597, subd. 4. Application forms may be obtained at the Office of the Secretary of State, 180 State Office Building, St. Paul 55155-1299; (612) 296-2805. Application deadline is October 27, 1987.

ADVISORY COUNCIL ON WORKERS' COMPENSATION has 1 vacancy open for a public member. The council studies workers compensation law and its administration recommends changes where appropriate. Members are appointed by the Commissioner of Labor and Industry. Members receive \$35 per diem plus expenses. Monthly meetings. For specific information contact the Advisory Council on Workers' Compensation, Dept. of Labor and Industry, Office of Public Affairs, 444 Lafayette Rd., St. Paul 55101; (612) 297-3467.

BOARD OF PUBLIC DEFENSE has one vacancy open for a public member (non-attorney). The board appoints state and district public defenders. It works to maintain and all members will demonstrate an interest in a high quality legal defense system for those unable to obtain adequate representation. Public members are appointed by the Governor. Members are reimbursed for expenses. For specific information contact the Board of Public Defense, Office of the State Public Defender, The Law Center, University of Minnesota, Mpls. 55455; (612) 625-5008.

MEDICAL SERVICES REVIEW BOARD has 1 vacancy open for an alternate member representing labor. The board advises the department on medical matters relating to workers compensation and hears appeals under Chapter 14. Members are appointed by the Commissioner of Labor and Industry. Members receive \$35 per diem plus expenses. Members must file with the Ethical Practices Board. For specific information contact the Medical Services Review Board, Dept. of Labor and Industry, 444 Lafayette Rd., St. Paul 55101; (612) 297-3467.

REHABILITATION REVIEW PANEL has 1 vacancy open for an alternate member representing employer/insurer. The panel advises the commissioner on rehabilitation matters relating to workers compensation and hears appeals under Chapter 14. Members are appointed by the Commissioner of Labor and Industry. Members must file with the Ethical Practices Board. Members receive authorized expenses. For specific information contact the Rehabilitation Review Panel, Dept. of Labor and Industry, Office of Public Affairs, Space Center, 444 Lafayette Rd., St. Paul 55101; (612) 297-3467.

Minnesota: national leader in education

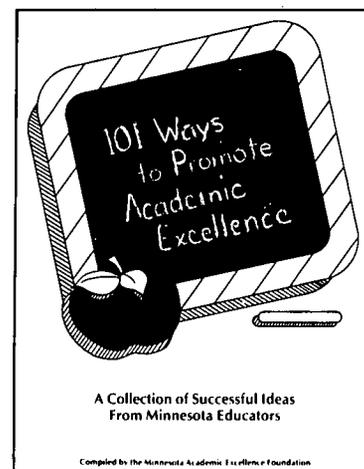
101 Ways to Promote Academic Excellence

A collection of nuts-and-bolts methods educators have successfully used to foster academic achievement. These are techniques that directly help students, can be replicated easily, are cost-effective, and that work in meeting public education's great challenge: helping every single child learn. Code #5-1, \$4.50.

Education Directory, 1986-87

This popular comprehensive directory contains Minnesota school districts, superintendents, principals, addresses, phone numbers, and enrollment. 128 pages, paperbound. Code #1-93, \$5.00.

TO ORDER: Send to Minnesota Documents Division, 117 University Avenue, St. Paul, MN 55155. (612) 297-3000, or toll-free in Minnesota: 1-800-652-9747 and ask for "DOCUMENTS." Please include 6% sales tax, and \$1.50 postage and handling. Prepayment required. Please include daytime phone. VISA/MasterCard orders accepted over phone.



Publication editors: As a public service, please reprint this ad in your publication as is, reduced, enlarged, or redesigned to suit your format. Thank you.

State Contracts and Advertised Bids

Pursuant to the provisions of Minn. Stat. § 14.10, subd. 6, an agency must make reasonable effort to publicize the availability of any services contract or professional and technical services contract which has an estimated cost of over \$2,000.

Department of Administration procedures require that notice of any consultant services contract or professional and technical services contract which has an estimated cost of over \$10,000 be printed in the *State Register*. These procedures also require that the following information be included in the notice: name of contact person, agency name and address, description of project and tasks, cost estimate, and final submission date of completed contract proposal. Certain quasi-state agencies are exempted from some of the provisions of this statute.

Commodities contracts with an estimated value of \$15,000 or more are listed under the Procurement Division, Department of Administration. All bids are open for 7-10 days before bidding deadline. For bid specifics, time lines, and other general information, contact the appropriate buyers whose initials appear in parentheses next to the commodity for bid, by calling (612) 296-6152.

Department of Administration: Procurement Division

Contracts and Requisitions Open for Bid

Call 296-6152 for Referral to Specific Buyers, whose initials are next to each commodity.

Commodity for Bid (and Buyer)	Bid Closing Date at 2 pm	Department or Division	Delivery Point	Requisition #
Amateur, professional, commercial, film papers & chemicals (DO)	October 7	Various	Various	Price Contract
Snowmaking machines (DM)	October 8	Giant's Ridge Rec. Center	Biwabik	43 000 09314
Contract for aerial spraying (JS)	October 8	Natural Resources	Various	29 000 46756
Lease/purchase crawler/loader addendum #1 (DM)	October 8	Iron Range RRB	Eveleth	43 000 09096
Video equipment (PA)	October 9	Jobs & Training	St. Paul	21 200 16360
Auditorium seating & installation (LP)	October 9	State University	St. Cloud	26 073 20240
Copier rental & condition to purchase (BT)	October 12	Community College	Rochester	27 148 50114
Dining room furniture (LP)	October 12	Grant's Ridge Rec. Area	Biwabik	43 000 09292
Window shades (DRT)	October 12	Reg. Treatment Center	Willmar	55 106 06728
Meat & meat products for November 1987 (JD)	October 12	Various	Various	Schedule
Compaq II (BV)	October 13	Vocational Technical Education	St. Paul	36000 09178
Office furniture (LP)	October 13	State University	Winona	26074 11941

Department of Administration: Printing & Mailing Services

Printing vendors for the following printing contracts must review contract specifications in printing buyers office at 117 University Avenue, Room 134-B, St. Paul, MN.

Commodity for Bid (and Buyer)	Bid Due Date at 2 pm	Department or Division	Delivery Point	Requisition #
Forms: Adoption	October 6	Human Services	St. Paul	1353
Forms: Urinalysis	October 6	Human Services	St. Paul	1204
1987 Financial Report	October 6	PERA	St. Paul	895
Conservation Officer Daily Report	October 6	Natural Resources	St. Paul	1143
Minnesota Trip Permit	October 6	Public Safety	St. Paul	2084
Admissions Packet	October 6	Higher Education Coord. Bd.	St. Paul	2071
Notice of Delinquency	October 6	Revenue	St. Paul	1364
Sales Tax Return				
Driver License Envelope	October 6	Public Safety	St. Paul	1079

State Contracts and Advertised Bids

Commodity for Bid (and Buyer)	Bid Closing Date at 2 pm	Department or Division	Delivery Point	Requisition #
Bicycle registration strip labels	October 6	Public Safety	St. Paul	1082
Records Identification Label	October 6	Public Safety	St. Paul	1157
Petty Cash Refund receipt	October 7	Public Safety	St. Paul	1316
Registration Certificate	October 7	Board of Arch., Eng., Land- scape Arch., & Survey	St. Paul	2194
Waivered services screening document	October 7	Human Services	St. Paul	1540
Southern MN Historic Sites Brochure	October 12	Trade & Econ. Devel.	St. Paul	1261 22400 01759
Health insurance claim	October 9	Human Services	St. Paul	1792
Altering vehicle decals	October 9	Natural Resources	St. Paul	1718
Sales & use tax instruction booklet	October 9	Revenue	St. Paul	1490
Thin ice poster	October 9	Natural Resources	St. Paul	1172
See statement	October 9	Community College	St. Paul	2245
Schedule assignments	October 9	Mediation Services	St. Paul	1754
State duplicating overload contract	October 14	State Printer	St. Paul	Price Contract

Minnesota Department of Education

Notice of Request for Proposals for Evaluation of Alcohol/Drug Abuse Prevention Programs

Proposals are being solicited to conduct evaluation/research of model school-based alcohol/drug prevention and training funded under the Governor's Drug-Free Schools Program of the federal Anti-Drug Abuse Act of 1986. The evaluation includes development of standardized data collection, provision of technical assistance to programs and preparation of a final report.

The anticipated time frame is November 5, 1987 through August 30, 1988. Up to \$20,000 is available for this evaluation.

Applicants must have documented education and expertise in evaluation and prevention methodology.

Copies of the complete Request for Proposals may be obtained by contacting Nancy Montemurro at 612/296-4080 of the Minnesota Department of Education, Learner Support Systems, 906 Capitol Square Building, 550 Cedar Street, St. Paul, Minnesota 55101.

Proposals must be submitted by October 30, 1987.

Minnesota Department of Natural Resources

Division of Waters

Notice of Request for Proposal for Professional Services Pursuant to Community Assessment Visits Monitoring and Assistance Activities and Conducting National Flood Insurance Program Final Meetings

Notice is hereby given that the Department of Natural Resources is seeking proposals for professional services for conducting Community Assessment Visits (CAVs) and follow up to CAVs and community assistance meetings for select floodprone communities in Minnesota. This Request for Proposal does not obligate the Department to complete the project, and the Department reserves the right to cancel the solicitation if it is considered to be in its best interest.

Contact Person:

Tom Lutgen or Bruce Sandstrom
 Minnesota Department of Natural Resources
 Division of Waters
 Third Floor, DNR Building
 500 Lafayette Road
 St. Paul, Minnesota 55155-4032
 Phone (612) 297-3886

State Contracts and Advertised Bids

Estimated Cost: Not to exceed \$20,000.00

Submission Deadline: 4:30 p.m. October 26, 1987

Interested persons may obtain a Request for Proposal and submit proposals to either of the above stated contact persons.

The consultant contractor must have extensive experience in and knowledge of Minnesota's floodplain management program (program policy, implementation and enforcement) and the National Flood Insurance Program.

Minnesota Office of Tourism

Request for Proposal for Cooperative Marketing with a Minnesota Tour Wholesaler

Background

The Office of Tourism issues the following request for proposal to engage a tour wholesaler to produce packages for adventure travel to the state of Minnesota for individual travelers. Packages are to be promoted at a series of seminars for travel agents throughout the U.S. and Canada, to be sold through travel agencies and to be commissionable. Wholesaler will be responsible for printing a brochure, development, sales and booking of packages, and dealing with travel agent retail outlets.

Audience

The primary audience for the program is U.S. and Canadian travel agents.

Goal

Generate 250 individual travelers to Minnesota per year for adventure travel.

Responsibilities

The private sector tour wholesaler will:

1) Develop 5-10 commissionable packages featuring adventure travel opportunities in Minnesota. Possible activities include canoeing, fishing, diving, sled dog trips, houseboating, and cross-country skiing. Packages are to contain 1988-89 pricing for single, double, per additional adult and child rates. All packages are commissionable. Packages to include sleeping accommodations (or camping accommodations) and at least one of the following features not normally provided free or as a service or normal inclusion to any customer (the cost of this additional feature should be included in your final tour price):

- a) Transfers
- b) Sight-seeing
- c) Entertainment
- d) Admission to Events
- e) Meals (any number of meals or all meals)
- f) Use of recreational facilities
- g) Rental Car

2) Print at least 5,000 copies of a four-color brochure highlighting Minnesota and the packages developed. The brochure should have a two-year shelf life and include the Office of Tourism logo. The brochure must be approved by the Office of Tourism prior to printing. A total of 2,000 brochures must be provided for distribution at the Adventure Travel seminar series and 500 additional brochures for Office of Tourism use in their marketing and promotion efforts. Brochures must be available on December 1, 1987.

3) Wholesaler must have the capacity to handle bookings within own agency and must offer an 800 telephone number for bookings and inquiries. Telex number is optional.

4) A written report, including number of participants, package selected, and place of origin must be provided to the Tourism Office by December 30, 1988 and December 30, 1989. The report should include a summary of the marketing and distribution of these packages provided by your standard operating procedures.

Responsibilities

The Minnesota Office of Tourism will:

1) Contract with a company to feature our state as a destination in a series of adventure travel workshops. The Minnesota Office of Tourism will pay the sponsorship fee to be a featured destination. A total of 40 day-long workshops will be offered to travel agents from January through May, 1988 throughout the United States and Canada.

State Contracts and Advertised Bids

- 2) Develop a 7-10 minute slide show to highlight Minnesota's adventure travel opportunities at these workshops.
- 3) Include adventure travel brochure provided by wholesaler in special interest packets for distribution to Travel Trade.
- 4) Provide a familiarization tour, based on request of private sector wholesaler.

Project Completion Date

The package development and printing phase of this project must be completed by December 1, 1987. Evaluations are due on December 30, 1988 and December 30, 1989.

Proposal Contents

The following will be considered minimum contents of a proposal.

- a) Briefly describe three concepts for adventure travel packages to Minnesota (maximum of one page.)
- b) Attach samples of brochures developed to promote two of your existing travel destinations.
- c) Completion of an application/questionnaire available from the Minnesota Office of Tourism.

Prospective respondents, who have any questions regarding the Request for Proposal, may call or write:

Colleen Illg
Minnesota Office of Tourism
375 Jackson Street, 250 Skyway Level
St. Paul, MN 55101
Telephone: 612/297-2333

Please note: Other department personnel are not allowed to discuss this project with respondents before proposal deadline.

Submission of Proposals

All proposals must be sent to and received by Colleen Illg not later than 4:30 p.m., Friday, October 16, 1987. Late proposals will not be accepted. Submit two (2) copies of proposal. Proposals are to be sealed in mailing envelopes or packages with the respondent's name and address clearly written on the outside. Each copy of the proposal must be signed, in ink, by an authorized member of the firm.

Evaluation

- A. All proposals/applications received by the deadline will be evaluated by office personnel. All proposals will be retained by the Office of Tourism.
- B. Companies will be evaluated primarily on their responses to items outlined under proposal contents.
- C. Companies may be requested to make oral presentations.

State Board of Vocational Technical Education and the Department of Jobs and Training

State Job Training Office

Notice of Request for Pre-proposals for JTPA-Education Coordination Services for Special Needs Groups

The State Board of Vocational Technical Education and the State Job Training Office are seeking pre-proposals to provide job training services to individuals having identified special needs. These individuals include youth and/or adults who are handicapped (physically, mentally or emotionally including chemically dependent), minorities (including migrant workers), displaced homemakers, limited English speakers, single parents, offenders/ex-offenders, high school dropouts, public assistance recipients or farmers in crisis. All pre and full proposals should be jointly developed by local Job Training Partnership Action (JTPA) service delivery area agencies and local education agencies. Proposals must also include input from special needs, community agencies. The training services, which will be provided under contract, are outlined in the Request For Proposals (RFP). A two-stage process will be used to select programs for funding consideration. The first stage requires bidders to submit two-page pre-proposals for Committee consideration. The committee will then select pre-proposals, and the appropriate agencies will then be invited to submit full proposals for funding consideration.

State Contracts and Advertised Bids

Bidder's conferences will be conducted from 9:00-12:00 on October 20, 1987 at Mankato Technical Institute; October 22, 1987 at Brainerd Technical Institute and October 27, 1987 at Normandale Community College. The purpose of these meetings will be to discuss the RFP process and to answer any questions. For further information on these meetings or on the proposal application, contact Steve Frantz (612/296-8493). The RFP application package should be requested from:

Art Vadnais
State Board of Vocational Technical Education
Suite 400, Gallery Professional Building
17 W. Exchange Street
St. Paul, Minnesota 55102
(612) 296-3753

Funds will be available statewide for these projects to operate from July 1, 1988 to June 30, 1989. Pre-proposals should be presented to the local JTPA service delivery area administrator no later than Friday, December 4, 1987 for review and approval by the local Private Industry Council. Pre-proposals must be received by Art Vadnais at the above address by **4:30 on Wednesday, January 6, 1988.**

Supreme Court Decisions

Decisions Filed Friday 2 October 1987

C5-86-2047 State of Minnesota, City of Shorewood, petitioners, Appellant v. Richard Gordon Gray, Jr. Hennepin County.

Persons do not have a fundamental right to engage in commercial sex; accordingly, the constitutionally protected right of privacy does not protect those who engage in commercial sex.

Reversed; remanded to trial court for trial or other disposition. Amdahl, C.J.

Orders

C8-87-495 Duxor Investment Aktiengesellschaft, Appellant v. Investment Rarities Incorporated. Hennepin County.

Appeal dismissed and case remanded. Amdahl, C.J.

Announcements

State Agencies Reach Agreement on Regulation of Food Related Businesses: A new agreement governing the regulation of food-related businesses in Minnesota has been approved by the Minnesota Departments of Health and Agriculture. The agreement was signed by Sister Madonna Ashton, Commissioner of Health, and Jim Nichols, Commissioner of Agriculture. Under the new cooperative agreement, the Minnesota Department of Health will continue to license and inspect food service operations—like restaurants and snack bars. The Minnesota Department of Agriculture will be responsible for food retailers—like grocery stores—as well as food wholesalers and processors. When a business includes both types of operations—food service, as well as retailing, wholesaling or processing—regulatory responsibility will depend on the dominant type of business activity at that establishment. For instance, a large supermarket—with a restaurant or deli—might still be licensed and inspected as a food retailer. The new agreement should help ensure that Minnesotans will have a safe and wholesome food supply, and that food products are properly represented to the public by the seller, according to officials at both agencies. The agreement also makes it possible to make the most efficient use of state personnel and resources in conducting food inspections, officials said. The agreement also provides for swift and effective response in emergency situations, like food product recalls or investigations of foodborne illness. The agreement is expected to make it possible to respond more effectively to consumer inquiries and complaints, and to do a more effective job of training inspection personnel.

Environmental Quality Board (EQB): Environmental Assessment Worksheets and comments due October 21 are: Jerome Faribo Farms, Inc. II, Steele County. A special meeting to discuss the Hedberg Site P.U.D. in Edina will be held October 13 Tuesday at 9:00 a.m. to Noon in the City Hall Chambers, Edina City Hall, 4801 West 50th Street. The scoping period for the project will end October 21. The Environmental Quality Board and the State Planning Agency are now located on the 3rd Floor of the Centennial Bldg., 658 Cedar Street, St. Paul, MN 55155.

Joint Board Committee Members Selected to Help Prepare Statewide Solid Waste Policy Report: Six state residents have been selected to serve on a joint board committee to coordinate and oversee the preparation of a Minnesota solid waste policy report. The report will look at how the state currently is dealing with garbage and how this can be improved in the future. The 1987 Legislature directed the Minnesota Pollution Control Agency (MPCA) and state Waste Management Board (WMB) to co-author the review of the state's approaches to dealing with household, commercial and industrial waste. The report will be presented to the Legislative Commission on Waste Management (LCWM) in November 1988.

MPCA directors serving on the special joint board committee are Janet Green, naturalist and ornithologist, Duluth; Duane Dahlberg, Concordia College associate physics professor, Moorhead; and Dr. Daniel Foley, emergency medicine director at United and Children's Hospitals, St. Paul. WMB directors named are Dr. Howard Andersen, retired Mayo Clinic physician, Rochester; John Boland, Maplewood Hill-Murray High School history teacher, St. Paul; and Mary Robinson, real estate agent, Delano. Champlain Mayor Josephine Nunn, member of the Metro Council, will sit with the group as an ex-officio member.

Input for scope and content of the report will be sought from citizen and environmental group representatives, local and county government officials, and industry representatives. In addition, a special 15-member citizens task force to be named by both the PCA and WMB will review the report's development on an ongoing basis. Monthly progress will be monitored by the newly named six-member committee. The report must be first approved by both agencies' boards before its presentation to the LCWM. Draft copies of the report's outline are available from either the MPCA, 520 Lafayette Road, St. Paul 55155, or the WMB, 7323 58th Ave. N., Crystal 55428. Telephone number for both agencies is 1-800-652-9747.

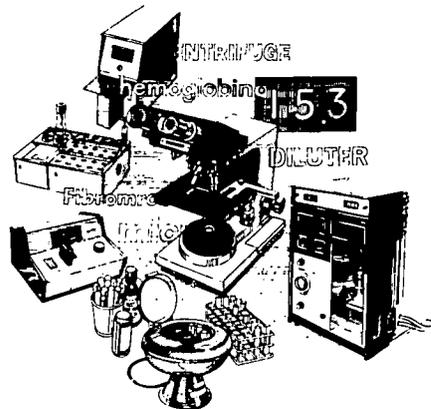
Buying Or Selling?

In either case, **The Medical Alley Directory** can help you do your job better. Double your business; the 1986 edition is nearly twice as large as last year's. Reach the decision-makers without delay at more than 300 medical and bio-tech companies and healthcare delivery organizations.

Entries include major products and/or services, company background, special interests, trade name(s), major activities, and addresses and phone numbers. Code # 40-7, \$49.95.

Mailing Lists. We have a large variety of mailing lists, in many formats. A new catalog is being developed. Call or write if you wish to receive a copy when it is updated.

TO ORDER: Send to Minnesota Documents Division, 117 University Avenue, St. Paul, MN 55155. (612) 297-3000, or toll-free in Minnesota: 1-800-652-9747 and ask for "DOCUMENTS." Please include 6% sales tax, and \$1.50 postage and handling. Prepayment required. Please include daytime phone. VISA/MasterCard orders accepted over phone.



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MAILING LISTS GALORE

Successful business means successful sales

The Minnesota Documents Division has a variety of mailing lists of licensed professionals and permit holders that will enable you to focus your marketing efforts on a targeted audience.

Types of lists available are: registered nurses, real estate agents, physicians, insurance agents, boatowners, hunters, cosmetologists, teachers, and many more! And you can get them on printouts, cheshire/pressure sensitive labels, as well as 9-track magnetic tapes.

What's more, you can choose from several selection capabilities. You will find our selections most helpful and beneficial to your business when you learn that you can acquire names and addresses of individuals in the areas you need to target most.

Find out more about our mailing lists by writing for our free mailing list catalog. In a hurry? Call (612) 297-2552 for more information. Requests can be sent to: Minnesota Documents Division, Mailing List Operation, 117 University Avenue, St. Paul, MN 55155.

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Minnesota Manufacturer's Directory 1986-87

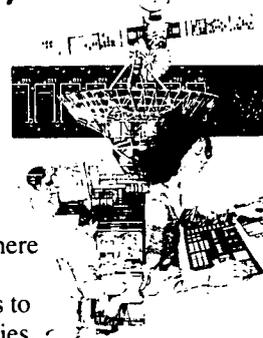


UPDATED: Name, address, phone number, staff size, sales volume, market area, year of establishment, type of firm, C.E.O., Sales or Marketing Manager, Purchasing Manager and four major manufactured products. Code #40-2, \$68.50.

NEW: In the directory this year are two titles (where applicable) Chief Engineer and Data Processing Manager.



REVISED: There are more than 7,000 changes to the 7,068 entries.



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Voices of the Loon

Its voice severs the bonds to the world of cities, traffic, crowds, lights and noise. The lyrical magic of the loon, sometimes hauntingly eerie, makes the skin tingle, and the hair on the back of the neck stand on edge, awakening a primitive response. Its solitary wail turns the shadowy wilderness into a mysterious path into eternity.

Voices of the Loon, cassette tape, includes introduction and loon call identification, chorus from a distant lake, tremolo duet, wail duet, border confrontation, wails with morning songbird chorus, tremolos while running, wails during a thunderstorm, and coyotes calling with loons. Code #19-73, \$12.00.

The Loon: Voice of the Wilderness, hardbound with color plates and illustrations, 143 pages. Code #19-54, \$15.95.

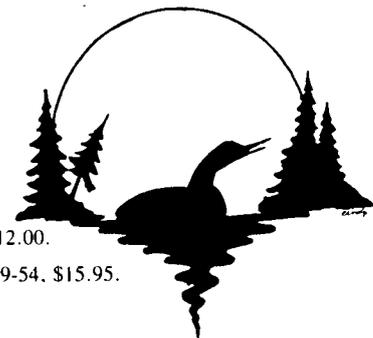
Loon Calendar 1988, beautiful photographs and scenes. Code #15-40, \$6.95.

Loon Lapel Pin. Code #15-30, \$2.49.

Loon Windsock, 56 inches long in full color. Code #15-29, \$19.95.

Loon Nature Print, full-color poster 16" x 22". Code #15-18, \$3.00.

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Minnesota's future environment

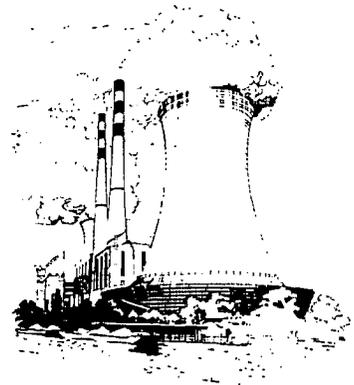
The issue of environmental protection is of continuing interest to both Minnesota business and the general public. Stay abreast of changes in state government regulations with these publications.

1986 Pollution Control Laws

Laws dealing with water pollution, disposal facilities, solid waste management, the MN Environmental Rights Act, recycling, and more. Code No. 2-21. \$15.00.

1986 Hazardous Waste Rules

Governs the production, storage, transportation and disposal of hazardous waste. MN Rules Chapter 7045 and 7046. Code No. 3-71. \$13.50.



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Subscription Services

The Minnesota Documents Division offers several subscription services of activities, awards, decisions and special bulletins of various Minnesota state agencies.

Use the handy order form on the back of the *State Register* to order. Simply fill in the subscription code number, include your name, address and zip and your check made out to the State of Minnesota (PREPAYMENT IS REQUIRED) and send it in. We'll start your subscription as soon as we receive your order, or whenever you like.

SUBSCRIPTION	COST	CODE NO.	SUBSCRIPTION	COST	CODE NO.
Career Opportunity Bulletin, 1 year	\$ 20.00	90-3	State Register, 1 year	\$130.00	90-1
Career Opportunity Bulletin, 6 mos.	\$ 15.00	90-4	State Register, 3 mos. trial can be converted to a full subscription for \$90 at end of trial	\$ 40.00	90-2
Human Services Informational and Instructional Bulletin	\$100.00	90-6	Tax Court/Property Decisions	\$210.00	90-11
Human Services Bulletin List	\$ 30.00	90-7	Workers Compensation Decisions, unpublished subs run Jan-Dec; can be prorated	\$320.00	90-12
PERB (Public Employee Relations Board) Awards	\$285.00	90-9	Workers Compensation Decisions Vol. 38 (limited quantity)	\$ 89.50	
PERB (Public Employee Relations Board) Decisions	\$ 60.00	90-10	Vol. 39	\$ 95.00	90-13
Minnesota Statutes Subscription Includes the complete 10-volume set of Minnesota Statutes 1986 and the 1987 Supplement	\$135.00	18-8			

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Selling business and financial services to physicians?

Physicians Directory 1985

Names and addresses of licensed chiropractors, doctors of medicine, and osteopaths, optometrists, podiatrists and registered physical therapists in alphabetical order by discipline. Includes members of all the state medical profession boards. Code #1-1, \$15.00.

Medical Alley Directory 1986

A guide to more than 300 high-tech medical, bio-tech and health care companies, institutions and organizations and their products and services. Code #40-7, \$49.95.

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For Real Estate Professionals:

REAL ESTATE RULES 1986

Chapters 2800, 2805, and 2810 from the Minnesota Rules. *Essential* for both students and established brokers and salespersons. It contains all education and licensing requirements. Code No. 3-99. \$7.00.

REAL ESTATE LAWS 1986

Includes all the changes made by the 1986 State Legislature. Complete and up-to-date. Code No. 2-92. \$5.00.



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Morel: Minnesota's mushroom

ROON: A Tribute to Morel Mushrooms, this delightful treatise on the "filet mignon" of mushrooms will help the stalker of this elusive prey find, and prepare in a variety of ways, its mouth-watering madness. Code #19-55, \$12.00.

Edible Mushrooms, a classic guide to safe mushrooms, describes 60 species in detail, with photographs (many in color) to show each in its natural habitat. Advice to amateur mushroom hunters. Paperbound, 118 pp. Code #19-11, \$9.95.

Malfred Ferndock's Morel Cookbook, brim full of morel lore, interesting and tall tales, recounts of the hunt, and many savory recipes. Spiral bound, 117 pgs., black & white photos and drawings. Code #19-83, \$8.50.

Northland Wildflowers, the perfect mushroomers companion. An excellent guide for identification and enjoyment of wildflowers, with 308 color photographs and descriptions of 300 species. Paperbound. 236 pp. Code #19-9, \$12.95.

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NOTARY PUBLIC LAWS

Statutory requirements regarding the oath of office, necessary bond, and taking of depositions. Includes an explanation of the term of office and procedures for removal from office. Code No. 2-13. \$4.00.



Jane Smith

NOTARY PUBLIC-MINNESOTA

RAMSEY COUNTY

My Commission Expires January 1, 1994

U.S. SMALL BUSINESS ADMINISTRATION PUBLICATIONS:

Insurance and Risk Management for Small Business
Small Business Finance
Starting and Managing a Small Business of Your Own

Code No. 16-50. \$3.00.
Code No. 16-42. \$2.00.
Code No. 16-40. \$4.75.

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Documents Division

Publications, Services, Subscriptions

Order Form on Back—For Information, Call 297-3000

NEW PUBLICATIONS:

Building Code 1987. Regulates design, construction, quality of materials, use and occupancy of all buildings and structures. Includes adoption by reference of Uniform Building Code, National Electrical Code and others. Code #3-65s3, \$10.00.

Plumbing Code 1987. Rules concerning public safety and health in regard to: materials, joints, traps, fixtures, water supply, drainage, inspection and water conditioning. Code #3-6, \$11.00.

Health Care Facilities Directory 1987. A list of hospitals and related institutions licensed and/or certified to deliver various levels of care. The list is alphabetical by county, town and facility name. Code #1-89, \$15.00.

Human Services Rules Supplement 1987. The 1987 Supplement to the Department's rule book includes recent changes to many rules in effect from July 1986 through January 1987. Code #3-95s1, \$14.00.

Human Services Rules 1986. Governs assistance programs, eligibility, grant amounts, AFDC and residence requirements. *Minnesota Rules* 9500-9580. Code #3-95, \$24.95.

OTHER PUBLICATIONS

1987 Workers' Compensation Handbook. Includes the statutes (Minn. Stat. Chapter 176), the Office of Administrative Hearings and Litigation Procedure Rules (Rules Chapter 1415), Fees for Medical Services (Rules Chapter 5221), Disability Schedules (Rules Chapter 5223) Workers' Compensation Court of Appeals Rules of Procedure (Rules Chapter 9800). Code #2-72. \$14.00 plus tax.

Woodworking for Wildlife. Carefully illustrated with a variety of game bird and mammal box designs, including maintenance requirements and important information on the placement of nests in proper habitat areas. Diagrams. Code #9-14. \$6.00 plus tax.

Motor Vehicle Traffic Laws. Includes laws governing motor carriers, motor vehicle registration and no-fault auto insurance. Code #2-85, \$12.50 plus tax.

Criminal Code and Selected Statutes 1986. Governs the conduct of peace officers, continuing education requirements for officers, prison sentences and more. Code #2-68, \$12.00 plus tax.

Education Rules 1986. Rules of the State Board of Education governing state aid, vocational education, handicapped students, teacher certificates and much more. Code #3-28, \$14.50 plus tax.

Walleye. A unique blend of modern fishing strategies and never-before-published biological facts about this popular gamefish. Packed with full-color photographs. Code No. 19-70. \$12.95, plus tax.

Crappie Fishing. Fishing tips from a game warden and angling enthusiast. Written in an easy-to-read style to appeal to anglers of every experience level. Many full-color photographs. Code No. 19-75. \$9.95, plus tax.

Gardening for Food and Fun: Four hundred fact-filled pages of gardening know-how, packed into the 392 pages of this hardbound guide. From the basics of soil, climate and equipment, to tips on nurturing growth. Order code #16-2. \$12.00.

Trees and Shrubs for Northern Gardens: A guide to selection and care of some 400 species of trees, shrubs and woody vines. Includes 384 beautiful full-color photographs. Order code #19-32. \$19.50, plus tax.

American Flag. Perfect for home or office. 3' x 5' with embroidered stars. Heavy nylon bunting. Code No. 6-1. \$21.04, plus tax.

The Living White House (revised edition). A history of the White House that focuses on its life in the flow of American history, its symbolic place in the continuing life of the country, and the Presidents and their families who have changed it and been changed by it. Many photographs, some full-color. Code No. 16-30. \$7.50, plus tax.

Fishes of the Minnesota Region: An authoritative guide to the 148 kinds of fish found in Minnesota's waters, the book is a resource for identification and distribution of fish, and features color photographs. Code #19-44, \$12.95, plus tax.

1987 Laws of Minnesota: Laws of the 1987 legislative session, \$42.50 per set.

1987 Minnesota Rules: Rules of the 75 state agencies authorized to establish rules of conduct and procedure. Code 18-300. \$160 plus \$9.60 sales tax per 10-volume set.

SUBSCRIPTIONS:

State Register. Minnesota's official weekly publication for agency rules and notices, executive orders of the Governor, state contracts, Supreme Court Calendar, Supreme Court and Tax Court Decisions. Annual subscription \$130; Trial Subscription (13 weeks) \$40.00; Single copies \$3.50.

Workers Compensation Decisions. Volume 39. Selected landmark decisions of the Worker's Compensation Court of Appeals. Annual subscription. \$95.00.

SERVICES:

Mailing Lists. Lists of Minnesota licensed professionals and permit holders. Write or call (612) 297-2552 for a free mailing list catalog which contains available lists, selections, formats, pricing and ordering information.

1987 Lake Map Index. Listing over 4,000 lake maps. Free.

Minnesota State Documents Center 1987 Catalog. Lists publications available through Minnesota Documents Center. Free.

State Register Binder. Durable 3½ inches, forest green binders imprinted with the *State Register* logo. \$6.50 plus 39¢ tax.

