Minnesota

State Register

(Published every Monday (Tuesday when Monday is a holiday.)

**Proposed, Adopted, Emergency, Expedited, Withdrawn, Vetoed Rules;
Executive Orders; Appointments; Commissioners' Orders; Revenue Notices;
Official Notices; State Grants & Loans; State Contracts;
Non-State Public Bids, Contracts &Grants**

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

The *Minnesota State Register* is the official publication of the State of Minnesota's Executive Branch of government, published weekly to fulfill the legislative mandate set forth in *Minnesota Statutes*, Chapter 14, and *Minnesota Rules*, Chapter 1400. It contains:

- **Proposed Rules** • **Adopted Rules** • **Exempt Rules** • **Expedited Rules** • **Withdrawn Rules**
- **Vetoed Rules** • **Executive Orders of the Governor** • **Appointments** • **Proclamations**
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Printing Schedule and Submission Deadlines

Vol. 38 Issue Number	PUBLISH DATE (**BOLDFACE** shows altered publish date)	Deadline for: Emergency Rules, Executive and Commissioner's Orders, Revenue and Official Notices, State Grants, Professional-Technical-Consulting Contracts, Non-State Bids and Public Contracts	Deadline for Proposed, Adopted and Exempt RULES
# 11	Monday 9 September	Noon Tuesday 3 September	Noon Wednesday 28 August
# 12	Monday 16 September	Noon Tuesday 10 September	Noon Wednesday 4 September
# 13	Monday 23 September	Noon Tuesday 17 September	Noon Wednesday 11 September
# 14	Monday 30 September	Noon Tuesday 24 September	Noon Wednesday 18 September

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Minnesota Rules: Amendments and Additions

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 80 state agencies have the authority to issue rules. Each agency is assigned specific **Minnesota Rule** chapter numbers. Every odd-numbered year the **Minnesota Rules** are published. Supplements are published to update this set of rules. Generally speaking, proposed and adopted exempt rules do not appear in this set because of their short-term nature, but are published in the *State Register*.

An agency must first solicit **Comments on Planned Rules** or **Comments on Planned Rule Amendments** from the public on the subject matter of a possible rulemaking proposal under active consideration within the agency (*Minnesota Statutes* §§ 14.101). It does this by publishing a notice in the *State Register* at least 60 days before publication of a notice to adopt or a notice of hearing, or within 60 days of the effective date of any new statutory grant of required rulemaking.

When rules are first drafted, state agencies publish them as **Proposed Rules,** along with a notice of hearing, or a 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, but 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.

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 #1-26); issues #27-38 inclusive (issue #39, cumulative for issues #1-39); issues #40-52 inclusive, with final index (#1-52, or 53 in some years). An annual subject matter index for rules was separately printed usually in August, but starting with Volume 19 now appears in the final issue of each volume. For copies or subscriptions to the *State Register,* contact Minnesota's Bookstore, 660 Olive Street (one block east of I-35E and one block north of University Ave), St. Paul, MN 55155, phone: (612) 297-3000, or toll-free 1-800-657-3757. TTY relay service phone number: (800) 627-3529.

Volume 37 - Minnesota Rules

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Monday 1 July - TUESDAY 3 September 2013

Adopted Rules

A rule becomes effective after the requirements of *Minnesota Statutes* §§ 14.05-14.28 have been met and five working days after the rule is published in the *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.

KEY: Proposed Rules - Underlining indicates additions to existing rule language. ~~Strikeouts~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **Adopted Rules** - Underlining indicates additions to proposed rule language. ~~Strikeout~~ indicates deletions from proposed rule language.

Minnesota Department of Natural Resources (DNR)

Adopted Permanent Rules Relating to Falconry

The rules proposed and published at *State Register*, Volume 37, Number 45, pages 1631-1643, May 6, 2013 (37 SR 1631), are adopted with the following modifications:

6238.1200 DEFINITIONS.

Subp. 8. **Falconry permit.** "Falconry permit" means a permit issued under part 6238.1250, subpart 2, for residents and, under part 6238.1250, subpart 3, for nonresidents who practice falconry in Minnesota for more than 120 days within a given year to take, possess, transport, transfer, use, sell, purchase, or barter raptors or offer to sell, purchase, or barter raptors.

6238.1250 PERMIT REQUIREMENTS.

Subpart 1. **State and federal regulations.** All persons conducting activities under subparts 2 to 6 must comply with all applicable provisions of this chapter and federal regulations. Permits issued under this part shall include:

C. other restrictions ~~the commissioner deems necessary~~ for public health and safety and for the welfare of raptors described in this chapter.

6238.1350 PERMIT CLASSES; REQUIREMENTS.

Specifications for permit classes are contained in items A to F. Permittees under all permit classes are only allowed to take or possess raptors defined under part 6238.1200, subpart 16, unless further restricted in this part and in federal regulations.

E. A propagation permittee:

(1) must meet the minimum qualifications under part 6238.1300, subpart 2, and must comply with all applicable provisions in this chapter and associated federal regulations ~~under *Code of Federal Regulations*, title 50, sections 21.29 and 21.30~~;

Expedited Emergency Rules

Provisions exist for the Commissioners of some state agencies to adopt expedited emergency rules when conditions exist that do not allow the Commissioner to comply with the requirements for emergency rules. The Commissioner must submit the rule to the attorney general for review and must publish a notice of adoption that includes a copy of the rule and the emergency conditions. Expedited emergency rules are effective upon publication in the State Register, and may be effective up to seven days before publication under certain emergency conditions.

Expedited emergency rules are effective for the period stated or up to 18 months. Specific *Minnesota Statute* citations accompanying these expedited emergency rules detail the agency's rulemaking authority.

KEY: Proposed Rules - Underlining indicates additions to existing rule language. ~~Strikeouts~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **Adopted Rules** - Underlining indicates additions to proposed rule language. ~~Strikeout~~ indicates deletions from proposed rule language.

Minnesota Department of Natural Resources (DNR)

Adopted Expedited Emergency Game and Fish Rules: Waterfowl Season, Migratory Birds, and Wildlife Management Areas

NOTICE IS HEREBY GIVEN that the above entitled rules have been adopted through the process prescribed by *Minnesota Statutes*, section 84.027, subdivision 13 (b). The statutory authority for the contents of the rule is *Minnesota Statutes*, Sections 97B.105, 97B.112, 97A.137, 97B.731, and 97B.803.

The conditions that do not allow compliance with *Minnesota Statutes*, Sections 97A.0451 to 97A.0459, are as follows: The waterfowl hunting seasons are based on annual determinations of season timing and selection of the options as allowed under federal frameworks for migratory bird hunting. Provisions for taking waterfowl are based on population data that are not available until June and selection of options as allowed under federal frameworks for migratory bird hunting announced in August of each year. Changes are also being made to accommodate Pine County land recently acquired as a wildlife management area.

Dated: August 5, 2013

Tom Landwehr, Commissioner
Department of Natural Resources

6230.0200 SPECIAL PROVISIONS FOR WILDLIFE MANAGEMENT AREAS.

[For text of subps 1 to 10, see M.R.]

Subp. 11. **Areas with other restrictions.**

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

[For text of item E, see 37 SR 845]

F. The Sandstone Wildlife Management Area in Pine County is closed to firearms deer and bear hunting, but open during designated seasons to:

(1) trapping; and

(2) small game hunting, except waterfowl.

[For text of subp 12, see 38 SR 185]

[For text of subp 13, see M.R.]

6234.0800 HUNTING BY FALCONRY.

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

Subp. 4. **Open season and hours for migratory game birds.** Woodcock, sora and Virginia rails, mourning dove, and common snipe may be taken by falconry from September 1 to December 16. Ducks, coots, and moorhens (Gallinules) may be taken by falconry from ~~the Saturday nearest October 1 to the Saturday nearest January 14~~ September 21 to December 1 only when and where they may be taken by firearm and from December 14 to January 28 statewide. Geese may be taken by falconry during any open goose season. Crows may be taken by falconry during the open season. Falconry hours are from one-half hour before sunrise to sunset, except during the regular waterfowl season when falconry hours are the same as waterfowl shooting hours.

6240.0200 GENERAL RESTRICTIONS FOR TAKING AND POSSESSION OF MIGRATORY GAME BIRDS.

Subpart 1. **Shooting hours.** Shooting hours for migratory waterfowl, coots, gallinules, rails, and snipe are one-half hour before sunrise to sunset, except ~~as follows:~~

~~A. on the opening day of the duck season, shooting hours begin at 9:00 a.m.; and~~

~~B.~~ from the opening day of the duck season to ~~the Saturday nearest~~ October ~~8~~ 4, shooting hours end at 4:00 p.m.

Subp. 2. **Possession limits.** The possession limit is ~~twice~~ three times the daily limit, except for rails where the daily and possession limits are the same. All restrictions specific to a species or gender apply.

[For text of subps 3 to 6, see M.R.]

Subp. 7. **Taking in open water.** A person may take migratory waterfowl, coots, gallinules, rails, and snipe in open water on the following waters of Minnesota with the following restrictions:

A. Mississippi River from the U.S. Highway 61 bridge at Hastings to the Iowa border: not more than 100 feet from any shoreline, including islands, from boats that must be at anchor;

B. Lake Pepin, Lake of the Woods, and Lake Mille Lacs: from boats that must be at anchor; and

C. Lake Superior north and east of Minnesota/Park Point peninsula: from boats that must be at anchor.

6240.0250 TAKING MOURNING DOVES.

Subpart 1. **Open season.** Mourning doves may be taken during the ~~60-day~~ 70-day period beginning September 1.

[For text of subp 2, see M.R.]

6240.0610 YOUTH WATERFOWL HUNTING DAYS.

Subpart 1. **Dates, eligibility, and license requirements.** Ducks, mergansers, coots, moorhens, and Canada geese may be taken statewide on ~~the~~ Saturday ~~nearest~~, September ~~17~~ 7, by hunters 15 years of age or younger. An adult mentor 18 years of age or older, who is authorized by the youth's parent or guardian, must accompany the youth hunter at all times during the hunt. The accompanying adult may not hunt. No hunting license or waterfowl stamps are required.

[For text of subps 2 and 3, see M.R.]

6240.0675 TAKING COOTS, MOORHENS, AND DUCKS.

Subpart 1. **Open season.** Coots, moorhens, and ducks may be taken:

A. in the North Waterfowl Zone, as described in subpart 3, during the 60-day period from September 21 to November 19;

B. in the Central Waterfowl Zone, as described in subpart 3, during the 60-day period that includes September 21 to 29 and October 5 to November 24; and

C. in the remainder of the state, during the 60-day period that includes September 21 to 29 and October 12 to December 1.

Subp. 2. **Daily limits.** In any one day, a person may not take more than six ducks, five mergansers, and a total of 15 coots and moorhens. The daily limit of ducks, other than mergansers, may not include more than four mallards including two female mallards; two pintails; two redheads; three scaup; three wood ducks; one black duck; and two canvasbacks. The daily limit of mergansers may not include more than two hooded mergansers.

Subp. 3. **Waterfowl zones.** Zones for ducks and geese are:

A. the North Waterfowl Zone, which is that portion of the state north of a line beginning on Minnesota Highway 210 at the west boundary of the state, thence along Minnesota Highway 210 to Minnesota Highway 23, thence along Minnesota Highway 23 to Minnesota Highway 39, thence along Minnesota Highway 39 to the eastern border of the state;

B. the South Waterfowl Zone, which is that portion of the state south of a line extending east from the South Dakota state line along U.S. Highway 212 to Interstate 494 and east to Interstate 94 and east to the Wisconsin state line; and

C. the Central Waterfowl Zone, which is that portion of the state that is not included in the North or South Waterfowl Zones.

Expedited Emergency Rules

6240.0950 TAKING CANADA GEESE.

Subpart 1. **Open season.** Canada geese may be taken:

A. in the North Waterfowl Zone, as described in part 6240.0675, subpart 3, during the 87-day period from September 21 to December 16;

B. in the Central Waterfowl Zone, as described in part 6240.0675, subpart 3, during the 87-day period that includes September 21 to September 29 and October 5 to December 21; and

C. in the South Waterfowl Zone, as described in part 6240.0675, subpart 3, during the 87-day period that includes September 21 to 29 and October 12 to December 28.

Subp. 3. **Daily limit.** A person may not take more than three Canada geese statewide.

6240.1200 TAKING GEESE DURING EARLY SEASON.

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

Subp. 4. **Daily limits.** A person may not take more than five Canada geese per day during the early season, except that the bag limit is ten in the open area for August Canada goose season as described in the emergency amendments to *Minnesota Rules*, part 6240.0650, published in the *State Register*, volume 38, page 183, August 5, 2013.

[For text of subp 5, see M.R.]

6240.2300 COMMON CROW SEASON.

Subpart 1. **Open dates.** Common crows may be taken from ~~July 15 through October 15 and from March 1 through March 31~~ March 1 to 31, August 1 to September 20, and December 15 to January 15.

[For text of subps 2 to 4, see M.R.]

EFFECTIVE PERIOD. The emergency amendments to *Minnesota Rules*, parts 6230.0200, 6234.0800, 6240.0200, 6240.0250, 6240.0610, 6240.1200, and 6240.2300 expire January 30, 2014. After the emergency amendments expire, the permanent rules as they read prior to those amendments again take effect, except as they may be amended by permanent rule. *Minnesota Rules*, parts 6240.0675 and 6240.0950, expire January 30, 2014.

Minnesota Department of Natural Resources (DNR)

Adopted Expedited Emergency Game and Fish Rules: 2013 Wolf Season and Quotas

NOTICE IS HEREBY GIVEN that the above entitled rules have been adopted through the process prescribed by *Minnesota Statutes*, section 84.027, subdivision 13 (b). The statutory authority for the contents of the rule is *Minnesota Statutes*, sections 97B.601, 97B.603, 97B.605, 97B.647, 97B.901.

The emergency conditions that do not allow compliance with *Minnesota Statutes*, sections 97A.0451 to 97A.0459, are that quota numbers, bag limits and season structure are developed on an annual basis so that the harvest and populations can be managed sustainably.

Dated: July 23, 2013

Tom Landwehr, Commissioner
Department of Natural Resources

6234.2105 TAKING WOLVES.

Subpart 1. **Licenses.** Three types of licenses shall be offered for taking wolves according to items A to C. Licenses are valid in any open wolf zone.

A. The early season wolf hunting license is valid only for hunting in the early season.

B. The late season wolf hunting license is valid only for hunting in the late season.

C. The late season wolf trapping license is valid only for trapping in the late season.

Subp. 2. **Early season.** During the early season, wolves may be taken according to items A to C.

A. Wolves may be taken for a 16-day period beginning the Saturday nearest November 6 in 100 series deer permit areas unless otherwise closed by the commissioner and except as provided in item C.

B. Wolves may be taken for a nine-day period beginning the Saturday nearest November 6 in 200 series deer permit areas unless otherwise closed by the commissioner and except as provided in item C.

C. Notwithstanding items A and B, wolves may be taken in the East-Central Zone only for a two-day period beginning the Saturday nearest November 6. At the close of legal shooting hours on the second day, the zone is closed.

Subp. 3. **Late season.** Wolves may be taken in any open wolf zone from the Saturday following Thanksgiving to January 31, unless otherwise closed by the commissioner.

Subp. 4. **Application procedures for wolf license.**

A. A person may not apply for more than one type of wolf license, whether as an individual or as a member of a group.

B. If the number of valid applications exceeds the number of available licenses, the commissioner shall conduct a drawing to determine those eligible to purchase a wolf hunting or trapping license.

C. The application deadline is the Thursday following Labor Day. Applications may be made to an electronic licensing system agent, by telephone or Internet, or at the Department of Natural Resources License Center.

D. A person may apply individually or as part of a group totaling no more than four persons. Those who wish to apply as a group must submit their applications at the same time. All applications in a group must be for the same license type. Either all members of the group or none shall be drawn. An improperly completed application shall be rejected but does not disqualify other members of the group.

E. The commissioner shall notify successful applicants with instructions authorizing them to obtain a license. The commissioner shall disqualify a successful applicant who does not purchase a license according to the instructions or who does not provide all of the requested information.

F. A person selected through the wolf license drawing must purchase the license no later than November 1 if selected for early season hunting or November 22 if selected for late season hunting or late season trapping. Any licenses not purchased by the deadline shall be issued according to item G.

G. Wolf licenses that are not purchased by the deadline described in item F shall be offered for sale as follows:

(1) unsuccessful wolf license applicants may purchase unsold wolf licenses on a first-come, first-served basis beginning at 12:00 p.m. on November 6 for early season hunting and beginning at 12:00 p.m. on November 27 for late season hunting and late season trapping. An eligible person must apply individually and in person at an ELS-POS (point of sale) agent location or through the ELS-Internet system to obtain a remaining license; and

(2) any remaining available licenses not purchased by unsuccessful applicants may then be sold to any eligible person on a first-come, first-served basis beginning at 12:00 p.m. on November 8 for early season hunting and beginning at 12:00 p.m. on November 29 for late season hunting and late season trapping. An individual may purchase one wolf license annually.

H. All applicants must furnish proof of a current or previous year hunting license as required by *Minnesota Statutes*, section 97B.647, subdivision 6, and as specified in the application instructions.

Subp. 5. **Season closure; status notification.**

A. When each wolf zone target harvest is reached or projected to be reached based on harvest trends, the commissioner shall close the season for that zone.

B. A season closes at the end of legal shooting or trap tending hours for the day that a closure is declared under item A.

C. The commissioner shall make harvest and season status available via a toll-free telephone number and on the department Web site. The status notification shall indicate the tally for the number of wolves taken during the season and zone and whether the season is open or closed in each wolf zone.

Subp. 6. **Wolf harvest registration.** A person tagging a wolf must register the wolf at a designated wolf harvest registration station or with an agent of the commissioner and obtain a wolf harvest registration confirmation number or must connect to the online or telephone department harvest registration system and follow the instructions to obtain a wolf harvest registration confirmation number. A person must obtain a wolf harvest registration confirmation number before the wolf is skinned and no later than 10:00 p.m. the day of the harvest.

Subp. 7. **Tagging and license validation for wolves.**

A. A person taking a wolf must affix to the carcass the site tag provided with the person's wolf hunting or trapping license.

B. The tag must be fastened through an ear or around a leg bone or tendon so that the tag cannot be readily removed. A hunter or trapper may not possess or use the site tag of another licensee.

C. At the time a wolf is tagged at the site of kill, the license of the person whose tag is affixed to the wolf must be validated. Validation consists of using a knife or similar sharp object to cut out or a pen to indelibly mark the appropriate notches on the site tag indicating the date of kill and the wolf zone where the wolf was taken.

Subp. 8. **Wolf zone target harvests.** The target harvest established for the 2013 wolf season is as follows:

A. In the Northwest Wolf Zone, the target harvest is 145, divided as follows:

(1) the early season target harvest is 73 wolves; and

(2) the late season target harvest is 145, less the number of wolves taken during the early season.

B. In the Northeast Wolf Zone, the target harvest is 65 wolves, divided as follows:

(1) the early season target harvest is 32 wolves; and

(2) the late season target harvest is 65, less the number of wolves taken during the early season.

C. In the East-Central Wolf Zone, the target harvest is ten wolves, divided as follows:

(1) there is no target harvest for the early season; and

(2) the late season target harvest is ten, less the number of wolves taken during the early season.

Subp. 9. **Target harvest adjustments.** The commissioner may reduce target harvest numbers for the Northeast and East-Central Wolf Zones before the beginning of the early season to accommodate tribal declarations for wolf harvest in the 1837 Ceded Territory and the 1854 Ceded Territory.

Subp. 10. **License availability.**

A. The number of available licenses for the 2013 wolf season is 3,300, divided as follows:

(1) early season: 2,000 licenses; and

(2) late season: 1,300, with a minimum of 325 licenses awarded by lottery to valid applicants for a wolf trapping license, or if fewer than 325 valid trapping license applications are received, then the number equal to the number of valid trapping license applications. If the number of applicants for trapping licenses exceeds 325, the number of trapping licenses to be issued may be adjusted proportionally upward based on the number of trapping applications versus the number of hunting applications.

B. No more than five percent of the early season hunting and late season hunting licenses shall be awarded to nonresidents.

C. The commissioner shall adjust the number of available licenses for the early or late season at the time the computerized drawing is conducted if the number of licenses available exceeds the number of applicants for either season. The total licenses shall not exceed 3,300.

D. In seasons with fewer applicants than available licenses, the remaining available licenses shall be offered on a first-come, first-served basis.

Subp. 11. **Wolf zones.**

A. The Northwest Wolf Zone is that portion of the state lying outside of the Northeast and East-Central Wolf Zones, except for that area of the state defined as the shotgun use area under *Minnesota Statutes*, section 97B.318, subdivision 1.

B. The Northeast Wolf Zone is that portion of the state lying within the following described boundary:

Beginning at the intersection of State Trunk Highway (STH) 65 and STH 27 in Aitkin County; thence along STH 65 to the intersection of STH 65 and STH 200; thence along STH 200 to U.S. Highway 2; thence along U.S. Highway 2 to the intersection of U.S. Highway 2 and STH 73; thence along STH 73 to the intersection of STH 73 and County State-Aid Highway (CSAH) 133; thence east along CSAH 133 to the intersection of CSAH 133 and CSAH 5; thence along CSAH 5 to the intersection of CSAH 5 and U.S. Highway 169; thence along U.S. Highway 169 to the intersection of U.S. Highway 169 and STH 73; thence along STH 73 to the intersection of STH 73 and U.S. Highway 53; thence along U.S. Highway 53 to the intersection of U.S. Highway 53 and CSAH 23; thence along CSAH 23 to the east bank of the Vermilion River; thence along the east bank of the Vermilion River to the northern boundary of the state; thence along the northern boundary of the state to the shore of Lake Superior; thence southwesterly along the shore of Lake Superior; thence from the shore of Lake Superior due south to the east boundary of the state; thence along the east boundary of the state to CSAH 8, Carlton County; thence along CSAH 8 to the point intersecting U.S. Interstate Highway 35, at which point CSAH 8 becomes STH 27; thence along STH 27 to the point of beginning.

C. The East-Central Wolf Zone is that portion of the state lying within the following described boundary:

Beginning at the intersection of the east boundary of the state and County State-Aid Highway (CSAH) 8, Carlton County; thence along the east boundary of the state to U.S. Highway 8; thence along U.S. Highway 8 to State Trunk Highway (STH) 95; thence along STH 95 to STH 23; thence along STH 23 to the east bank of the Mississippi River; thence along the east bank of the Mississippi River to the intersection of the Mississippi River and STH 210 in Brainerd; thence along STH 210 to STH 25; thence along STH 25 to STH 18; thence along STH 18 to its junction with STH 47; thence along STH 47 to Aitkin County Road (CR) 2; thence along CR 2 to STH 65; thence along STH 65 to STH 27; thence along STH 27 to the intersection of STH 27 and U.S. Interstate Highway 35, where STH 27 becomes CSAH 8; thence along CSAH 8 to the point of beginning.

Subp. 12. **Bag limit.** A person may not take more than one wolf per license.

Subp. 13. **Wolf carcass submission.** The pelt of each wolf and the whole carcass of each wolf must be presented, by the person taking it, to a state wildlife manager designee for data collection before the pelt is sold and before the pelt is transported out of the state, but in no event later than 5:00 p.m. on the next business day following the closure of the season in which the wolf was taken. The entire carcass of the wolf must be surrendered to the state wildlife manager designee. The pelt must have been removed from the carcass, but the site tag must remain in possession of the person taking the wolf.

EFFECTIVE PERIOD. *Minnesota Rules*, part 6234.2105, expires February 1, 2014.

Exempt Rules

Exempt rules are excluded from the normal rulemaking procedures (*Minnesota Statutes* §§ 14.386 and 14.388). They are most often of two kinds. One kind is specifically exempted by the Legislature from rulemaking procedures, but approved for form by the Revisor of Statutes, reviewed for legality by the Office of Administrative Hearings, and then published in the *State Register*. These exempt rules are effective for two years only.

The second kind of exempt rule is one adopted where an agency for good cause finds that the rulemaking provisions of *Minnesota Statutes*, Chapter 14 are unnecessary, impracticable, or contrary to the public interest. This exemption can be used only where the rules:

(1) address a serious and immediate threat to the public health, safety, or welfare, or
(2) comply with a court order or a requirement in federal law in a manner that does not allow for compliance with *Minnesota Statutes* Sections 14.14-14.28, or
(3) incorporate specific changes set forth in applicable statutes when no interpretation of law is required, or
(4) make changes that do not alter the sense, meaning, or effect of the rules.

These exempt rules are also reviewed for form by the Revisor of Statutes, for legality by the Office of Administrative Hearings and then published in the *State Register*. In addition, the Office of Administrative Hearings must determine whether the agency has provided adequate justification for the use of this exemption. Rules adopted under clauses (1) or (2) above are effective for two years only. The Legislature may also exempt an agency from the normal rulemaking procedures and establish other procedural and substantive requirements unique to that exemption.

KEY: Proposed Rules - Underlining indicates additions to existing rule language. ~~Strikeouts~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **Adopted Rules** - Underlining indicates additions to proposed rule language. ~~Strikeout~~ indicates deletions from proposed rule language.

Minnesota Department of Labor and Industry (DLI)

Adopted Exempt Permanent Rules Relating to Workers' Compensation; 2013 Adjustments to Independent Medical Examination Fees in Minnesota Rules, part 5219.0500; 2013 Adjustments to Relative Value Fee Schedule Conversion Factors and Amendments to Rules Implementing the Workers' Compensation Relative Value Fee Schedule Tables in *Minnesota Rules*, Chapter 5221

5219.0500 INDEPENDENT MEDICAL EXAMINATION FEES.

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

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

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

R. on October 1, 2011, the fees as adjusted in item Q shall be increased by 2.4 percent; ~~and~~

S. on October 1, 2012, the fees as adjusted in item R shall be increased by 1.5 percent~~.~~; and

T. on October 1, 2013, the fees adjusted in item S shall be increased by 1.2 percent.

5221.0100 DEFINITIONS.

[For text of subps 1 to 6, see M.R.]

Subp. 6a. **Conversion factor.** "Conversion factor" means the dollar value of the maximum fee payable for one relative value unit of a compensable health care service delivered under *Minnesota Statutes*, chapter 176, as specified in part 5221.4020, subpart 2a.

[For text of subps 6b to 14, see M.R.]

Subp. 14a. **Relative value unit or RVU.** "Relative value unit" or "RVU" means the numeric value assigned to a health care service or procedure to represent or quantify its worth, as compared to a standard service. Relative value units are in the tables described in part 5221.4005.

[For text of subp 15, see M.R.]

5221.0500 EXCESSIVE CHARGES; LIMITATION OF PAYER LIABILITY.

[For text of subp 1, see M.R.]

Subp. 2. **Limitation of payer liability.** A payer is not liable for health care charges which are excessive under subpart 1. If the charges are not excessive under subpart 1, a payer's liability for payment of charges is limited as provided in items A to F.

A. If the medical fee schedule applies to the service according to part ~~5221.4000~~ 5221.4005, subpart 3, the payer's liability shall be limited to the maximum amount allowed for any service, article, or supply in the medical fee schedule in effect on the date of the service, or the provider's usual and customary fee, whichever is lower.

[For text of items B to F, see M.R.]

[For text of subp 3, see M.R.]

5221.0700 PROVIDER RESPONSIBILITIES.

[For text of subps 1 to 2c, see M.R.]

Subp. 3. **Billing code.**

A. The provider shall undertake professional judgment to assign the correct approved billing code, and any applicable modifiers, in the CPT, HCPCS, NDC, or UB-92 manual in effect on the date the service, article, or supply was rendered, using the appropriate provider group designation, and according to the instructions and guidelines in this chapter. No provider may use a billing code which is assigned a "D," "F," "G," or "H;" ~~or "I"~~ status as described in part ~~5221.4030~~ 5221.4020, subpart 2a, item D. Where several component services which have different CPT codes may be described in one more comprehensive CPT code, only the single CPT code most accurately describing the procedure performed or service rendered may be reported.

Dental procedures not included in CPT or HCPCS shall be coded using any standard dental coding system.

[For text of items B and C, see M.R.]

[For text of subps 4 and 5, see M.R.]

5221.4020 DETERMINING FEE SCHEDULE PAYMENT LIMITS.

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

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

A. Except as provided in parts 5221.4035, 5221.4050, 5221.4051, 5221.4060, 5221.4061, and 5221.4070, the maximum fee in dollars for a health care service subject to the medical fee schedule is calculated according to subitems (1) to (4).

(1) The maximum fee for services, articles, and supplies that are provided in the provider's office or clinic = [(Work RVU * Work GPCI) + (~~Transitioned~~ Non-facility PE RVU * PE GPCI) + (MP RVU * MP GPCI)] * Conversion Factor (CF).

(2) The maximum fee for services, articles, and supplies that are provided at a facility such as a hospital or ambulatory surgical center = [(Work RVU * Work GPCI) + (~~Transitioned~~ Facility PE RVU * PE GPCI) + (MP RVU * MP GPCI)] * Conversion Factor (CF).

(3) For purposes of the formulas in subitems (1) and (2):

(a) the Work GPCI, PE GPCI, and MP GPCIs are the Minnesota GPCIs specified in the Geographic Practice Cost Indices file referenced in part 5221.4005, subpart 1, item A;

(b) the ~~Transitioned~~ Nonfacility Practice Expense (PE) RVUs, ~~Transitioned~~ Facility Practice Expense (PE) RVUs, Work RVUs, and Malpractice (MP) RVUs, as further described in subpart 2a, are specified in the following columns of the Medicare National Physician Fee Schedule Relative Value File referenced in part 5221.4005, subpart 1, item A:

i. the Work RVU is as shown in column F;

ii. the ~~Transitioned Non-facility~~ Nonfacility PE RVU is as shown in column G;

iii. the ~~Transitioned~~ Facility PE RVU is as shown in column ~~K~~ I; and

iv. the Malpractice RVU is as shown in column ~~O~~ K.

(4) The maximum fees calculated according to the formulas in subitems (1) and (2) must be rounded to the nearest cent, according to standard mathematical principles.

B. The conversion factors for services, articles, and supplies included in parts 5221.4030 to 5221.4061 are as provided in *Minnesota Statutes*, section 176.136, subdivision 1a, as adjusted by paragraph (g) of that subdivision, as follows:

[For text of subitem (1), see M.R.]

(2) for dates of service from October 1, 2011, to September 30, 2012, the conversion factors are:

[For text of units (a) to (c), see M.R.]

(d) for chiropractic services identified by procedure codes described in part 5221.4060, subpart 2d: $54.76; ~~and~~

(3) for dates of service from October 1, 2012, to September 30, 2013, the conversion factors are:

[For text of units (a) to (c), see M.R.]

(d) for chiropractic services identified by procedure codes described in part 5221.4060, subpart 2d: $55.58~~.~~; and

(4) for dates of service from October 1, 2013, to September 30, 2014, the conversion factors are:

(a) for medical/surgical services identified by procedure codes described in part 5221.4030, subpart 3: $64.69;

(b) for pathology and laboratory services identified by procedure codes described in part 5221.4040, subpart 3: $55.68;

(c) for physical medicine and rehabilitation services identified by procedure codes described in part 5221.4050, subpart 2d: $48.88; and

(d) for chiropractic services identified by procedure codes described in part 5221.4060, subpart 2d: $48.83.

Subp. 1c. **Sample calculation.** The following is a sample calculation for determining the maximum fee, excluding any applicable adjustments in parts 5221.4030 to 5221.4061, for a new patient office examination (procedure code 99201) in a clinic:

	.44640 [Work RVU (.45) * Work Geographic PCI (.992)]
+	.53082 [~~Transitioned~~ Nonfacility PE RVU (.54) * PE GPCI (.983)]
+	.00735 [MP RVU (.03) * MP GPCI (.245)]
=	.98457 [Total RVU]
*	$60.00 [Conversion factor for example only]
=	$59.0742 [Maximum fee]
=	$59.07 [Maximum fee, rounded]

Subp. 2. [Repealed, 35 SR 227]

Subp. 2a. **Key to abbreviations and terms and payment instructions.** Columns A to ~~AK~~ AE are found in the tables in the Medicare National Physician Fee Schedule Relative Value File most recently incorporated by reference by the commissioner by publishing in the State Register pursuant to *Minnesota Statutes*, section 176.136, subdivision 1a, paragraph (h). These columns list indicators necessary to determine the maximum fee for the service. Further payment adjustments may apply as specified in this subpart.

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

B. Column B is the "modifier." This column identifies when there is a technical/professional modifier. Column B contains a modifier if there is a technical component (TC) and a professional component (26) for the service. Column ~~T~~ N governs the use of the modifiers. Column B also contains a modifier "53" to identify codes that have a separate RVU for a procedure that has been terminated by the physician before completion.

[For text of subitems (1) to (3), see M.R.]

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

D. Column D is the "Status Code."

[For text of subitems (1) to (6), see M.R.]

(7) "G," "H," and "I" status. "G" ~~and "I"~~ status ~~indicate~~ indicates an invalid CPT or HCPCS code and "H" status indicates an invalid modifier code. Another code must be used to describe these ~~service~~ services. No payment is allowed for codes with a "G," or "H," ~~or "I"~~ status even if positive RVUs are listed. "I" status indicates a coverage status that is unique to the federal Medicare fee schedule. If the service is compensable for workers' compensation under *Minnesota Statutes*, section 176.135, the maximum fee for the service is governed by part 5221.0500, subpart 2, items B to F, and *Minnesota Statutes*, section 176.136, subdivision 1b, if the code has no positive RVUs. If positive RVUs are listed, the maximum fee for the service is the amount established according to the formulas in subpart 1b.

[For text of subitems (8) to (11), see M.R.]

(12) "Q" and "R" status ~~indicates~~ indicate a coverage status that is unique to the federal Medicare fee schedule. If the service is compensable for workers' compensation under *Minnesota Statutes*, section 176.135, the maximum fee for the service is governed by part 5221.0500, subpart 2, items B to F, and *Minnesota Statutes*, section 176.136, subdivision 1b, if the code has no positive RVUs. If positive RVUs are listed, the maximum fee for the service is the amount established according to the formula in subpart 1b.

[For text of subitems (13) and (14), see M.R.]

[For text of items E and F, see M.R.]

G. Column G is the "~~Transitioned~~ Nonfacility Practice Expense RVU." This column lists the RVU for the ~~transitioned~~ resource-based practice expense component of the formulas in subpart 1b, item A, for the nonfacility setting.

H. Column H is the "~~Transitioned~~ Nonfacility NA Indicator." This column is not used in Minnesota workers' compensation.

I. Column I is the ~~"Fully Implemented Nonfacility Practice Expense RVU." This column is not used in Minnesota workers' compensation.~~ "Facility Practice Expense RVU." This column lists the RVU for the resource-based practice expense component of the formulas in subpart 1b, item A, for services provided by a health care provider in a facility setting, such as a hospital or ambulatory surgical center.

J. Column J is the ~~Fully Implemented Nonfacility~~ "Facility NA Indicator." This column is not used in Minnesota workers' compensation.

K. Column K is the ~~"Transitioned Facility Practice Expense~~ "Malpractice RVU." ~~This column lists the RVU for the transitioned resource-based practice expense component of the formulas in subpart 1b, item A, for services provided by a health care provider in a facility setting, such as a hospital or ambulatory surgical center.~~ This column lists the RVU for the malpractice expense component of the formulas in subpart 1b, item A, for services provided by a health care provider in both nonfacility and facility settings.

L. Column L is the ~~"Transitioned Facility NA Indicator~~ "Nonfacility Total RVU." This column is not used in Minnesota workers' compensation.

M. Column M is the "~~Fully Implemented~~ Facility ~~Practice Expense~~ Total RVU." This column is not used in Minnesota workers' compensation.

N. Column N is the ~~"Fully Implemented Facility NA~~ "PC/TC Indicator." ~~This column is not used in Minnesota workers' compensation.~~

Indicator "0" indicates physician service codes. This indicator identifies codes that describe physician services such as office visits, consultations, and surgical procedures. The concept of PC/TC does not apply to codes with this indicator since physician services cannot be split into professional and technical components. Modifiers 26 and TC cannot be used with these codes. The RVUs include values for physician work, practice expense, and malpractice expense. There are some codes with no work RVUs.

Indicator "1" identifies codes for diagnostic tests. Codes with this indicator have both a professional and technical component. Modifiers 26 and TC can be used with these codes. The total RVUs for codes reported with a 26 modifier include values for physician work, practice expense, and malpractice expense. The total RVUs for codes reported with a TC modifier include values for practice expense and malpractice expense only. The total RVUs for codes reported without a modifier include values for physician work, practice

expense, and malpractice expense.

Indicator "2" indicates professional component only codes. This indicator identifies stand-alone codes that describe the physician work portion of selected diagnostic tests for which there is an associated code that describes the technical component of the diagnostic test only, and another associated code that describes the global test. An example of a professional component only code is CPT code 93010, electrocardiogram; interpretation and report. Modifiers 26 and TC cannot be used with these codes. The total RVUs for professional component only codes include values for physician work, practice expense, and malpractice expense.

Indicator "3" indicates technical component only codes. This indicator identifies stand-alone codes that describe the technical component, such as staff and equipment costs, of selected diagnostic tests for which there is an associated code that describes the professional component of the diagnostic test only. An example of a technical component only code is CPT code 93005, electrocardiogram; tracing only, without interpretation and report. A "3" indicator also identifies codes that are covered only as diagnostic tests and therefore do not have a related professional code. Modifiers 26 and TC cannot be used with these codes. The total RVU for technical component only codes includes values for practice expense and malpractice expense only.

Indicator "4" indicates global test only codes. This indicator identifies stand-alone codes that describe selected diagnostic tests for which there are associated codes that describe (a) the professional component of the test only; and (b) the technical component of the test only. Modifiers 26 and TC cannot be used with these codes. The total RVUs for global procedure only codes include values for physician work, practice expense, and malpractice expense. The total RVUs for global procedure only codes equals the sum of the total RVU for the professional component only and technical component only codes combined.

Indicator "5" indicates incident to codes. Indicator "5" is not used in Minnesota workers' compensation.

Indicator "6" indicates laboratory physician interpretation codes. This indicator identifies clinical laboratory codes for which separate payment for interpretations by laboratory physicians may be made. Modifier TC cannot be used with these codes. The total RVU for laboratory physician interpretation codes includes values for physician work, practice expense, and malpractice expense.

Indicator "7" indicates physical therapy services, for which payment may not be made. This indicator is not used in Minnesota workers' compensation.

Indicator "8" indicates physician interpretation codes. This indicator is not used in Minnesota workers' compensation.

Indicator "9" indicates "not applicable." The concept of a professional/technical component does not apply.

O. Column O is the ~~"Malpractice RVU." This column lists the RVU for the malpractice expense component of the formulas in subpart 1b, item A, for services provided by a health care provider in both nonfacility and facility settings.~~ "Global Days indicator." This column indicates the application of the global surgery package. It provides time frames and other circumstances that apply to each surgical procedure. Part 5221.4035 provides additional factors affecting payment.

Indicator "000" indicates endoscopic or minor procedure with related preoperative and postoperative relative values on the day of the procedure only included in the RVU amount.

Indicator "010" indicates a procedure with preoperative relative values on the day of the procedure and postoperative relative values during a ten-day postoperative period included in the RVU amount.

Indicator "090" indicates major surgery with a one-day preoperative period and a 90-day postoperative period included in the RVU amount.

Indicator "MMM" indicates maternity codes. The usual global period does not apply.

Indicator "XXX" indicates the global surgery package concept does not apply to the code.

Indicator "YYY" indicates the global surgery package concept may apply. If the provider and payor cannot agree to a specified global period, the global period shall be determined by the commissioner or compensation judge. For purposes of indicator "YYY," the global period shall include normal, uncomplicated follow-up care for the procedure.

Indicator "ZZZ" indicates the code is related to a primary service and has the same global period as the primary service. However, it is considered an add-on code and is paid separately.

P. Column P is the ~~"Transitioned Nonfacility Total." This column is not used in Minnesota workers' compensation.~~ "Preoperative Percentage." This column indicates the percentage of the total maximum fee calculated under subpart 1b that applies to the preoperative portion of the global surgical package. This percentage is paid when a separate physician performs the preoperative portion of a surgical procedure.

Q. Column Q is the ~~"Total Fully Implemented Nonfacility RVU." This column is not used in Minnesota workers' compensation.~~ "Intraoperative Percentage." This column indicates the percentage of the total maximum fee calculated under subpart 1b that applies to the intraoperative portion of the global surgical package, including postoperative work in the hospital. This percentage is paid when a physician performs the intraoperative portion of a surgical package.

R. Column R is the ~~"Total Transitioned Facility RVU." This column is not used in Minnesota workers' compensation.~~ "Postoperative Percentage." This column indicates the percentage of the total maximum fee calculated under subpart 1b that applies to the postoperative portion of the global surgical package that is provided in the office after discharge from the hospital. This is the percentage amount of the global surgical package that is paid when a physician performs the postoperative portion of a surgical package.

S. Column S ~~is the "Total Fully Implemented Facility RVU." This column is not used in Minnesota workers' compensation.~~ governs payment for Multiple Procedures. The numerical indicators in column S indicate applicable payment adjustment rules for multiple procedures.

Indicator "0" indicates no payment adjustment rules for multiple procedures apply.

Indicator "2" indicates standard payment adjustment rules for multiple procedures apply as provided in part 5221.4035, subpart 5.

Indicator "3" indicates special rules for multiple endoscopic/arthroscopic procedures apply as provided in part 5221.4035, subpart 5, item E.

Indicator "4" indicates special rules for multiple diagnostic procedures apply as provided in parts 5221.4035, subpart 5, item F; and 5221.4061, subpart 3.

Indicator "5" indicates special rules for multiple therapy services apply as provided in parts 5221.4035, subpart 5, item G; 5221.4051; and 5221.4061.

Indicator "6" indicates special rules for multiple diagnostic cardiovascular services apply as provided in part 5221.4035, subpart 5, item H.

Indicator "7" indicates special rules for multiple diagnostic ophthalmology services apply as provided in part 5221.4035, subpart 5, item I.

Indicator "9" indicates that the concept of multiple procedures does not apply, except as otherwise provided in parts 5221.4051, subpart 2; and 5221.4061, subpart 1a.

T. Column T ~~is the "PC/TC Indicator."~~ governs payment for Bilateral Procedures. Symbols in column T indicate services subject to payment adjustment according to part 5221.4035, subpart 6.

~~Indicator "0" indicates physician service codes. This indicator identifies codes that describe physician services such as office visits, consultations, and surgical procedures. The concept of PC/TC does not apply to codes with this indicator since physician services cannot be split into professional and technical components. Modifiers 26 and TC cannot be used with these codes. The RVUs include values for physician work, practice expense, and malpractice expense. There are some codes with no work RVUs.~~

~~Indicator "1" identifies codes for diagnostic tests. Codes with this indicator have both a professional and technical component. Modifiers 26 and TC can be used with these codes. The total RVUs for codes reported with a 26 modifier include values for physician work, practice expense, and malpractice expense. The total RVUs for codes reported with a TC modifier include values for practice expense and malpractice expense only. The total RVUs for codes reported without a modifier include values for physician work, practice expense, and malpractice expense.~~

~~Indicator "2" indicates professional component only codes. This indicator identifies stand-alone codes that describe the physician work portion of selected diagnostic tests for which there is an associated code that describes the technical component of the diagnostic test only, and another associated code that describes the global test. An example of a professional component only code is CPT code 93010, electrocardiogram; interpretation and report. Modifiers 26 and TC cannot be used with these codes. The total RVUs for professional component only codes include values for physician work, practice expense, and malpractice expense.~~

~~Indicator "3" indicates technical component only codes. This indicator identifies stand-alone codes that describe the technical component, such as staff and equipment costs, of selected diagnostic tests for which there is an associated code that describes the professional component of the diagnostic test only. An example of a technical component only code is CPT code 93005, electrocardiogram; tracing only, without interpretation and report. A "3" indicator also identifies codes that are covered only as diagnostic tests and therefore do not have a related professional code. Modifiers 26 and TC cannot be used with these codes. The total RVU for technical component only codes includes values for practice expense and malpractice expense only.~~

~~Indicator "4" indicates global test only codes. This indicator identifies stand-alone codes that describe selected diagnostic tests for which there are associated codes that describe (a) the professional component of the test only; and (b) the technical component of the test only. Modifiers 26 and TC cannot be used with these codes. The total RVUs for global procedure only codes include values for physician work, practice expense, and malpractice expense. The total RVUs for global procedure only codes equals the sum of the total RVU for the professional component only and technical component only codes combined.~~

~~Indicator "5" indicates incident to codes. Indicator 5 is not used in Minnesota workers' compensation.~~

~~Indicator "6" indicates laboratory physician interpretation codes. This indicator identifies clinical laboratory codes for which separate payment for interpretations by laboratory physicians may be made. Modifier TC cannot be used with these codes. The total RVU for laboratory physician interpretation codes includes values for physician work, practice expense, and malpractice expense.~~

~~Indicator "7" indicates physical therapy services, for which payment may not be made. This indicator is not used in Minnesota workers' compensation.~~

~~Indicator "8" indicates physician interpretation codes. This indicator is not used in Minnesota workers' compensation.~~

~~Indicator "9" indicates "not applicable." The concept of a professional/technical component does not apply.~~

Indicator "0" indicates that no payment adjustments apply to bilateral procedures.

Indicator "1" indicates that bilateral payment adjustments apply.

Indicator "2" indicates no further bilateral payment adjustments apply.

Indicator "3" indicates that no bilateral payment adjustments apply.

Indicator "9" indicates that the concept of bilateral procedures does not apply.

U. ~~Column U is "Global Surgery." This column indicates the application of the global surgery package. It provides time frames and other circumstances that apply to each surgical procedure. Part 5221.4035 provides additional factors affecting payment.~~ Column U governs payment for assistant-at-surgery. Symbols in column U indicate services when an assistant-at-surgery may be paid.

~~Indicator "000" indicates endoscopic or minor procedure with related preoperative and postoperative relative values on the day of the procedure only included in the RVU amount.~~

~~Indicator "010" indicates a procedure with preoperative relative values on the day of the procedure and postoperative relative values during a ten-day postoperative period included in the RVU amount.~~

~~Indicator "090" indicates major surgery with a one-day preoperative period and a 90-day postoperative period included in the RVU amount.~~

~~Indicator "MMM" indicates maternity codes. The usual global period does not apply.~~

~~Indicator "XXX" indicates the global surgery package concept does not apply to the code.~~

~~Indicator "YYY" indicates the global surgery package concept may apply. If the provider and payor cannot agree to a specified global period, the global period shall be determined by the commissioner or compensation judge. For purposes of indicator YYY, the global period shall include normal, uncomplicated follow-up care for the procedure.~~

~~Indicator "ZZZ" indicates the code is related to a primary service and has the same global period as the primary service. However, it is considered an add-on code and is paid separately.~~

Indicator "0" indicates an assistant-at-surgery may not be paid unless supporting documentation is submitted to establish medical necessity, in which case payment is made according to part 5221.4035, subpart 7.

Indicator "1" indicates an assistant-at-surgery may not be paid.

Indicator "2" indicates that an assistant-at-surgery may be paid according to part 5221.4035, subpart 7.

Indicator "9" indicates that the concept of assistant-at-surgery does not apply.

V. ~~Column V is the "Preoperative Percentage." This column indicates the percentage of the total maximum fee calculated under subpart 1b that applies to the preoperative portion of the global surgical package. This percentage is paid when a separate physician performs the preoperative portion of a surgical procedure.~~ Column V governs payment for Cosurgeons. Indicators in column V indicate services for which two surgeons may be paid.

Indicator "0" indicates cosurgeons are not permitted for this procedure and no payment for a cosurgeon may be made.

Indicator "1" indicates cosurgeons may be paid, with supporting documentation establishing the medical necessity of two surgeons for the procedure. Where necessity is established, payment is made according to part 5221.4035, subpart 8.

Indicator "2" indicates cosurgeons are paid according to part 5221.4035, subpart 8.

Indicator "9" indicates that the concept of cosurgeons does not apply.

W. ~~Column W is the "Intraoperative Percentage." This column indicates the percentage of the total maximum fee calculated under subpart 1b that applies to the intraoperative portion of the global surgical package, including postoperative work in the hospital. This percentage is paid when a physician performs the intraoperative portion of a surgical package.~~ Column W governs payment for Team Surgery. Indicators in this column indicate services for which team surgeons may be paid. Part 5221.4035, subpart 9, defines team surgery.

Indicator "0" indicates team surgeons are not permitted for this procedure and no payment may be made for team surgeons.

Indicator "1" indicates team surgeons may be paid, if supporting documentation establishes medical necessity of a team. The maximum fee for the service is limited by part 5221.0500, subpart 2, items B to F, and *Minnesota Statutes*, section 176.136, subdivision 1b.

Indicator "2" indicates team surgeons are permitted. The maximum fee for the service is limited by part 5221.0500, subpart 2, items B to F, and *Minnesota Statutes*, section 176.136, subdivision 1b.

Indicator "9" indicates that the concept of team surgery does not apply.

X. Column X is the ~~"Postoperative Percentage." This column indicates the percentage of the total maximum fee calculated under~~

~~subpart 1b that applies to the postoperative portion of the global surgical package that is provided in the office after discharge from the hospital. This is the percentage amount of the global surgical package that is paid when a physician performs the postoperative portion of a surgical package.~~ "Endoscopic Base Code." The code in this column identifies an endoscopic base code for each code with a multiple surgery indicator of "3" in column S.

Y. ~~Column Y governs payment for "Multiple Procedures." The numerical indicators in column Y indicate applicable payment adjustment rules for multiple procedures.~~

~~Indicator "0" indicates no payment adjustment rules for multiple procedures apply.~~

~~Indicator "2" indicates standard payment adjustment rules for multiple procedures apply as provided in part 5221.4035, subpart 5.~~

~~Indicator "3" indicates special rules for multiple endoscopic/arthroscopic procedures apply as provided in part 5221.4035, subpart 5, item E.~~

~~Indicator "4" indicates special rules for multiple diagnostic procedures apply as provided in part 5221.4035, subpart 5, item F.~~

~~Indicator "9" indicates that the concept of multiple procedure does not apply.~~

Column Y is the Medicare conversion factor. The conversion factor in this column is not used in Minnesota workers' compensation. The conversion factors for Minnesota workers' compensation are specified in subpart 1b.

Z. ~~Column Z governs payment for a bilateral procedure. Symbols in column Z indicate services subject to payment adjustment according to part 5221.4035, subpart 6.~~

~~Indicator "0" indicates that no payment adjustments apply to bilateral procedures.~~

~~Indicator "1" indicates that bilateral payment adjustments apply.~~

~~Indicator "2" indicates no further bilateral payment adjustments apply.~~

~~Indicator "3" indicates that no bilateral payment adjustments apply.~~

~~Indicator "9" indicates that the concept of bilateral procedures does not apply.~~

Column Z relates to Physician Supervision of Diagnostic Procedures. This column is not used in Minnesota workers' compensation.

AA. ~~Column AA governs payment for assistant-at-surgery. Symbols in column AA indicate services when an assistant-at-surgery may be paid.~~

~~Indicator "0" indicates an assistant-at-surgery may not be paid unless supporting documentation is submitted to establish medical necessity, in which case payment is according to part 5221.4035, subpart 7.~~

~~Indicator "1" indicates an assistant-at-surgery may not be paid.~~

~~Indicator "2" indicates that an assistant-at-surgery may be paid according to part 5221.4035, subpart 7.~~

~~Indicator "9" indicates that the concept of assistant-at-surgery does not apply.~~

Column AA is the Calculation Flag. This column is not used in Minnesota workers' compensation.

AB. ~~Column AB governs payment for cosurgeons. Indicators in column AB indicate services for which two surgeons may be paid.~~ Column AB is the "Diagnostic Imaging Family Indicator." Indicator "88" in this field identifies the applicable diagnostic service family for the HCPCS codes with a multiple procedure indicator of "4" in column S.

~~Indicator "0" indicates cosurgeons are not permitted for this procedure and no payment for a cosurgeon may be made.~~

~~Indicator "1" indicates cosurgeons may be paid, with supporting documentation establishing the medical necessity of two surgeons for the procedure. Where necessity is established, payment is according to part 5221.4035, subpart 8.~~

~~Indicator "2" indicates cosurgeons are paid according to part 5221.4035, subpart 8.~~

~~Indicator "9" indicates that the concept of cosurgeons does not apply.~~

Indicator "99" indicates the concept does not apply.

AC. ~~Column AC governs payment for team surgery. Indicators in column AC indicate services for which team surgeons may be paid. Part 5221.4035, subpart 9, defines team surgery.~~ Column AC is the "Nonfacility Practice Expense Used for OPPS Payment Amount." This column is not used in Minnesota workers' compensation.

~~Indicator "0" indicates team surgeons are not permitted for this procedure and no payment may be made for team surgeons.~~

~~Indicator "1" indicates team surgeons may be paid, if supporting documentation establishes medical necessity of a team. The maximum fee for the service is limited by part 5221.0500, subpart 2, items B to F, and *Minnesota Statutes*, section 176.136, subdivision 1b.~~

~~Indicator "2" indicates team surgeons are permitted. The maximum fee for the service is limited by part 5221.0500, subpart 2, items B to F, and *Minnesota Statutes*, section 176.136, subdivision 1b.~~

~~Indicator "9" indicates that the concept of team surgery does not apply.~~

AD. Column AD is the ~~"Endoscopic Base Code." The code in this column identifies an endoscopic base code for each code with a multiple surgery indicator of 3 in column Y.~~ "Facility Practice Expense Used for OPPS Payment Amount." This column is not used in Minnesota workers' compensation.

AE. Column AE is the ~~"Conversion Factor~~ "Malpractice Used for OPPS Payment Amount." ~~The conversion factor in~~ This column is not used in Minnesota workers' compensation. ~~The conversion factors for Minnesota workers' compensation are specified in subpart 1b.~~

~~AF. Column AF is the "Physician Supervision of Diagnostic Procedures." This column is not used in Minnesota workers' compensation.~~

~~AG. Column AG is the "Calculation Flag." This column is not used in Minnesota workers' compensation.~~

~~AH. Column AH is the "Diagnostic Imaging Family Indicator." This field identifies the applicable diagnostic service family for the HCPCS codes with a multiple procedure indicator of "4" in column Y. The values are:~~

~~Indicator "01" indicates ultrasound (chest/abdomen/pelvis-nonobstetrical).~~
~~Indicator "02" indicates CT and CTA (chest/thorax/abdomen/pelvis).~~
~~Indicator "03" indicates CT and CTA (head/brain/orbit/maxillofacial/neck).~~
~~Indicator "04" indicates MRI and MRA (chest/abdomen/pelvis).~~
~~Indicator "05" indicates MRI and MRA (head/brain/neck).~~
~~Indicator "06" indicates MRI and MRA (spine).~~
~~Indicator "07" indicates CT (spine).~~
~~Indicator "08" indicates MRI and MRA (lower extremities).~~
~~Indicator "09" indicates CT and CTA (lower extremities).~~
~~Indicator "10" indicates MR and MRI (upper extremities and joints).~~
~~Indicator "11" indicates CT and CTA (upper extremities).~~
~~Indicator "99" indicates the concept does not apply.~~

~~AI. Column AI is the "Nonfacility Practice Expense Used for OPPS Payment Amount." This column is not used in Minnesota workers' compensation.~~

~~AJ. Column AJ is the "Facility Practice Expense Used for OPPS Payment Amount." This column is not used in Minnesota workers' compensation.~~

~~AK. Column AK is the "Malpractice Used for OPPS Payment Amount." This column is not used in Minnesota workers' compensation.~~

[For text of subps 3 and 4, see M.R.]

5221.4033 OUTPATIENT LIMITATION FOR MEDICAL/SURGICAL FACILITY FEE.

[For text of subps 1 to 2a, see M.R.]

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

CPT/HCPCS Procedure Code	CPT/HCPCS Description
10040	Acne surgery
10060	Drainage of skin abscess
10061	Drainage of skin abscess
10080	Drainage of pilonidal cyst
10081	Drainage of pilonidal cyst
10120	Remove foreign body
10121	Remove foreign body
10140	Drainage of hematoma/fluid
10160	Puncture drainage of lesion
11000	Surgical cleansing of skin

11001	Additional cleansing of skin
~~11040~~	~~Surgical cleansing, abrasion~~
~~11041~~	~~Surgical cleansing of skin~~
~~11050~~	~~Trim skin lesion~~
~~11051~~	~~Trim 2 to 4 skin lesions~~
~~11052~~	~~Trim over 4 skin lesions~~
11100	Biopsy of skin lesion
11101	Biopsy, each added lesion
11200	Removal of skin tags
11201	Removal of added skin tags
11300	Shave skin lesion
11301	Shave skin lesion
11302	Shave skin lesion
11303	Shave skin lesion
11305	Shave skin lesion
11306	Shave skin lesion
11307	Shave skin lesion
11308	Shave skin lesion
11310	Shave skin lesion
11311	Shave skin lesion
11312	Shave skin lesion
11313	Shave skin lesion
11400	Removal of skin lesion
11401	Removal of skin lesion
11402	Removal of skin lesion
11403	Removal of skin lesion
11420	Removal of skin lesion
11421	Removal of skin lesion
11422	Removal of skin lesion
11423	Removal of skin lesion
11440	Removal of skin lesion
11441	Removal of skin lesion
11442	Removal of skin lesion
11443	Removal of skin lesion
11600	Removal of skin lesion
11601	Removal of skin lesion
11602	Removal of skin lesion
11603	Removal of skin lesion
11620	Removal of skin lesion
11621	Removal of skin lesion
11622	Removal of skin lesion
11623	Removal of skin lesion
11640	Removal of skin lesion
11641	Removal of skin lesion
11642	Removal of skin lesion
11643	Removal of skin lesion
11730	Removal of nail plate
~~11731~~	~~Removal of second nail plate~~
11732	Remove additional nail plate
11740	Drain blood from under nail
11750	Removal of nail bed
11752	Remove nail bed/finger tip
11760	Reconstruction of nail bed
11762	Reconstruction of nail bed

11765	Excision of nail fold, toe
11900	Injection into skin lesions
11901	Added skin lesion injections
12031	Layer closure of wound(s)
12032	Layer closure of wound(s)
12041	Layer closure of wound(s)
12042	Layer closure of wound(s)
12051	Layer closure of wound(s)
12052	Layer closure of wound(s)
15780	Abrasion treatment of skin
15781	Abrasion treatment of skin
15782	Abrasion treatment of skin
15783	Abrasion treatment of skin
15786	Abrasion treatment of lesion
15787	Abrasion, added skin lesions
15851	Removal of sutures
15852	Dressing change, not for burn
16000	Initial treatment of burn(s)
~~16010~~	~~Treatment of burn(s)~~
16020	Treatment of burn(s)
16025	Treatment of burn(s)
17000	Destroy benign/premal lesion
~~17001~~	~~Destruction of additional lesions~~
~~17002~~	~~Destruction of additional lesions~~
~~17010~~	~~Destruction of skin lesion(s)~~
~~17100~~	~~Destruction of skin lesion~~
~~17101~~	~~Destruction of second lesion~~
~~17102~~	~~Destruction of additional lesions~~
~~17104~~	~~Destruction of skin lesions~~
~~17105~~	~~Destruction of skin lesions~~
17106	Destruction of skin lesions
17107	Destruction of skin lesions
17110	Destruction of skin lesions
~~17200~~	~~Electrocautery of skin tags~~
~~17201~~	~~Electrocautery added lesions~~
17250	Chemical cautery, tissue
17260	Destruction of skin lesions
17261	Destruction of skin lesions
17262	Destruction of skin lesions
17263	Destruction of skin lesions
17264	Destruction of skin lesions
17266	Destruction of skin lesions
17270	Destruction of skin lesions
17271	Destruction of skin lesions
17272	Destruction of skin lesions
17273	Destruction of skin lesions
17274	Destruction of skin lesions
17276	Destruction of skin lesions
17280	Destruction of skin lesions
17281	Destruction of skin lesions
17282	Destruction of skin lesions
17283	Destruction of skin lesions
17284	Destruction of skin lesions
17286	Destruction of skin lesions

~~17304~~	~~Chemosurgery of skin lesion~~
~~17305~~	~~Second stage chemosurgery~~
~~17306~~	~~Third stage chemosurgery~~
~~17307~~	~~Follow-up skin lesion therapy~~
~~17310~~	~~Extensive skin chemosurgery~~
17340	Cryotherapy of skin
17360	Skin peel therapy
19000	Drainage of breast lesion
19001	Drain added breast lesion
~~20000~~	~~Incision of abscess~~
20500	Injection of sinus tract
20520	Removal of foreign body
20550	Inject tendon/ligament/cyst
20600	Drain/inject joint/bursa
20605	Drain/inject joint/bursa
20610	Drain/inject joint/bursa
20615	Treatment of bone cyst
20974	Electrical bone stimulation
21029	Contour of face bone lesion
21030	Removal of face bone lesion
21031	Remove exostosis, mandible
21032	Remove exostosis, maxilla
21079	Prepare face/oral prosthesis
21080	Prepare face/oral prosthesis
21081	Prepare face/oral prosthesis
21082	Prepare face/oral prosthesis
21083	Prepare face/oral prosthesis
21084	Prepare face/oral prosthesis
21085	Prepare face/oral prosthesis
21086	Prepare face/oral prosthesis
21087	Prepare face/oral prosthesis
21088	Prepare face/oral prosthesis
21089	Prepare face/oral prosthesis
21110	Interdental fixation
23031	Drain shoulder bursa
24200	Removal of arm foreign body
24650	Treat radius fracture
25500	Treat fracture of radius
25530	Treat fracture of ulna
25600	Treat fracture radius/ulna
25622	Treat wrist bone fracture
25630	Treat wrist bone fracture
25650	Repair wrist bone fracture
26010	Drainage of finger abscess
26600	Treat metacarpal fracture
26720	Treat finger fracture, each
26725	Treat finger fracture, each
26740	Treat finger fracture, each
28001	Drainage of bursa of foot
28010	Incision of toe tendon
28011	Incision of toe tendons
28022	Exploration of a foot joint
28024	Exploration of a toe joint
28052	Biopsy of foot joint lining

28108	Removal of toe lesions
28124	Partial removal of toe
28126	Partial removal of toe
28153	Partial removal of toe
28160	Partial removal of toe
28190	Removal of foot foreign body
28220	Release of foot tendon
28230	Incision of foot tendon(s)
28232	Incision of toe tendon
28234	Incision of foot tendon
28270	Release of foot contracture
28272	Release of toe joint, each
28430	Treatment of ankle fracture
28450	Treat midfoot fracture, each
28455	Treat midfoot fracture, each
28470	Treat metatarsal fracture
28475	Treat metatarsal fracture
28490	Treat big toe fracture
28495	Treat big toe fracture
28510	Treatment of toe fracture
28515	Treatment of toe fracture
28530	Treat sesamoid bone fracture
28540	Treat foot dislocation
28570	Treat foot dislocation
28600	Treat foot dislocation
28630	Treat toe dislocation
29015	Application of body cast
29020	Application of body cast
29025	Application of body cast
29035	Application of body cast
29049	Application of shoulder cast
29065	Application of long arm cast
29075	Application of forearm cast
29085	Apply hand/wrist cast
29105	Apply long arm splint
29125	Apply forearm splint
29126	Apply forearm splint
29130	Application of finger splint
29131	Application of finger splint
29200	Strapping of chest
~~29220~~	~~Strapping of low back~~
29260	Strapping of elbow or wrist
29280	Strapping of hand or finger
29345	Application of long leg cast
29355	Application of long leg cast
29358	Apply long leg cast brace
29365	Application of long leg cast
29405	Apply short leg cast
29425	Apply short leg cast
29435	Apply short leg cast
29440	Addition of walker to cast
29450	Application of leg cast
29515	Application lower leg splint
29520	Strapping of hip

29530	Strapping of knee
29540	Strapping of ankle
29550	Strapping of toes
29580	Application of paste boot
~~29590~~	~~Application of foot splint~~
29700	Removal/revision of cast
29705	Removal/revision of cast
29710	Removal/revision of cast
29715	Removal/revision of cast
29720	Repair of body cast
29730	Windowing of cast
29740	Wedging of cast
29750	Wedging of clubfoot cast
29850	Knee arthroscopy/surgery
30000	Drainage of nose lesion
30020	Drainage of nose lesion
30100	Intranasal biopsy
30110	Removal of nose polyp(s)
30200	Injection treatment of nose
30210	Nasal sinus therapy
30220	Insert nasal septal button
30300	Remove nasal foreign body
30901	Control of nosebleed
31000	Irrigation maxillary sinus
31002	Irrigation sphenoid sinus
31505	Diagnostic laryngoscopy
31575	Diagnostic laryngoscopy
31579	Diagnostic laryngoscopy
36000	Place needle in vein
36400	Drawing blood
36405	Drawing blood
36406	Drawing blood
36410	Drawing blood
36430	Blood transfusion service
36450	Exchange transfusion service
36470	Injection therapy of vein
36471	Injection therapy of veins
36510	Insertion of catheter, vein
40490	Biopsy of lip
40800	Drainage of mouth lesion
40804	Removal foreign body, mouth
40808	Biopsy of mouth lesion
40810	Excision of mouth lesion
40812	Excise/repair mouth lesion
41100	Biopsy of tongue
41108	Biopsy of floor of mouth
41825	Excision of gum lesion
41826	Excision of gum lesion
42100	Biopsy roof of mouth
42330	Removal of salivary stone
42400	Biopsy of salivary gland
42650	Dilation of salivary duct
42660	Dilation of salivary duct
42800	Biopsy of throat

45300	Proctosigmoidoscopy
45303	Proctosigmoidoscopy
45330	Sigmoidoscopy, diagnostic
45520	Treatment of rectal prolapse
46083	Incise external hemorrhoid
46221	Ligation of hemorrhoid(s)
46230	Removal of anal tabs
46320	Removal of hemorrhoid clot
46500	Injection into hemorrhoids
46600	Diagnostic anoscopy
46604	Anoscopy and dilation
46606	Anoscopy and biopsy
46614	Anoscopy, control bleeding
46615	Anoscopy
46900	Destruction, anal lesion(s)
46910	Destruction, anal lesion(s)
46916	Cryosurgery, anal lesion(s)
46917	Laser surgery, anal lesion(s)
~~46934~~	~~Destruction of hemorrhoids~~
~~46935~~	~~Destruction of hemorrhoids~~
~~46936~~	~~Destruction of hemorrhoids~~
46940	Treatment of anal fissure
46942	Treatment of anal fissure
46945	Ligation of hemorrhoids
46946	Ligation of hemorrhoids
51700	Irrigation of bladder
51705	Change of bladder tube
51720	Treatment of bladder lesion
52265	Cystoscopy and treatment
53270	Removal of urethra gland
53600	Dilate urethra stricture
53601	Dilate urethra stricture
53620	Dilate urethra stricture
53621	Dilate urethra stricture
53660	Dilation of urethra
53661	Dilation of urethra
~~53670~~	~~Insert urinary catheter~~
54050	Destruction, penis lesion(s)
54055	Destruction, penis lesion(s)
54056	Cryosurgery, penis lesion(s)
54200	Treatment of penis lesion
54230	Prepare penis study
54235	Penile injection
55000	Drainage of hydrocele
55250	Removal of sperm duct(s)
56420	Drainage of gland abscess
56501	Destruction, vulva lesion(s)
56606	Biopsy of vulva/perineum
57061	Destruction, vagina lesion(s)
57100	Biopsy of vagina
57150	Treat vagina infection
57160	Insertion of pessary
57170	Fitting of diaphragm/cap
57452	Examination of vagina

57454	Vagina examination and biopsy
57460	LEEP procedure
57500	Biopsy of cervix
57505	Endocervical curettage
57510	Cauterization of cervix
57511	Cryocautery of cervix
58100	Biopsy of uterus lining
58301	Remove intrauterine device
59200	Insert cervical dilator
59300	Episiotomy or vaginal repair
59425	Antepartum care only
59426	Antepartum care only
59430	Care after delivery
60100	Biopsy of thyroid
61001	Remove cranial cavity fluid
~~63690~~	~~Analysis of neuroreceiver~~
~~63691~~	~~Analysis of neuroreceiver~~
64400	Injection for nerve block
64405	Injection for nerve block
64408	Injection for nerve block
64412	Injection for nerve block
64413	Injection for nerve block
64418	Injection for nerve block
64435	Injection for nerve block
~~64440~~	~~Injection for nerve block~~
~~64441~~	~~Injection for nerve block~~
64445	Injection for nerve block
64450	Injection for nerve block
64505	Injection for nerve block
64508	Injection for nerve block
64550	Apply neurostimulator
64553	Implant neuroelectrodes
64555	Implant neuroelectrodes
~~64560~~	~~Implant neuroelectrodes~~
64565	Implant neuroelectrodes
64612	Destroy nerve, face muscle
64613	Destroy nerve, spine muscle
65205	Remove foreign body from eye
65210	Remove foreign body from eye
65220	Remove foreign body from eye
65222	Remove foreign body from eye
65286	Repair of eye wound
65430	Corneal smear
65435	Curette/treat cornea
65436	Curette/treat cornea
65600	Revision of cornea
65772	Correction of astigmatism
65855	Laser surgery of eye
65860	Incise inner eye adhesions
66761	Revision of iris
66770	Removal of inner eye lesion
67145	Treatment of retina
67210	Treatment of retinal lesion
67228	Treatment of retinal lesion

67345	Destroy nerve of eye muscle
67505	Inject/treat eye socket
67515	Inject/treat eye socket
67700	Drainage of eyelid abscess
67710	Incision of eyelid
67800	Remove eyelid lesion
67801	Remove eyelid lesions
67805	Remove eyelid lesions
67810	Biopsy of eyelid
67820	Revise eyelashes
67825	Revise eyelashes
67840	Remove eyelid lesion
67850	Treat eyelid lesion
67915	Repair eyelid defect
67922	Repair eyelid defect
67930	Repair eyelid wound
67938	Remove eyelid foreign body
68020	Incise/drain eyelid lining
68040	Treatment of eyelid lesions
68100	Biopsy of eyelid lining
68110	Remove eyelid lining lesion
68135	Remove eyelid lining lesion
68200	Treat eyelid by injection
68400	Incise/drain tear gland
68420	Incise/drain tear sac
68440	Incise tear duct opening
68530	Clearance of tear duct
68705	Revise tear duct opening
68760	Close tear duct opening
68761	Close tear duct opening
68770	Close tear system fistula
68840	Explore/irrigate tear ducts
69000	Drain external ear lesion
69005	Drain external ear lesion
69020	Drain outer ear canal lesion
69100	Biopsy of external ear
69105	Biopsy of external ear canal
69200	Clear outer ear canal
69210	Remove impacted ear wax
69220	Clean out mastoid cavity
69222	Clean out mastoid cavity
69400	Inflate middle ear canal
69401	Inflate middle ear canal
69405	Catheterize middle ear canal
~~69410~~	~~Inset middle ear baffle~~
69420	Incision of eardrum
69433	Create eardrum opening
69540	Remove ear lesion
69610	Repair of eardrum
92002	Eye exam, new patient
92004	Eye exam, new patient
92012	Eye exam, established patient
92014	Eye exam and treatment
92019	Eye exam and treatment

92020	Special eye evaluation
~~92070~~	~~Fitting of contact lens~~
92100	Serial tonometry exam(s)
~~92120~~	~~Tonography and eye evaluation~~
~~92130~~	~~Water provocation tonography~~
92140	Glaucoma provocative tests
92225	Special eye exam, initial
92226	Special eye exam, subsequent
92230	Eye exam with photos
92260	Ophthalmoscopy/dynamometry
92287	Internal eye photography
92311	Contact lens fitting
92312	Contact lens fitting
92313	Contact lens fitting
92315	Prescription of contact lens
92316	Prescription of contact lens
92317	Prescription of contact lens
~~92330~~	~~Fitting of artificial eye~~
~~92335~~	~~Fitting of artificial eye~~
92352	Special spectacles fitting
92353	Special spectacles fitting
92354	Special spectacles fitting
92371	Repair and adjust spectacles
92504	Ear microscopy examination
92506	Speech and hearing evaluation
92507	Speech/hearing therapy
92508	Speech/hearing therapy
92511	Nasopharyngoscopy
92512	Nasal function studies
92516	Facial nerve function test
92520	Laryngeal function studies
92565	Stenger test, pure tone
92571	Filtered speech hearing test
92575	Sensorineural acuity test
92576	Synthetic sentence test
92577	Stenger test, speech
92582	Conditioning play audiometry
~~93721~~	~~Plethysmography tracing~~
93797	Cardiac rehab
93798	Cardiac rehab/monitor
~~95010~~	~~Sensitivity skin tests~~
~~95015~~	~~Sensitivity skin tests~~
95056	Photosensitivity tests
95065	Nose allergy test
~~95075~~	~~Ingestion challenge test~~
95144	Antigen therapy services
95145	Antigen therapy services
95146	Antigen therapy services
95147	Antigen therapy services
95148	Antigen therapy services
95149	Antigen therapy services
95165	Antigen therapy services
95170	Antigen therapy services
95180	Rapid desensitization

95831	Limb muscle testing, manual
95832	Hand muscle testing, manual
95833	Body muscle testing, manual
95834	Body muscle testing, manual
95851	Range of motion measurements
95852	Range of motion measurements
95857	Tensilon test
96405	Intralesional chemotherapy administration
96406	Intralesional chemotherapy administration
~~96445~~	~~Chemotherapy, intracavitary~~
96450	Chemotherapy, into central nervous system
96542	Chemotherapy injection
98940	Chiropractor manip of spine
98941	Chiropractor manip of spine
98942	Chiropractor manip of spine
98943	Chiropractor manip extra spinal
99201	Office/outpatient visit, new
99202	Office/outpatient visit, new
99203	Office/outpatient visit, new
99204	Office/outpatient visit, new
99205	Office/outpatient visit, new
99211	Office/outpatient visit, established
99212	Office/outpatient visit, established
99213	Office/outpatient visit, established
99214	Office/outpatient visit, established
99215	Office/outpatient visit, established
99241	Office consultation
99242	Office consultation
99243	Office consultation
99244	Office consultation
99245	Office consultation
~~99271~~	~~Confirmatory consultation~~
~~99272~~	~~Confirmatory consultation~~
~~99273~~	~~Confirmatory consultation~~
~~99274~~	~~Confirmatory consultation~~
99354	Prolonged service, office
99355	Prolonged service, office
~~M0101~~	~~Foot care hygiene~~

5221.4035 FEE ADJUSTMENTS FOR MEDICAL/SURGICAL SERVICES.

Subpart 1. **Definition of a global surgical package.** Coding and payment for all surgical procedures is based on a global surgical package as described in this part and part 5221.4020, subpart 2a, items ~~U, V, W, and X~~ O, P, Q, and R. Physicians are not paid separately for visits or other services that are included in the global package.

A. To determine the global period for surgeries with a 090 global period in column ~~U~~ O, include the day immediately before the day of surgery, the day of surgery, and the 90 days immediately following the day of surgery.

EXAMPLE: Date of surgery, September 10; preoperative period, September 9; last day of global period, December 9.

To determine the global period for procedures with a 010 global period in column ~~U~~ O, count the day of surgery and the appropriate number of days immediately following the date of surgery.

EXAMPLE: Date of surgery, January 5; last day of global period, January 15.

The global period for procedures with a 000 global period include only the services provided on the day of surgery.

B. Columns ~~V, W, and X~~ P, Q, and R of the Medicare Relative Value tables incorporated by reference in part 5221.4005 designate the percentages of the global package assigned to preoperative services, intraoperative services, and postoperative services. These are used to

determine the percent of the maximum fee, established by the formula in part 5221.4020, subpart 1b, that is paid to physicians providing one or more components of the global package.

EXAMPLE: For physicians who perform the surgery and furnish all of the usual preoperative, intraoperative, and postoperative work the maximum fee is 100 percent (the sum or the percentages in columns ~~V, W, and X~~ P, Q, and R) of the maximum fee established by the formula in part 5221.4020, subpart 1b, for the appropriate CPT code and any appropriate modifiers for the surgical procedure only. Payment for physicians who furnish less than the full global package is described in subpart 4.

Other subparts may affect coding and payment for services for which a global period applies. Subpart 2 further defines services included in the global surgical package. Subpart 3 further defines services not included in the global surgical package. Subpart 4 governs coding and payment adjustment for physicians furnishing less than the full global package. Subpart 5 specifies additional coding and payment requirements for multiple surgeries. Subpart 6 specifies additional coding and payment requirements for bilateral procedures. Subpart 7 specifies additional coding and payment requirements for assistant-at-surgery. Subpart 8 specifies additional coding and payment requirements for cosurgeons. Subpart 9 specifies additional coding and payment requirements for team surgery.

[For text of subp 2, see M.R.]

Subp. 3. **Services not included in global surgical package.** The services listed in items A to O are not included in the global surgical package. These services may be coded and paid for separately. Physicians must use appropriate modifiers as set forth in this subpart.

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

G. Treatment for postoperative complications which requires a return trip to the operating room is not included in the global surgical package and is separately coded and paid as specified in this item. This additional procedure is referred to as a reoperation.

"Operating room," for this purpose, is defined as a place of service specifically equipped and staffed for the sole purpose of performing procedures. Operating room includes a cardiac catheterization suite, laser suite, and endoscopy suite. It does not include a patient's room, minor treatment room, recovery room, or intensive care unit, unless the patient's condition was so critical there would be insufficient time for transportation to an operating room.

(1) When coding for treatment for postoperative complications for services with a global period of 090 or 010 days which requires a return trip to the operating room, as defined in this item, physicians must code the CPT code that describes the procedures performed during the return trip as follows:

[For text of unit (a), see M.R.]

(b) Reoperations that have not been assigned separate, distinct reoperation CPT codes must be identified on the bill with the CPT procedure code that describes the procedure or treatment for the complication plus CPT modifier 78 which indicates a return to the operating room for a related procedure during the global period. The CPT procedure code may be the one used for the original procedure when the identical procedure is repeated or another CPT procedure code which describes the actual procedure or service performed.

The maximum fee for a reoperation procedure without a separate distinct reoperation CPT code is the maximum fee established by the formula in part 5221.4020, subpart 1b, multiplied by the intraoperative percentage listed in column ~~W~~ Q.

(c) When no CPT code exists to describe the treatment for complications, use an unlisted surgical procedure code plus CPT modifier 78 which indicates a return to the operating room for a related procedure during the global period. The maximum fee for the reoperation is the maximum fee for the original procedure established by the formula in part 5221.4020, subpart 1b, multiplied by 50 percent of the intraoperative percent listed in column ~~W~~ Q.

[For text of subitems (2) to (4), see M.R.]

(5) If the patient is returned to the operating room during the postoperative global surgery period of the original surgery, not on the same day of the original surgery, for bilateral procedures that are required as a result of complications from the original surgery, subitems (1) to (4) apply. The bilateral rules in subpart 6 and part 5221.4020, subpart 2a, item ~~Z~~ T, do not apply.

[For text of items H to O, see M.R.]

Subp. 4. **Physicians furnishing less than full global package.** There are occasions when more than one physician provides services included in the global surgical package. It may be the case that the physician who performs the surgical procedure does not furnish the

follow-up care. Payment for the postoperative and postdischarge care is split between two or more physicians where the physicians agree on the transfer of care. Coding and payment requirements for physicians furnishing less than the full global package are:

A. When more than one physician furnishes services that are included in the global surgical package, the maximum fee for each physician is a percentage of the total maximum fee established by the formula in part 5221.4020, subpart 1b, multiplied by the sum of the percentages in columns ~~V, W, and X~~ P, Q, and R for the type of operative service provided. For example, the maximum fee for a physician who performs the preoperative and postoperative services, but not the intraoperative service, would be as follows:

The maximum fee for the CPT code established by the formula in part 5221.4020, subpart 1b	*	(the percentage in column ~~V~~ P plus the percentage in column ~~X~~ R)

[For text of items B and C, see M.R.]

D. If a surgeon performs a procedure with a global period of 010 or 090 days, and cares for the patient until time of discharge from a hospital or ambulatory surgical center, the maximum fee for this surgeon's services is:

The maximum fee for the CPT code established by the formula in part 5221.4020, subpart 1b	*	(the percentage in column ~~V~~ P plus the percentage in column ~~W~~ Q)

Modifier 54 is used to identify these services.

E. If a health care provider who did not perform the surgery assumes surgical follow-up care of a patient after discharge from the hospital or ambulatory surgical center, then the maximum fee for this practitioner's services is:

The maximum fee for the CPT code established by the formula in part 5221.4020, subpart 1b	*	(the percentage in column ~~X~~ R)

CPT modifier 55 is used to identify these services.

[For text of items F and G, see M.R.]

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

A. The coding requirements in subitems (1) and (2) apply to multiple surgeries that have an indicator of 2 or 3 in column ~~Y~~ S by the same physician on the same day as specified in items D and E:

[For text of subitems (1) and (2), see M.R.]

[For text of items B and C, see M.R.]

D. For procedures with an indicator of 2 in column ~~Y~~ S, if the procedures are reported on the same day as another procedure with an indicator of 2, the maximum fee for the procedure with the highest amount calculated under part 5221.4020, subpart 1b, is paid at 100 percent of the amount calculated, and the maximum fee for each additional procedure with an indicator of 2 is paid at 50 percent of the amount calculated under part 5221.4020, subpart 1b.

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

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

Procedures performed (code listed in column A)	Maximum fee under formula in part 5221.4020, subpart 1b	Maximum fee under part 5221.4035, subpart 5, item E	Description
29827	$950	$950	Pay 100 percent of the maximum fee for the procedure with the highest maximum fee under formula in part 5221.4020, subpart 1b
29828	$790	$390	Reduce the maximum fee by $400 (the maximum fee for endobase code 29805) $790 - $400 = $390
29823	$540	$140	Reduce the maximum fee by $400 (the maximum fee for endobase code 29805) $540 - $400 = $140
Total allowable payment:		$1480	

(2) For two unrelated series of endoscopy procedures, the endoscopy pricing rule is applied first to all codes with the same base code in column ~~AD~~ X. The multiple surgery pricing rule as depicted by indicator 2 is then applied as follows. The maximum fee for the codes in the series with the highest total amount calculated under this item is 100 percent of the amount calculated. The maximum fee for codes in the series with the lower total amount calculated under this item is 50 percent of the amount calculated.

[For text of subitem (3), see M.R.]

F. For diagnostic imaging procedures with an indicator of 4 in column ~~Y~~ S, special rules for the technical component (TC) and professional component (PC) of diagnostic imaging procedures apply if the procedure is billed with another diagnostic imaging procedure with ~~the same~~ indicator 88 in column ~~AH~~ AB. If the procedure is ~~reported~~ furnished by the same provider, or different providers in the same group practice, to the same patient in the same session on the same day as another procedure with ~~the same family~~ indicator 88, the procedures must be ranked according to the maximum fee for the technical component ~~(TC)~~ and professional component, calculated according to the formula in part 5221.4020, subpart 1b. The technical component with the highest maximum fee is paid at 100 percent, and the technical component of each subsequent procedure is paid at ~~75~~ 50 percent. ~~The payments for subsequent procedures are based on the lower of (a) the actual charge, or (b) the maximum fee according to the formula in part 5221.4020, subpart 1b, reduced by the appropriate percentage.~~ The professional component ~~(PC)~~ with the highest maximum fee is paid at 100 percent ~~for all procedures.~~, and the professional component of each subsequent procedure is paid at 75 percent. For example:

	Unadjusted Maximum Fee, Procedure 1	Unadjusted Maximum Fee, Procedure 2	Total Adjusted Maximum Fee	Calculation of Total Adjusted Maximum Fee
PC	$68	$102	$152	$102 + (.75 x $68)
TC	$476	$340	$646	$476 + (.50 x $340)
Global	$544	$816	$799	$102 + (.75 x $68) + (.50 x $340)

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

(1) When more than one unit or procedure with an indicator of 5 is provided to the same patient on the same day, full payment is made for the unit or procedure with the highest practice expense (PE) RVU.

(2) For subsequent units and procedures furnished to the same patient on the same day in office settings and other noninstitutional settings, full payment is made for the work and malpractice expense RVUs and 80 percent payment is made for the practice expense RVU.

(3) For subsequent units and procedures furnished to the same patient on the same day in institutional settings, full payment is made for the work and malpractice expense RVUs and 75 percent payment is made for the practice expense RVU.

(4) For therapy services furnished by a provider, a group practice, or incident to a provider's service, the reduction described under this subitem applies to all services furnished to a patient on the same day, regardless of whether the services are provided in one therapy discipline or multiple disciplines, such as physical therapy, occupational therapy, or speech-language pathology, and regardless of the type of provider or supplier.

(5) For example:

	Unadjusted Maximum Fee, Procedure 1 Unit 1	Unadjusted Maximum Fee, Procedure 1 Unit 2	Unadjusted Maximum Fee, Procedure 2	Total Adjusted Maximum Fee	Calculation of Total Adjusted Maximum Fee
Work	$7	$7	$11	$25	No reduction
PE	$10	$10	$8	$23.50	$10 + (.75 x $10) + (.75 x $8)
Mal-practice	$1	$1	$1	$3	No reduction
Total	$18	$18	$20	$51.50	$18 + ($7 + $1) + (.75 x $10) + ($11 + $1) + (.75 x $8)

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

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

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

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

~~G.~~ J. For procedures with an indicator of 0 or 9, no payment rules for multiple or endoscopy procedures apply.

Subp. 6. **Coding and payment for bilateral surgeries and procedures.** Part 5221.4020, subpart 2a, item ~~Z~~ T, and column ~~Z~~ T in the tables incorporated by reference in part 5221.4005, subpart 1, describe codes subject to the bilateral procedures payment restrictions. Bilateral surgeries are procedures performed on both sides of the body during the same operative session or on the same day.

A. For procedures with an indicator of 0, 3, or 9 in column ~~Z~~ T, no bilateral payment provisions apply.

For procedures with an indicator of 0, the 150 percent bilateral adjustment in item B is inappropriate because of physiology or anatomy or because the code description specifically states that it is a unilateral procedure and there is an existing code for the bilateral procedure. If the procedure is reported with modifier 50, or with modifiers RT and LT, the maximum fee for both sides is the fee calculated according to part 5221.4020, subpart 1b, for a single code. If the provider or payer reassigns a correct code for a bilateral procedure the maximum fee is the amount calculated according to part 5221.4020, subpart 1b, for the correct code and corresponding indicator.

Services with an indicator of 3 are generally radiology procedures or other diagnostic tests that are not subject to bilateral payment adjustments. If the procedure is reported with modifier 50 or is reported for both sides on the same day by any other means, such as with RT and LT modifiers or with a 2 in the units field, the maximum fee for each side is the amount calculated according to the formula in part 5221.4020, subpart 1b, for each side. If the procedure is reported as a bilateral procedure and with other procedure codes on the same day, determine the maximum fee for the bilateral procedure before applying any multiple procedure rules as specified in subpart 5, item C.

For procedures with an indicator of 9, the concept of bilateral surgeries does not apply.

B. For procedures with an indicator of 1 in column ~~Z~~ T, if the code is billed with modifier 50 or is reported twice on the same day by any other means, such as with RT and LT modifiers or with a 2 in the units field, the maximum fee is 150 percent of the amount calculated according to the formula in part 5221.4020, subpart 1b, for a single code. The bilateral adjustment is applied before any multiple procedure rules as specified in subpart 5, item C.

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

Subp. 7. **Coding and payment for assistant-at-surgery.** Part 5221.4020, subpart 2a, item ~~AA~~ U, and column ~~AA~~ U in the tables incorporated by reference in part 5221.4005, subpart 1, describe codes subject to the assistant-at-surgery payment restrictions. An assistant-at-surgery must use the appropriate CPT or HCPCS modifier in accordance with their provider type. Payment for a physician assistant-at-surgery is not allowed when payment is made for cosurgeons or team surgeons for the same procedures. For procedures with an indicator of 0 (where medical necessity is established) or 2 in column ~~AA~~ U the maximum fee for an assistant-at-surgery is as follows:

[For text of items A and B, see M.R.]

Subp. 8. **Coding and payment for cosurgeons.** Part 5221.4020, subpart 2a, item ~~AB~~ V, and column ~~AB~~ V in the tables incorporated by reference in part 5221.4005, subpart 1, describe codes subject to the cosurgeon's payment adjustments. Under some circumstances, the individual skills of two or more surgeons are required to perform surgery on the same patient during the same operative session. This may be required because of the complex nature of the procedures or the patient's condition. It is cosurgery if two surgeons, each in a different specialty, are required to perform a specific procedure, for example, heart transplant. Cosurgery also refers to surgical procedures involving two surgeons performing the parts of the procedure simultaneously, for example, bilateral knee replacement. In these cases, the additional physicians are not acting as assistants-at-surgery.

A. If cosurgeons are required to do a procedure, each surgeon codes for the procedure with CPT modifier 62 which indicate two surgeons.

B. For procedures with an indicator of 1, where necessity of cosurgeons is established, or 2 in column ~~AB~~ V, the amount paid for the procedure is 125 percent of the global fee, divided equally between the two surgeons. If the cosurgeons have agreed to a different payment distribution, payments will be made accordingly, if the agreed-upon distribution is documented and explained on the bill for the procedure, and is not prohibited by *Minnesota Statutes*, section 147.091, subdivision 1, paragraph (p).

C. For procedures with an indicator of 0 or 9 in column ~~AB~~ V, either cosurgeons are not allowed or the concept of cosurgery does not apply and cosurgery fee adjustments do not apply.

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

Subp. 9. **Coding and payment for team surgery.** Part 5221.4020, subpart 2a, item ~~AC~~ W, and column ~~AC~~ W in the tables incorporated by reference in part 5221.4005, subpart 1, govern application of the team surgery concept.

A. If a team of surgeons, that is, more than two surgeons of different specialties, is required to perform a specific procedure, each surgeon bills for the procedure with the CPT modifier 66 which indicates a surgical team.

B. For procedures with an indicator of 1, where necessity of a team is established, or 2 in column ~~AC~~ W, the amount paid for the procedure is limited by part 5221.0500, subpart 2, items B to F, and Minnesota Statutes, section 176.136, subdivision 1b.

C. For procedures with an indicator of 0 or 9 in column ~~AC~~ W, either team surgery is not allowed or the concept of team surgery does not apply.

[For text of subp 10, see M.R.]

5221.4050 PHYSICAL MEDICINE AND REHABILITATION PROCEDURE CODES.

[For text of subps 1 to 2d, see M.R.]

Subp. 3. **Additional payment instructions.** The instructions and examples in items A to D are in addition to CPT code descriptions found in the CPT manual. Additional instructions include both general instructions for a group of codes as well as specific instructions for an individual specific code.

[For text of items A and B, see M.R.]

C. Additional specific instructions for therapeutic procedure codes 97110 to 97546.

CPT Code	CPT Description	Specific Instructions and Examples
97110	Therapeutic exercises	Examples include, but are not limited to, any type of range of motion, stretching, or strengthening exercises; e.g., stabilization and closed kinetic chain exercises, passive range of motion, active and assistive range of motion, progressive resistive exercises, prolonged stretch, isokinetic, isotonic, or isometric strengthening exercises.
97112	Neuromuscular reeducation	Examples include, but are not limited to, facilitation techniques, NDT, Rood, Brunnstrom, PNF, and FeldenKrais.
97113	Aquatic therapy	This code applies to any water-based exercise program such as Hubbard Tank or pools.
97140	Manual therapy	In addition to the services included in the CPT manual incorporated by reference in part 5221.0405, item D, this code also includes, but is not limited to: myofascial release, joint mobilization and manipulation, manual lymphatic drainage, manual traction, soft tissue mobilization and manipulation, trigger point therapy, acupressure, muscle stimulation - manual (nonelectrical), and transverse friction massage. This code is not paid when reported with any of the osteopathic manipulative treatment (OMT) (98925-98929) or chiropractic manipulative treatment (CMT) (98940-98943) codes on the same regions(s)/body part on the same day. This code may be paid when reported with CMT or OMT codes only if used on a different region(s)/ body part on the same day and must be accompanied by CPT modifier 59 which identifies a distinct procedural service.
97150	Group therapeutic	Therapeutic procedure(s) for a group is used when two or more patients are present for the same type of service such as instruction in body mechanics training, or group exercises when participants are doing same type exercises, etc. There is no time definition for this code. Providers may charge only one unit, regardless of size of group, number of areas treated, or length of time involved.
~~97504~~97760	Orthotic training	This code applies to fabrication, instruction in use, fitting, and care and precautions of the orthotic.

97530	Therapeutic activities	This code is used for treatment promoting functional use of a muscle, muscle group, or body part. This code is not to be used for PROM, active assistive ROM, manual stretch, or manual therapy. Examples for use of code: A patient has had rotator cuff repair. When treatment incorporates functional motion of reaching to increase range of motion and strength, 97530 should be used. A patient has a herniated disc. When treatment incorporates instruction in body mechanics and positioning and simulated activities to improve functional performance, 97530 should be used.
97537	Community/ work	Community/work reintegration training includes jobsite analysis.
97545	Work hardening/ conditioning	Work hardening/conditioning units are for the initial two hours each visit. Codes 97545 and 97546 refer to services provided within a work hardening or work conditioning program described in part ~~part~~ 5221.6500, subpart 2, item D.
97546	Work hardening/ conditioning	Work hardening/conditioning additional units are for each additional hour each visit. Refers to time beyond initial two hours of work conditioning or work hardening.

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

5221.4051 FEE ADJUSTMENTS FOR PHYSICAL MEDICINE AND REHABILITATION SERVICES.

Subpart 1. **Multiple procedure payment reduction.** For procedures identified in part 5221.4050, subpart 2d, with indicator 5 in column S, the following rules apply to establish the maximum fee according to the formula in part 5221.4020, subpart 1b:

~~Maximum fees for the physical medicine and rehabilitation modalities in the following list are determined according to the following payment schedule when more than one modality on the list is provided to the same patient on the same day: 100 percent of the fee calculated according to the formula in part 5221.4020 for the modality with the highest RVU and 75 percent of the fee calculated according to the formula in part 5221.4020 for each additional modality. All modalities after the first modality with the highest RVU shall be coded by adding modifier 51 to the applicable procedure code.~~

~~97012~~	~~Mechanical traction therapy~~
~~97014~~	~~Electric stimulation therapy~~
~~97016~~	~~Vasopneumatic device therapy~~
~~97018~~	~~Paraffin bath therapy~~
~~97022~~	~~Whirlpool therapy~~
~~97024~~	~~Diathermy treatment~~
~~97026~~	~~Infrared therapy~~
~~97028~~	~~Ultraviolet therapy~~
~~97032~~	~~Electrical stimulation~~
~~97033~~	~~Electric current~~
~~97034~~	~~Contrast bath therapy~~
~~97035~~	~~Ultrasound therapy~~
~~97036~~	~~Hydrotherapy~~
~~97039~~	~~Unlisted therapy service~~

A. When more than one unit or procedure with an indicator of 5 is provided to the same patient on the same day, full payment is made for the unit or procedure with the highest practice expense (PE) relative value unit (RVU).

B. For subsequent units and procedures furnished to the same patient on the same day in office settings and other noninstitutional settings, full payment is made for the work and malpractice expense RVUs and 80 percent payment is made for the PE RVU.

C. For subsequent units and procedures furnished to the same patient on the same day in institutional settings, full payment is made for the work and malpractice expense RVUs and 75 percent payment is made for the PE RVU.

D. For therapy services furnished by a provider, a group practice, or incident to a provider's service, the reduction described in this part applies to all services furnished to a patient on the same day, regardless of whether the services are provided in one therapy discipline or multiple disciplines, such as physical therapy, occupational therapy, or speech-language pathology, and regardless of the type of

provider or supplier.

E. For example, for illustrative purposes only; example does not reflect actual maximum fee:

	Unadjusted Maximum Fee, Procedure 1 Unit 1	Unadjusted Maximum Fee, Procedure 1 Unit 2	Unadjusted Maximum Fee, Procedure 2	Total Adjusted Maximum Fee	Calculation of Total Adjusted Maximum Fee
Work	$7	$7	$11	$25	No reduction
PE	$10	$10	$8	$23.50	$10 + (.75 x $10) + (.75 x $8)
Mal-practice	$1	$1	$1	$3	No reduction
Total	$18	$18	$20	$51.50	$18 + ($7 + $1) + (.75 x $10) + ($11 + $1) + (.75 x $8)

Subp. 2. **Electrical stimulation.** For purposes of the workers' compensation fee schedule, CPT code 97014, electrical stimulation therapy, is subject to the multiple procedure payment reduction provided in subpart 1. Indicator 9 in column S of the RVU table does not apply to CPT code 97014.

5221.4060 CHIROPRACTIC PROCEDURE CODES.

[For text of subps 1 to 2d, see M.R.]

Subp. 3. **Select chiropractic procedure code descriptions, instructions, and examples.** The following instructions and examples are in addition to CPT code descriptions found in the CPT manual. Additional instructions include both general instructions for a group of codes as well as specific instructions for an individual specific code.

[For text of items A and B, see M.R.]

C. Additional specific instructions for therapeutic procedure codes 97110 to 97546.

CPT Code	CPT Description	Specific Instructions and Examples
97110	Therapeutic exercises	Examples include, but are not limited to, any type of range of motion, stretching, or strengthening exercises; e.g., stabilization and closed kinetic chain exercises, passive range of motion, active and assistive range of motion, progressive resistive exercises, prolonged stretch, isokinetic, isotonic, or isometric strengthening exercises.
97112	Neuromuscular reeducation	Examples include, but are not limited to, facilitation techniques, NDT, Rood, Brunnstrom, PNF, and FeldenKrais.
97113	Aquatic therapy	This code applies to any water-based exercise program such as Hubbard Tank or pools.
97140	Manual therapy	In addition to the services included in the CPT manual incorporated by reference in part 5221.0405, item D, this code also includes, but is not limited to: myofascial release, joint mobilization and manipulation, manual lymphatic drainage, manual traction, soft tissue mobilization and manipulation, trigger point therapy, acupressure, muscle stimulation - manual (nonelectrical), and transverse friction massage. This code is not paid when reported with any of the osteopathic manipulative treatment (OMT) (98925-98929) or chiropractic manipulative treatment (CMT) (98940-98943) codes on the same region(s)/body part on the same day. This code may be paid when reported with CMT or OMT codes only if used on a different region(s)/body part on the same day and must be accompanied by CPT modifier 59 which identifies a distinct procedural service.

97150	Group therapeutic	Therapeutic procedure(s) for a group is used when two or more patients are present for the same type of service such as instruction in body mechanics training, or group exercises when participants are doing same type exercises, etc. There is no time definition for this code. Providers may charge only one unit, regardless of size of group, number of areas treated, or length of time involved.
~~97504~~97760	Orthotictraining	This code applies to fabrication, instruction in use, fitting, and care and precautions of the orthotic.
97530	Therapeutic activities	This code is used for treatment promoting functional use of a muscle, muscle group, or body part. This code is not to be used for PROM, active assistive ROM, manual stretch, or manual therapy. Examples for use of code: A patient has had rotator cuff repair. When treatment incorporates functional motion of reaching to increase range of motion and strength, 97530 should be used. A patient has a herniated disc. When treatment incorporates instruction in body mechanics and positioning and simulated activities to improve functional performance, 97530 should be used.
97537	Community/ work	Community/work reintegration training includes jobsite analysis.
97545	Work hardening/ conditioning	Work hardening/conditioning units are for the initial two hours each visit. Codes 97545 and 97546 refer to services provided within a work hardening or work conditioning program described in part 5221.6500, subpart 2, item D.
97546	Work hardening/ conditioning	Work hardening/conditioning additional units are for each additional hour each visit. Refers to time beyond initial two hours of work conditioning or work hardening.

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

[For text of subp 4, see M.R.]

5221.4061 FEE ADJUSTMENTS FOR CHIROPRACTIC SERVICES.

Subpart 1. **Multiple ~~modalities~~ procedure payment reduction.** ~~Maximum fees for the chiropractic modalities in the following list are determined according to the following payment schedule when more than one modality on the list is provided to the same patient on the same day: 100 percent of the fee calculated according to the formula in part 5221.4020 for the modality with the highest relative value and 75 percent of the fee calculated according to the formula in part 5221.4020 for each additional modality. All modalities after the first modality with the highest relative value, shall be coded by adding modifier 51 to the applicable modality code.~~ For procedures identified in part 5221.4060, subpart 2d, with indicator 5 in column S, the following rules apply to establish the maximum fee according to the formula in part 5221.4020, subpart 1b:

~~97012 Mechanical traction therapy~~
~~97014 Electrical stimulation therapy~~
~~97016 Vasopneumatic device therapy~~
~~97018 Paraffin bath therapy~~
~~97022 Whirlpool therapy~~
~~97024 Diathermy treatment~~
~~97026 Infrared therapy~~
~~97028 Ultraviolet therapy~~
~~97032 Electrical stimulation~~
~~97033 Electric current~~
~~97034 Contrast bath therapy~~
~~97035 Ultrasound therapy~~
~~97036 Hydrotherapy~~
~~97039 Unlisted therapy service~~

A. When more than one unit or procedure with an indicator of 5 is provided to the same patient on the same day, full payment is made for the unit or procedure with the highest practice expense (PE) relative value unit (RVU).

B. For subsequent units and procedures furnished to the same patient on the same day in office settings and other noninstitutional settings, full payment is made for the work and malpractice expense RVUs and 80 percent payment is made for the PE RVU.

C. For subsequent units and procedures furnished to the same patient on the same day in institutional settings, full payment is made for the work and malpractice expense RVUs and 75 percent payment is made for the PE RVU.

D. For therapy services furnished by a provider, a group practice, or incident to a provider's service, the reduction described in this part applies to all services furnished to a patient on the same day, regardless of whether the services are provided in one therapy discipline or multiple disciplines, such as physical therapy, occupational therapy, or speech-language pathology, and regardless of the type of provider or supplier.

E. For example, for illustrative purposes only; example does not reflect actual maximum fee:

	Unadjusted Maximum Fee, Procedure 1 Unit 1	Unadjusted Maximum Fee, Procedure 1 Unit 2	Unadjusted Maximum Fee, Procedure 2	Total Adjusted Maximum Fee	Calculation of Total Adjusted Maximum Fee
Work	$7	$7	$11	$25	No reduction
PE	$10	$10	$8	$23.50	$10 + (.75 x $10) + (.75 x $8)
Mal-practice	$1	$1	$1	$3	No reduction
Total	$18	$18	$20	$51.50	$18 + ($7 + $1) + (.75 x $10) + ($11 + $1) + (.75 x $8)

Subp. 1a. **Electrical stimulation.** For purposes of the workers' compensation fee schedule, CPT code 97014, electrical stimulation therapy, is subject to the multiple procedure payment reduction provided in subpart 1. Indicator 9 in column S of the RVU table does not apply to CPT code 97014.

[For text of subp 2, see M.R.]

Subp. 3. **Diagnostic imaging procedures.** For diagnostic imaging procedures with an indicator of 4 in column S, special rules for the technical component and professional component (PC) apply if the procedure is billed with another diagnostic imaging procedure with indicator 88 in column AB. If the procedure is furnished by the same provider, or different providers in the same group practice, to the same patient in the same session on the same day as another procedure with indicator 88, the procedures must be ranked according to the maximum fee for the technical component and professional component, calculated according to the formula in part 5221.4020, subpart 1b. The technical component with the highest maximum fee is paid at 100 percent, and the technical component of each subsequent procedure is paid at 50 percent. The professional component with the highest maximum fee is paid at 100 percent, and the professional component of each subsequent procedure is paid at 75 percent. For example:

	Unadjusted Maximum Fee, Procedure 1	Unadjusted Maximum Fee, Procedure 2	Total Adjusted Maximum Fee	Calculation of Total Adjusted Maximum Fee
PC	$68	$102	$152	$102 + (.75 x $68)
TC	$476	$340	$646	$476 + (.50 x $340)
Global	$544	$816	$799	$102 + (.75 x $68) + $476 + (.50 x $340)

EFFECTIVE DATE. *Minnesota Rules*, parts 5219.0500 to 5221.4061, are effective for services, articles, and supplies provided on or after October 1, 2013.

Official Notices

Pursuant to *Minnesota Statutes* §§ 14.101, an agency must first solicit comments from the public on the subject matter of a possible rulemaking proposal under active consideration within the agency by publishing a notice in the *State Register* at least 60 says before publication of a notice to adopt or a notice of hearing, and within 60 days of the effective date of any new statutory grant of required rulemaking.

The *State Register* also publishes other official notices of state agencies and non-state agencies, including notices of meetings, and matters of public interest, state grants and loans, and state contracts

Minnesota Comprehensive Health Association (MCHA)

Notice of Actuarial Committee Meeting 11 September 2013

NOTICE IS HEREBY GIVEN that a meeting of the Minnesota Comprehensive Health Association's (MCHA) Actuarial Committee will be held at 1:00p.m. on Wednesday, September 11th, 2013

The meeting will be initiated at the MCHA Executive Office, 5775 Wayzata Blvd., Suite 910, St. Louis Park, MN; it should be noted that some or all attendees will participate telephonically.

If anyone wishes to attend or participate in this meeting please contact MCHA's Executive Office (952-593-9609) for additional information.

Minnesota Department of Health (MDH)

Division of Compliance Monitoring
Managed Care Systems Section

Notice of Application for Essential Community Provider Status for Various Organizations

NOTICE IS HEREBY GIVEN that an application for designation as an Essential Community Provider (ECP) has been submitted to the Commissioner of Health by People Incorporated, 2060 Centre Pointe Blvd. Suite #3, St Paul MN 55120. Hennepin County adult mental health service locations in Hennepin County include: Stark Outpatient Mental Health Clinics (3 locations); Children & Family Satellite sites include: Armstrong High School, Alternative Learning Center Plus, Cooper High School, Edgewood Education Center, Forest Elementary School, Lakeview Elementary, Maple Grove Senior High School, Meadow Lake Elementary school, North Education Center, Northwest Tech Center, Osseo Area Learning Center School, Osseo Secondary Transition School, Park Center International Baccalaureate World, Robbinsdale Middle School, Sonnesyn Elementary School, Day Treatment – Children & Family Services, Early Childhood Mental Health Day Treatment – Children & Family Services, and Family Therapy – Children & Family Services. Ramsey County Adult Mental Health Services include: Stark Mendota Heights Mental Health Clinic – Clinical Services, Stark Mental Health Services – Clinical Services (2 locations), Children & Family Mental Health Services – Eagle Point Elementary, Harmony Alternative Learning Center, Highland Middle School, Maplewood Middle School, Next Step Transitions Center, North High School, Skyview Elementary, Tartan High School and Weaver Elementary.

An ECP is a health care provider that serves high-risk, special needs, and underserved individuals. In order to be designated as an ECP, a provider must demonstrate that it meets the requirements of *Minnesota Statutes* Section 62Q.19 and *Minnesota Rules* Chapter 4688. The public is allowed 30 days from the date of the publication of this notice to submit written comments on the application. The commissioner will approve or deny the application once the comment period and compliance review is complete.

For more information contact:

Michael McGinnis
Managed Care Systems Section
Division of Compliance Monitoring
Department of Health
P.O. Box 64882

St. Paul, MN 55164-0882
Phone: (651) 201-5174

Minnesota Higher Education Facilities Authority (MHEFA)

Notice of Public Hearing on Revenue Obligations on Behalf of the Trustees of the Hamline University of Minnesota

NOTICE IS HEREBY GIVEN that a public hearing will be held by the Minnesota Higher Education Facilities Authority (the "Authority") with respect to the proposal to issue revenue bonds or other obligations on behalf of the Trustees of the Hamline University of Minnesota, a Minnesota nonprofit corporation (the "University"), as owner and operator of the Hamline University, an institution of higher education, at the Authority's offices at 380 Jackson Street, Suite 450, St. Paul, Minnesota, on Wednesday, September 18, 2013, at 2:00 p.m. Under the proposal, the Authority would issue its revenue bonds or other obligations in an aggregate original principal amount of up to $10,045,000 (i) to refund the Authority's Variable Rate Demand Revenue Bonds, Series Six-E1 (Trustees of Hamline University of Minnesota), in the original principal amount of $9,580,000 (the "Series Six-E1 Bonds"); (ii) to refund the Variable Rate Demand Revenue Bonds, Series Six-E2 (Trustees of Hamline University of Minnesota), in the original principal amount of $8,580,000 (the "Series Six-E2 Bonds"); and (iii) to refund the Variable Rate Demand Revenue Bonds, Series Six-E3 (Trustees of Hamline University of Minnesota), in the original principal amount of $2,195,000 (the "Series Six-E3 Bonds").

The Series Six-E1 Bonds were issued to provide funds to be loaned to the University to advance refund the portion of the Authority's Revenue Bonds, Series Four-I (Trustees of the Hamline University of Minnesota), dated September 1, 1996 (the "Series Four-I Bonds"), which were allocated to the refunding of the Authority's Series Three-K Bonds, and to the financing of the Series Four-I Project; and to pay a portion of the costs of issuance of said bonds.

The Series Six-E2 Bonds were issued to provide funds to be loaned to the University to finance the Series Six-E2 Project; to refinance a $2,000,000 loan to the University dated July 14, 2003 (the "Term Loan"); and to pay a portion of the costs of such bonds.

The Series Six-E3 Bonds were issued to provide funds to be loaned to the University to current refund the portion of the Series Four-I Bonds which were allocated to the refunding of the Authority's Series Three-A Bonds; and to pay a portion of the costs of issuance of such bonds.

The Series Six-E2 Project included the renovations, improvements and equipping of the Bush Memorial Library (including plaza repairs and a chiller replacement), the Robbins Science Center, the Drew Fine Arts Center, the Ceramics Studio Building, Sorin Hall and other facilities on the University's main campus and the acquisition of, and renovation, improvement and equipping to, the University President's residence and event center.

The Series Four-I Bonds were originally issued to finance (i) the construction, furnishing and equipping of the Lloyd W.D. Walker Fieldhouse; (ii) the construction, furnishing and equipping of an addition to the Law and Graduate Schools Building; (iii) the site acquisition and construction of surface parking spaces on the north and south sides of the campus; (iv) the renovation of computer offices and equipment rooms; and (v) the advance refunding of the Authority's Revenue Bonds, Series Three-A (Trustees of the Hamline University of Minnesota) (the "Series Three-A Bonds") and the Authority's Mortgage Revenue Bonds, Series Three-K (Trustees of the Hamline University of Minnesota) (the "Series Three-K Bonds"). The Series Three-A Bonds were originally issued to finance (i) the advance refunding of the Authority's Revenue Bonds, Series Two-G, the proceeds of which were used for the renovation and refurbishing of Sorin, Peterson, Osborn, Schilling and Manor House Residence Halls; (ii) the renovation, equipping and repairs to Manor House, Sorin and Drew Halls, the Law School, Bush Memorial Library, Old Main and the swimming pool facility; (iii) the purchase and installation of an emergency generator; (iv) the purchase and installation of signage throughout the campus; and (v) maintenance and remodeling projects at various campus locations, including acquisition and installation of replacement windows and sidewalks and security lighting. The Series ThreeK Bonds were originally issued to refund on a current refunding basis the Authority's Mortgage Revenue Bonds, Series Two-A, which were originally issued to finance the construction, furnishing and equipping of an academic building for the Law School.

The Term Loan was issued to finance the renovation, improvements and equipping of the Learning Center, Drew Fine Arts Center, Bush Student Center, administrative offices, Bush Memorial Library, Sorin Hall, Englewood Building, Old Main and other facilities and the

acquisition of additional property for the University.

All projects and other facilities described in this notice are all owned and operated by the University and located on its main campus, the principal street address of which is 1536 Hewitt Avenue, St. Paul, Minnesota, except for the University President's residence and event center which is located at 1027 Summit Avenue, St. Paul, Minnesota.

At said time and place the Authority shall give all parties who appear or have submitted written comments, an opportunity to express their views with respect to the proposal to undertake the refunding of the Series Six-E1 Bonds, the Series Six-E2 Bonds and the Series SixE3 Bonds.

Dated: September 3, 2013

By Order of the Minnesota Higher Education Facilities Authority
Marianne Remedios, Executive Director

Minnesota Department of Human Services (DHS)

Health Care Administration, Purchasing and Service Delivery Division:

Notice of Request for Information (RFI): Coverage Options for Emergency Medical Assistance Services

OVERVIEW

The Minnesota Department of Human Services (DHS) is seeking information to help identify options for coverage of medically necessary services for emergency medical assistance recipients which are not eligible for federal financial participation, and for medically necessary services for individuals who are uninsured and ineligible for other state public health care programs or for coverage through the Minnesota Insurance Marketplace.

DHS seeks input from safety net hospitals, nonprofit health care coverage programs, nonprofit community clinics, counties, and other interested parties. Input will be used by DHS to identify alternatives and make recommendations for providing coordinated and cost-effective health care and coverage to individuals who:

- meet eligibility standards for emergency medical assistance; or
- are uninsured and ineligible for other state public health care programs, have incomes below 400 percent of the federal poverty level, and are ineligible for premium credits through the Minnesota Insurance Marketplace as defined under *Minnesota Statutes*, section 62V.02.

Publication of this RFI is required by the *Laws of Minnesota 2013*, chapter 108, article 6, section 33 and section 34.

INFORMATION REQUESTED

DHS seeks information on:

(1) the identification of services, including community-based medical, dental, and behavioral health services, necessary to reduce emergency department and inpatient hospital utilization for these recipients;
(2) delivery system options, including for each option how the system would be organized to promote care coordination and cost-effectiveness, and how the system would be available statewide;
(3) funding options and payment mechanisms to encourage providers to manage the delivery of care to these populations at a lower cost of care and with better patient outcomes than the current system;
(4) how the funding and delivery of services will be coordinated with the services covered under emergency medical assistance;
(5) options for administration of eligibility determination and service delivery; and
(6) evaluation methods to measure cost-effectiveness and health outcomes that take into consideration the social determinants of health care for recipients participating in this alternative coverage option.

Additionally, information is specifically sought on providing coverage for nonemergent services for recipients who have two or more chronic conditions and have had two or more hospitalizations covered by emergency medical assistance in a one-year period.

BACKGROUND

History. In 1987, Minnesota established the Emergency Medicaid Assistance (EMA) program as the state's federally-mandated Emergency Medicaid program for non-citizens who are otherwise eligible for Medicaid (Medical Assistance or MA) but for their immigration status. EMA is funded by both state and federal dollars in the same manner as MA. The EMA program is limited to providing treatment for an "'emergency medical condition'…manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in:

(A) placing the patient's health in serious jeopardy,
(B) serious impairment to bodily functions, or
(C) serious dysfunction of a bodily organ or part."

Since its establishment, the federal government has allowed states discretion in defining what set of health care services might be associated with an "emergency medical condition. For many years, the EMA program in Minnesota operated without an explicit list of services that would meet, or be excluded from, the definition of "emergency medical condition."

In State Fiscal Year (SFY) 2010, Minnesota's EMA program expenditures totaled to approximately $47 million and annual enrollment was 3,622 individuals. Following the 2011 Minnesota Legislative Session, the scope of the program was limited and program funds were reduced by $30 million. Nonetheless, annual EMA enrollment increased to 4,463 individuals. The 2012 State Legislative Session restored $4.7 million to the program for dialysis and cancer treatments effective May 1, 2012, to June 30, 2013. Despite these additions, annual enrollment in 2012 dropped slightly to 4,379 individuals.

2012 Legislation. The 2012 Legislature required DHS, in consultation with relevant stakeholders, to develop a plan to provide coordinated and cost-effective care to people eligible for the EMA program and who are ineligible for other state programs. In response to this requirement, DHS identified options to establish programs that may reduce or mitigate the high cost of care provided to the EMA population by including additional services, programs, and funding mechanisms that would allow individuals who are eligible for EMA (or more generally uninsured) to access services that are less costly than emergency services. The models DHS examined were:

Uncompensated Care Pool - a set amount of funding would be dedicated to a pool distributed to providers based on the amount of uncompensated care each provider delivered to uninsured populations. This model could require that the treated patients meet specific eligibility requirements related to income or immigration status but would not require them to enroll in a program. The treating provider would document and attest that the patient met the criteria.

State Funded Grant Program for Providers – this model would establish a set of eligibility criteria for grant applicants and funds would be distributed based on those criteria. Providers or a group of providers could receive grant funding from the state to provide a broader set of health care services, including preventive and primary care, to individuals eligible for EMA or who are otherwise uninsured.

State Funded Program for EMA Enrollees – this model would establish a health care program for the EMA target populations that provides broader coverage to individuals who meet the eligibility criteria. This model would be similar to the program under which Minnesota provides a MinnesotaCare benefit set to lawfully present non-citizens that are not eligible for Medical Assistance.

Partnership with a Local Access to Care Program – under this model, a not-for-profit entity would administer the health care delivery program (establish eligibility, collect enrollee contributions, and establish provider networks) and the state would contribute funding.

DHS developed each of the program model options considering the following factors:

- Incentives to provide a broader set of services that might reduce the prevalence of expensive hospital-based services, such as preventive and primary care;
- Targeting funds to the providers that incurred the highest levels of uncompensated care to the relevant populations;
- Flexibility of options and option components for broader participation (patient and provider) and ability to meet local needs and conditions;
- Oversight activities that would ensure that funds were appropriately spent and how effective the funds were at reducing the overall costs for care; and

- Administrative burden each model placed on the enrollee, providers, and the state.

Stakeholder Input. In addition to informal discussions with a variety of stakeholders, DHS convened meetings with relevant advocate and health care provider stakeholders to gather input on each of the options, the EMA target populations, and the uninsured in general. There was broad agreement among stakeholders that education and outreach to the EMA population were key components for reducing costs and improving health status, particularly as it relates to resolving immigration status issues that would allow an individual to become eligible for an existing state program with a more comprehensive benefit set, such as MinnesotaCare for lawfully present non-citizens. There was also broad agreement that providing comprehensive and primary care coverage was in the best interest of the target populations and an effective means of reducing costs overall.

Another common theme from the stakeholder meetings was that the examined options should not be considered to be mutually exclusive. Some of the options such as an uncompensated care pool might be best suited for higher cost institutional services such as hospital and nursing facility care or in areas of the state where patients and providers are dispersed across a broad geographic area. Other options such as state-funded grants or local access to care programs might work better as an effective means to provide more primary care services and to serve a specific geographic area where the program could meet local conditions.

The feasibility of each option also varied in terms of scalability and how effectively each could operate in outstate versus metro-area locations. For example, a local access to care program currently operates in the metro area but might be challenged to create provider networks in non- metro areas without additional funding and infrastructure. One such approach might be to leverage with additional state funding the efforts of an existing organization whose mission is access to care, such as Portico Healthnet.

Providers and advocates agreed that more effort should be directed at ensuring that a legal immigration status is established whenever possible when an individual with an undetermined immigration status needs higher cost health care services. Some stakeholders suggested that a connection to help with immigration status be developed when the patient first presents for treatment. There was also recognition that more immigration law expertise capacity is needed across the board.

Integration with the Affordable Care Act. Many of the provisions of the Affordable Care Act will take effect in January 2014. These health care reform provisions: 1) require that all individuals have comprehensive health care; 2), mandate reforms to be made to the private insurance market; 3) establish new health care exchanges that facilitate the purchase of coverage via a standardized marketplace; 4) establish federal subsidies that make coverage more affordable, and 5) expand public health care programs to individuals with incomes up to 200 percent of poverty. These changes will transform the health care coverage landscape and reduce the number of uninsured Minnesotans from 500,000 now to less than 200,000 by 2016 when the programs are fully implemented (Gruber & Gorman, 2013).

Programs targeted to uninsured populations, including those who would be eligible for EMA, must be able, in addition to meet the specific needs of this population, be integrated into the new health care coverage landscape.

RESPONSES

Those interested in preparing responses are advised to review "*Emergency Medical Assistance"*, DHS Health Care Administration, April 19, 2013. This report may be accessed at the **DHS web site:** *http://mn.gov/dhs/*

DHS will accept responses until 4:30 p.m., **October 1, 2013**. ***All responses must be in writing***. Please submit responses to:

Diogo Reis, Legislative Liaison
Health Care Administration, Policy Development and Implementation
Minnesota Department of Human Services
P.O. Box 64984
St. Paul, MN 55164-0984
E-mail: *diogo.reis@state.mn.us*
Fax: (651) 431-7422

LEGISLATIVE RECOMMENDATIONS

DHS will submit recommendations to the chairs and ranking minority members of the legislative committees and divisions with jurisdiction over health and human services and finance, and to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance by January 15, 2014.

Per *Laws of Minnesota 2013*, chapter 108, article 6, section 33, the recommendations will incorporate both the information obtained

through the RFI, and information collected by the commissioner of health and other relevant sources related to the uninsured in this state.

The report will incorporate recommendations on providing emergency medical assistance recipients with coverage for nonemergent medically necessary services not eligible for federal financial participation, per Laws of Minnesota 2013, chapter 108, article 6, section 34.

DHS will make information submitted in response to the RFI available on the agency Web site (*www.dhs.state.mn.us*), per *Laws of Minnesota 2013*, chapter 108, article 6, section 34.

Dated: 3 September 2013

Minnesota Department of Labor and Industry (DLI)

Workers' Compensation Division

Notice of Annual Adjustment to Workers' Compensation Vocational Rehabilitation Hourly Rates

Under *Minnesota Rules* 5220.1900, subp. 1b, the commissioner may increase the maximum hourly rates for rehabilitation services annually on October 1st, but any increase is limited by the annual adjustment under *Minnesota Statutes*, section 176.645. Effective October 1, 2013, the maximum adjustment increase under *Minnesota Statutes* § 176.645 is 3 percent. (*Laws of Minnesota 2013*, chapter 70, art. 2, sec. 10.)

NOTICE IS HEREBY GIVEN that on October 1, 2013, the maximum workers' compensation qualified rehabilitation consultant (QRC) hourly rate will increase by 3 percent to $99.47 and the maximum hourly rate for workers' compensation rehabilitation job development and placement services will increase by 3 percent to $75.51.

Dated: 26 August 2013

Ken B. Peterson, Commissioner
Department of Labor and Industry

MNsure

Call for Applications for MNsure Advisory Committee Membership

The MNsure Board is establishing two Advisory Committees to provide guidance, advice and recommendations to the Board as it carries out its mission. Currently the Board is seeking applicants for two Committees: the Health Industry Advisory Committee and the Consumer and Small Employer Advisory Committee. All committee members are appointed by the Board and will work with the Board to fulfill its duties. Additional detail on each of these committees can be found below:

Health Industry Advisory Committee

Scope of Activities

The Committee will provide appropriate and relevant advice and counsel on MNsure's duties and operations and other related issues for the benefit of the Board.

Description of Duties

The Committee will have the following duties:

a) The Board and staff of MNsure may seek advice from the Committee that contributes to its strategic decision-making. When the Board requests health-industry guidance on a question or issue, the Committee should analyze issues utilizing its members' experiences and technical expertise to facilitate discussion. It should then provide the Board with analysis and advice that reflects health-industry perspectives related to the question at hand.

b) When directed by the Board, the Committee may be asked to provide recommendations on specific issues identified by the Board.

c) At any time, the Committee may provide input to the Board on key policy and relevant operations decisions, both prospectively and retrospectively. When the Committee provides input that is not in response to a specific request from the Board, it should be as specific as possible, and should provide direction that is intended to ensure that MNsure is successful.

d) The Committee may have such other duties and responsibilities as the Board assigns to it.

Membership

The Committee will consist of a maximum of 17 members, including broad representation of Minnesota's health care industry, including but not limited to:

- Insurance producers
- Health carriers
- Health care providers (including hospitals, clinics, safety net providers, etc.)
- Other healthcare industry experts

Membership will be selected to represent geographic, racial, ethnic and socioeconomic diversity.

Consumer and Small Employer Advisory Committee

Scope of Activities

The Committee will provide appropriate and relevant advice and counsel on MNsure's duties and operations and other related issues for the benefit of the Board.

Description of Duties

When the Board or staff of MNsure request consumer or small-employer guidance on a question or issue, the Committee is charged with providing opinions, analyzing issues and utilizing their own experiences to facilitate discussion and present to the Board diverse consumer and small-employer perspectives related to MNsure. When directed by the Board, the Committee may be asked to provide recommendations on specific issues identified by the Board. The Committee may have such other duties and responsibilities as the Board assigns to it.

Membership

The Committee will consist of a maximum of 17 members, including but not limited to:

- Individuals and employers that may purchase health plans through MNsure
- Individuals who may enroll in state medical assistance or Minnesota Care programs
- Organizations that may help facilitate enrollment through MNsure

Membership will be selected to represent geographic, racial, ethnic and socioeconomic diversity.

General Information

Background

The MNsure Board is required to create Advisory Committees representing insurance producers, health care providers, the health care industry, consumers and other stakeholders (the "Required Stakeholders") pursuant to Minn. Stat. § 62V.04, subd. 13(a). Initially, the Board will establish two Advisory Committees, the Health Industry Advisory Committee and the Consumer and Small Employer Advisory Committee, to meet this obligation.

Primary Responsibilities

- Actively participate in scheduled committee meetings
- Read materials distributed prior to the meetings, and share experience and expertise during committee discussions
- Understand their specific duties and responsibilities as outlined in the Committee charter

Compensation

Members of the Consumer and Small Business Advisory Committee shall be compensated for their time at the rate of $55 a day plus expenses per *Minnesota Statute* § 15.059, subdivision 3. Members of the Health Industry Advisory Committee shall not be compensated.

Term Length and Limits

Committee members will be appointed to serve two-year terms with possible reappointment to a second term. Members may serve a maximum of two consecutive terms, for a maximum of four years of consecutive service.

Regular Meetings

Advisory Committees will meet at least quarterly, unless a different meeting frequency is listed in an Advisory Committee's charter, at a predetermined place and time to discuss issues related to MNsure and to make recommendations to the Board. The requirements of the Minnesota Open Meeting Law, *Minnesota Statutes* chapter 13D, apply to meetings of Advisory Committees as they would apply to a meeting of the Board.

Special Meetings

The Board may call a special meeting of an Advisory Committee at any time that it would like input from a particular Committee. The chairperson of the Committee must give no less than one day notice of any special meeting to Committee members.

Resignation and Removal

Any Advisory Committee member may resign at any time by giving written notice to the chairperson of the Committee. An Advisory Committee member may be removed by a majority vote of the Board.

Appointment Process

Minnesotans who are interested in serving on these MNsure Advisory Committees are asked to fill out an application available on the MNsure *website*.

Applications are due by **3pm on Friday September 6, 2013**. The application will require submission of basic contact information, a resume and a description of why the applicant is interested in serving on the committee.

The MNsure Board will review applications and anticipate making appointments by late-September 2013. Selected members will be contacted and first meetings will be scheduled by the end of September.

If you have questions, or would like to request another format of the application, please contact Carley Barber, (651) 539-1324 or via e-mail at: *carley.barber@state.mn.us.*

Minnesota Pollution Control Agency (MPCA)

Watershed Division

Notice of Availability of the Draft Snake River Watershed Total Maximum Daily Load (TMDL) Report and Request for Comment

Public comment period begins: **September 3, 2013**
Public comment period ends: **October 3, 2013**

The Minnesota Pollution Control Agency (MPCA) is requesting comments on the draft Report for the Draft Snake River Watershed Total Maximum Daily Load (TMDL). The draft TMDL Report for the Snake River Watershed is available for review at

http://www.pca.state.mn.us/hqzq9ff.

Following the comments, the MPCA will revise the draft TMDL Report and submit it to the U.S. Environmental Protection Agency (EPA) for approval. Comments must be received by the MPCA contact person by the public comment period end date shown above.

Required by the federal Clean Water Act, a TMDL is a scientific study that calculates the maximum amount of a pollutant that a waterbody can receive and still meet water quality standards for that pollutant. It is a process that identifies all the sources of the pollutant causing an impairment and allocates necessary reductions among them. This multi-year effort results in a pollution reduction plan and

engages stakeholders and the general public. An approved TMDL is followed by implementation activities for achieving the necessary reductions.

The Snake River Watershed is located in east- central Minnesota, east of the St. Croix River. Portions of six counties (Aitkin, Chisago, Kanabec, Mille Lacs, and Pine) are included in the project area of approximately 643,534 acres. This report addresses eight (8) impairments on three stream reaches and four lakes in the Snake River Watershed. Impairments included in this report are 4 nutrient impaired lakes (Knife Lake, Quamba Lake, Pokegama Lake, and Cross Lake), three E. Coli impaired reaches (Upper Mud Creek, Lower Mud Creek, and Bear Creek), and one fish bioassessment impairment on Upper Mud Creek.

Preliminary Determination on the Draft TMDL Report: The MPCA Commissioner has made a preliminary determination to submit this draft TMDL report to the U.S. Environmental Protection Agency (EPA) for final approval. A draft TMDL report is available for review at the MPCA office at the address listed below and at the MPCA website: *http://www.pca.state.mn.us/hqzq9ff*

Written Comments: You may submit written comments on the draft TMDL report or on the MPCA Commissioner's preliminary determination. Written comments must include the following:

1. A statement of your interest in the draft TMDL report;
2. A statement of the action you wish the MPCA to take, including specific references to sections of the draft TMDL report that you believe should be changed; and
3. The reasons supporting your position, stated with sufficient specificity as to allow the MPCA Commissioner to investigate the merits of your position.

Written comments on the draft TMDL report must be sent to the MPCA contact person listed below and received by 4:30 p.m. on October 3, 2013. The MPCA will prepare responses to comments received, make any necessary revisions of the draft TMDL report and submit it to the EPA for approval.

Agency Contact Person: Written comments and requests for more information should be directed to:

Christopher Klucas
Minnesota Pollution Control Agency
520 Lafayette Road
St. Paul, Minnesota 55155
Phone: (651) 757-2498 (direct)
Minnesota Toll Free: 1-800-657-3864
Fax: (651) 297-8676
E-mail: ***christopher.klucas@state.mn.us***
TTY users may call the MPCA teletypewriter at 651-282-5332 or 800-657-3864.

Petition for Public Informational Meeting: You may request that the MPCA Commissioner hold a public informational meeting. A public informational meeting is an informal meeting the MPCA may hold to solicit public comment and statements on matters pertaining to the TMDL study and process, and to help clarify and resolve issues.

A petition requesting a public informational meeting must include the following information:

1. A statement identifying the matter of concern;
2. The information required under items 1 through 3 of "Written Comments," identified above;
3. A statement of the reasons the MPCA should hold a public informational meeting; and
4. The issues that you would like the MPCA to address at the public informational meeting.

Petition for Contested Case Hearing: You also may submit a petition for a contested case hearing. A contested case hearing is a formal evidentiary hearing before an administrative law judge. In accordance with *Minnesota Rules* 7000.1900, the MPCA will grant a petition to hold a contested case hearing if it finds that: 1) there is a material issue of fact in dispute concerning the draft TMDL report; 2) the MPCA has the jurisdiction to make a determination on the disputed material issue of fact; and 3) there is a reasonable basis underlying the disputed material issue of fact or facts such that the holding of the contested case hearing would allow the introduction of information that would aid the MPCA in resolving the disputed facts in making a final decision on the draft TMDL report. A material issue of fact means a fact question, as distinguished from a policy question, whose resolution could have a direct bearing on a final MPCA decision.

A petition for a contested case hearing must include the following information:

1. A statement of reasons or proposed findings supporting an MPCA decision to hold a contested case hearing according to the criteria in *Minnesota Rules* 7000.1900, as discussed above; and
2. A statement of the issues to be addressed by a contested case hearing and the specific relief requested or resolution of the matter.

In addition and to the extent known, a petition for a contested case hearing should also include the following information:

1. A proposed list of prospective witnesses to be called, including experts, with a brief description of proposed testimony or summary of evidence to be presented at a contested case hearing;
2. A proposed list of publications, references, or studies to be introduced and relied upon at a contested case hearing; and
3. An estimate of time required for you to present the matter at a contested case hearing.

MPCA Decision: You may also submit a petition to the Commissioner requesting that the MPCA Citizen's Board consider the TMDL report approval. To be considered timely, the petition must be received by the MPCA by 4:30 p.m. on the date the public comment period ends, identified on page 1 of this notice. According to *Minnesota Statutes* § 116.02 subd 6(4), the decision whether to submit the TMDL report and, if so, under what terms, will be presented to the Board for decision if: (1) the Commissioner grants the petition requesting the matter be presented to the Board; (2) one or more Board members request to hear the matter before the time the Commissioner makes a final decision on the TMDL report; or (3) a timely request for a contested case hearing is pending.

You may participate in the activities of the MPCA Board as provided in *Minnesota Rules* 7000.0650.

The written comment, requests, and petitions submitted on or before the last day of the comment period will be considered in the final decision on this TMDL report. If the MPCA does not receive written comments, requests, or petitions during the public comment period, MPCA staff, as authorized by the Board, will make the final decision on the draft TMDL report.

Dated: September 2013

Minnesota Department of Transportation (MnDOT)

Engineering Services Division,

Office of Construction and Innovative Contracting

Notices of Suspension and Debarment

NOTICE OF DEBARMENT

NOTICE IS HEREBY GIVEN that the Department of Transportation ("MnDOT") has ordered that the following vendors be debarred for a period of thirty (30) months, effective August 22, 2011 until February 22, 2014:

- Marlon Louis Danner and his affiliates, South St. Paul, MN
- Danner, Inc. and its affiliates, South St. Paul, MN
- Bull Dog Leasing, Inc. and its affiliates, Inver Grove Heights, MN
- Danner Family Limited Partnership and its affiliates, South St. Paul, MN
- Ell-Z Trucking, Inc. and its affiliates, South St. Paul, MN
- Danner Environmental, Inc. and its affiliates, South St. Paul, MN

NOTICE IS HEREBY GIVEN that MnDOT has ordered that the following vendors be debarred for a period of three (3) years, effective March 25, 2011 until March 25, 2014:

- Philip Joseph Franklin, Leesburg, VA
- Franklin Drywall, Inc. and its affiliates, Little Canada, MN
- Master Drywall, Inc. and its affiliates, Little Canada, MN

NOTICE IS HEREBY GIVEN that MnDOT has ordered that the following vendors be debarred for a period of three (3) years, effective May 6, 2013 until May 6, 2016:

- Gary Francis Bauerly and his affiliates, Rice, MN
- Gary Bauerly, LLC and its affiliates, Rice, MN
- Watab Hauling Co. and its affiliates, Rice, MN

Minnesota Statute section 161.315 prohibits the Commissioner, counties, towns, or home rule or statutory cities from awarding or approving the award of a contract for goods or services to a person who is suspended or debarred, including:

1) any contract under which a debarred or suspended person will serve as a subcontractor or material supplier,
2) any business or affiliate which the debarred or suspended person exercises substantial influence or control, and
3) any business or entity, which is sold or transferred by a debarred person to a relative or any other party over whose actions the debarred person exercises substantial influence or control, remains ineligible during the duration of the seller's or transfer's debarment.

State Contracts

In addition to the following listing of state contracts, readers are advised to check the Statewide Integrated Financial Tools (SWIFT) Supplier Portal at: *http://supplier.swift.state.mn.us as well as the Office of Grants Management (OGM) at: http://www.grants.state.mn.us/public/*

Informal Solicitations: Informal soliciations for professional/technical (consultant) contracts valued at over $5,000 through $50,000, may either be advertised in the Supplier Portal (see link above) or posted on the Department of Administration, Materials Management Division's (MMD) Web site at: *http://www.mmd.admin.state.mn.us/solicitations.htm.*

Formal Solicitations: Department of Administration procedures require that formal soliciations (announcements for contracts with an estimated value over $50,000) for professional/technical contracts must be advertised in the SWIFT Supplier Portal or alternatively, in the *Minnesota State Register* if the procuments is not being conducted in the SWFT system.

Minnesota Department of Administration (Admin)

Advertising of Solicitations through the Supplier Portal

NOTICE IS HEREBY GIVEN that a new accounting and procurement system, called Statewide Integrated Financial Tools (SWIFT) has been implemented by the state of Minnesota which will alter the manner in which state contracts are advertised. Vendors will interact with the state through the new Supplier Portal, which is part of SWIFT. The Supplier Portal serves as an entry point for vendors to perform a variety of functions related to participation in the state's procurement activities such as vendor registration, review of contracting opportunities and submission of bids and proposals.

The Supplier Portal is found at: *http://supplier.swift.state.mn.us*. Solicitations that are announced in the Supplier Portal are not required to be announced elsewhere.

To see details of the solicitations announced in the Supplier Portal, or to respond to those solicitations, you must be a registered vendor. To become a registered vendor, go to the Vendor Registration Link in the Supplier Portal.

After a transition period, it is expected that most solicitations for professional/technical services will be announced in the Supplier Portal. In the meantime, solicitations may continue to be announced in any of these locations:

- The State Register
- The Department of Administration's website at: *http://www.mmd.admin.state.mn.us/solicitations.htm*
- On individual agency websites

During this transition period, vendors are encouraged to check for solicitations in the Supplier Portal and all of these locations.

Minnesota State Colleges and Universities (MnSCU)

Board of Trustees

Notice of Request for Qualifications (RFQ) for Job Order Contracting Construction Master List of Contractors

The State of Minnesota, acting through its Board of Trustees of the Minnesota State Colleges and Universities ("MnSCU"), requests qualifications of Minnesota registered contractors providing commercial general contracting, plumbing, HVAC, fire suppression, electrical work or low voltage services to assist MnSCU in construction projects as needed for up to a five-year period. Projects will vary in scope and may involve new construction or renovations, which includes but is not limited to buildings, infrastructure, utilities and site work.

Two informational webinars will be held for contractors: 1) Tuesday, September 3, 2013 at 3:00 PM (CST) and 2) Friday, September 6, 2013 at 10:00 AM (CST). Information on attending the online webinar, the Request for Qualification (RFQ) and associated documents can be found online at: *http://www.finance.mnscu.edu/facilities/design-construction/index.html* under Announcements.

Questions should be addressed in the manner as noted in the RFQ to:

Jeanne Qualley
Minnesota State Colleges & Universities
Phone: (651) 201-1784, or
E-mail: *Jeanne.qualley@so.mnscu.edu*

Proposals must be delivered to:

Minnesota State Colleges & Universities
ATTN: Facilities Design and Construction
Wells Fargo Place
30 Seventh Street East, Suite 350
St. Paul, Minnesota 55101-7804

Proposals must be received NOT later than October 1, 2013 at 12:00 P.M. CST; late responses will not be considered.

MnSCU reserves the right to cancel this solicitation if it is considered to be in MnSCU's best interest. The RFQ is not a guarantee of work and does not obligate MnSCU to award any contracts. MnSCU reserves the right to discontinue the use or cancel all or any part of this Job Order Contracting Construction Services program if it is determined to be in its best interest. All expenses incurred in responding to this notice are solely the responsibility of the responder.

Minnesota State Colleges and Universities (MnSCU)

St. Cloud State University

Notice of Availability of Request for Proposal (RFP) for Wayfinding/Signage Consultant

St. Cloud State University is soliciting proposals from interested, qualified Wayfinding/Signage consultants to evaluate the entire campus.

A full Request for Proposal is available at: *http://www.stcloudstate.edu/facilities/Projects_000.asp*

Proposals must be delivered to Lisa Sparks, Director of Purchasing, Administrative Services Building, Room 122, 720 4th Avenue South, St. Cloud, MN 56301 no later than **3:00 PM, September 19, 2013.**

Minnesota State Colleges and Universities is not obligated to complete the proposed project and reserves the right to cancel the solicitation if it is considered to be in its best interest.

Minnesota State Colleges and Universities (MnSCU)

St. Cloud Technical and Community College

Formal Request for Proposal (RFP) for Purchase of Automatic Surface Grinders Machining Lab Equipment

RESPONSE DUE DATE AND TIME: Tuesday, September 10, 2013 by 2:00 pm Central Time

The complete Request for Proposal will be available on Monday, August 26, 2013 on the website *http://www.sctcc.edu/rfp*

TITLE OF PROJECT: Purchase of Automatic Surface Grinders Machining Lab Equipment for Department of Labor Grant to equip instructional program labs.

GEOGRAPHIC LOCATION TO INCLUDE:

St. Cloud Technical and Community College, 1540 Northway Drive, St Cloud MN 56303 (SCTCC)
Central Lakes College, 1830 Airport Road, Staples, MN 56479 (CLC)
Pine Technical College, 900 4th Street SE, Pine City, MN 55063 (PTC)

RESPONSES MUST BE RECEIVED AT THE LOCATION LISTED BELOW:

St. Cloud Technical and Community College
1540 Northway Drive
St. Cloud, MN 56303
Susan Meyer, Purchasing Agent Room 1-401
Phone: (320) 308-5973
Fax: (320) 308-5027
E-mail: *smeyer@sctcc.edu*

Your response to this Request for Proposal (RFP) must be returned sealed. Sealed responses must be received no later than the due date and time specified above, at which time the names of the vendors responding to this RFP will be read. **Late responses** cannot be considered and the responses will be rejected.

The laws of Minnesota and MnSCU Board of Trustees policies and procedures apply to this RFP.

All attached General RFP Terms and Conditions, Specifications and Special Terms and Conditions are part of this RFP and will be incorporated into any contract(s) entered into as a result of this RFP.

All responses to this RFP must be prepared as stated herein and properly signed. **Address all correspondence and inquiries regarding this RFP to the Contact person named above. This is a request for responses to an RFP and is not a purchase order.**

Minnesota Department of Commerce

Division of Energy Resources

Notice of Contract Availability to Produce a Report Analyzing the Potential Costs and Benefits of Expanding the Installation of Solar Thermal Projects in Minnesota

The Minnesota Department of Commerce (Commerce) requests proposals from qualified contractors to produce a report analyzing the potential costs and benefits of expanding the installation of solar thermal projects in the state. For the purpose of this project, solar thermal, often referred to as solar heating and cooling (SHC), includes any technologies that collect and convert sunlight to thermal end uses appropriate for use in Minnesota.

A Request for Proposals (RFP) and required forms will be available for download on the Department's website
http://mn.gov/commerce/

through Monday, September 23, 2013. Potential responders may also request a hard copy of the RFP by mail from this office. Requests for hard copies must be received by the Department no later than 12:00 p.m. (Noon) Central Daylight Time (CDT) on Monday, September 23, 2013.

The RFP and forms can be obtained from:

Preferred Method: *http://mn.gov/commerce/*
Hover over "Topics", then click on "Request for Proposals"

U.S. Postal Service: Grants Staff
Minnesota Department of Commerce

Division of Energy Resources
85 7th Place East, Suite 500
St. Paul, MN 55101-2198

Proposals submitted in response to this RFP must be received no later than 3:00 PM, CDT, Monday, September 23, 2013. **Late proposals will not be considered.** Instructions for submitting proposals are detailed in the RFP.

This request does not obligate the State to complete the work contemplated in this notice. The State reserves the right to cancel this solicitation. All expenses incurred in responding to this notice are solely the responsibility of the responder.

Explore Minnesota Tourism

Notice of Availability – Contract for Advertising Services

Explore Minnesota Tourism (EMT), the state agency responsible for marketing and promoting Minnesota's travel opportunities to potential travel consumers, is requesting proposals from advertising agencies for the Explore Minnesota Tourism Advertising Services contract. The contract period is anticipated to be January 1, 2014 through March 31, 2015, with renewal options for additional periods for a maximum of five years total. The current estimated contract amount is $7.5 million annually, subject to legislative approval.

The successful respondent will assist in the planning and implementation of advertising and promotional campaigns, offering the best combination of strategy, creativity, effectiveness and return on investment.

Advertising Services Include: Preparing seasonal, annual and multi-year advertising plans, creating and producing advertising, negotiating and placing various media advertising, conducting research and evaluation of marketing communications, and various other advertising related services as needed.

The anticipated contract start date is January 1, 2014.

The request for proposal consists of an initial submission of a written/technical proposal including an ad agency background section, a cost/fee structure proposal and several state required documents.

New with this RFP, all responses to this RFP (termed an "Event" within SWIFT) must be submitted through the State of Minnesota SWIFT Supplier Portal using the Supplier portal (*http://supplier.swift.state.mn.us/*). Training and documentation on how to submit your response is available through the Supplier portal link above. Note: all respondents must be registered in advance to submit proposals in SWIFT.

All responses to this RFP must be submitted and received in SWIFT no later than the Event End Date and time as set forth in the SWIFT Event Details applicable to this RFP.

This request for proposal does not obligate the state to award a contract or complete the project, and the state reserves the right to cancel the solicitation if it is considered to be in its best interest. All costs incurred in responding to this RFP will be borne by the responder.

Minnesota Department of Health (MDH)

Health Economics Program

DEADLINE EXTENSION: Notice of Availability of Contract for Capital Reserves Limits Study

The Minnesota Department of Health is requesting proposals for the purpose of conducting a study of health maintenance organization (HMO) capital reserves in Minnesota, including (1) developing basic knowledge of the issue and history of capital reserve regulation, (2)

conducting financial and actuarial analyses related to assessing the appropriateness of capital reserves held by HMOs, (3) conducting key informant interviews with stakeholders about methodologies for setting caps on HMO reserves and implementing those caps, and (4) developing a report with options for establishing a regulatory framework that details the advantages and disadvantages of alternative approaches to establishing caps on HMO capital reserves and spending down reserves to recommended levels.

The selected contractor will produce and deliver a report, including relevant background information, study methods, and findings to the state no later than January 6, 2014. Throughout the contract, the vendor will communicate with MDH on a regular basis, present draft findings and recommendation to the state for input from the state. The total amount of funding available for this study will not exceed $180,000.

Work is proposed to start after September 13, 2013.

A Request for Proposals will be available by mail from this office through August 21, 2013. **A written request (by direct mail or fax) is required to receive the Request for Proposal.** After August 21, 2013, the Request for Proposal must be picked up in person or may be requested electronically.

The Request for Proposal can be obtained from:

Sue Manning
Health Economics Program
Minnesota Department of Health
Golden Rule Building 85 East 7th Place, Suite 220
St. Paul, MN 55101
E-mail: *sue.manning@state.mn.us*
Fax: (651) 201-3561

Proposals submitted in response to the Request for Proposals in this advertisement must be received at the address above no later than 4:00p.m., Central Daylight Time, September 12, 2013. **Late proposals will NOT be considered.** Fax or emailed proposals will **NOT** be considered.

This request does not obligate the State to complete the work contemplated in this notice. The State reserves the right to cancel this solicitation. All expenses incurred in responding to this notice are solely the responsibility of the responder.

Minnesota State Lottery

Request for Proposals for Sponsorship Agreements

Description of Opportunity

The Minnesota State Lottery develops sponsorship agreements throughout the year with organizations, events, and sports teams to create excitement for lottery players, to interest new players and increase the visibility of lottery games. The Lottery encourages and continually seeks new sponsorship agreements to help achieve current Lottery marketing goals.

Proposal Content

A sponsorship proposal presented to the Lottery should meet the following three criteria:

1. Maximize Lottery Visibility – the event, sports or tie-in proposal should draw a large number of desired participants (typically 50,000 or more) whose demographics match the Lottery player profile. The Lottery is interested in effectively delivering its message of fun and entertainment to Minnesota adults whose demographics skew primarily towards those aged 25-64, with a household income of $35,000-$75,000, and having an educational background of some college or higher. The Lottery does not market to those under the age of 18, and family events with high levels of children present are generally not accepted. Attendance, on-site signage visibility and paid media exposure will be critical components that will be evaluated.

2. Enhance Lottery Image- – the event, sports or tie-in proposal should inherently project the attitude that the Lottery is a

fun and socially acceptable part of the community. The Lottery's presence should fit well within the lineup of other sponsors. The Lottery is interested in creating opportunities whereby the sponsorship can translate into sales revenue, either via on-site sales from a Lottery booth, from sales-generating promotions with Lottery retailers or from joint programs with the sponsor's media partners.

3. Provide Promotional Extensions – the event, sports or tie-in proposal should offer exciting, value-added ways to interact with our players and have opportunities to motivate attendees, listeners and viewers to participate in and purchase Lottery games. The proposal must include proper staffing availability or other considerations to help the Lottery implement any appropriate promotional extension ideas.

Proposals should address all pertinent elements of the sponsorship and how the Lottery criteria as stated above and on the Evaluation Form are to be met. To view or print copies of the Request for Proposal go to *http://www.mnlottery.com/vendorops.html*

This Solicitation does not obligate the state to award a contract or pursue a proposed sponsorship opportunity, and the state reserves the right to cancel the solicitation if it is considered to be in its best interest.

Questions

Questions concerning this Solicitation should be directed to:

Jason LaFrenz, Marketing Director
Minnesota State Lottery
2645 Long Lake Road
Roseville, MN 55113
Telephone: (651) 635-8230
Toll-free: 1-888-568-8379 ext. 230
Fax: (651) 297-7496
TTY: (651) 635-8268
E-mail: *jasonla@mnlottery.com*

Other personnel are not authorized to answer questions regarding this Solicitation.

Response Delivery

All responses must be in writing and delivered to the contact noted above. Proposals will be accepted on an ongoing basis.

Minnesota Department of Transportation (Mn/DOT)

Engineering Services Division

Notice of Potential Availability of Contracting Opportunities for a Variety of Highway Related Technical Activities ("Consultant Pre-Qualification Program")

This document is available in alternative formats for persons with disabilities by calling Kelly Arneson at (651) 366-4774; for persons who are hearing or speech impaired by calling Minnesota Relay Service at (800) 627-3529.

Mn/DOT, worked in conjunction with the Consultant Reform Committee, the American Council of Engineering Companies of Minnesota (ACEC/MN), and the Department of Administration, to develop the Consultant Pre-Qualification Program as a new method of consultant selection. The ultimate goal of the Pre-Qualification Program is to streamline the process of contracting for highway related professional/technical services. Mn/DOT awards most of its consultant contracts for highway-related technical activities using this method, however, Mn/DOT also reserves the right to use Request for Proposal (RFP) or other selection processes for particular projects.

Nothing in this solicitation requires Mn/DOT to use the Consultant Pre-Qualification Program.

Mn/DOT is currently requesting applications from consultants. Refer to Mn/DOT's Consultant Services web site, indicated below, to expenses are incurred in responding to this notice will be borne by the responder. Response to this notice becomes public information under the Minnesota Government Data Practices.

Consultant Pre-Qualification Program information, application requirements and applications forms are available on Mn/DOT's Consultant Services web site at: *http://www.dot.state.mn.us/consult.*

Send completed application material to:

Kelly Arneson
Consultant Services
Office of Technical Support
Minnesota Department of Transportation
395 John Ireland Blvd. - Mail Stop 680
St. Paul, MN 55155

Minnesota Department of Transportation (Mn/DOT)

Engineering Services Division

Notice Concerning Professional/Technical Contract Opportunities and Taxpayers' Transportation Accountability Act Notices

NOTICE TO ALL: The Minnesota Department of Transportation (Mn/DOT) is now placing additional public notices for professional/technical contract opportunities on Mn/DOT's Consultant Services **website** at: *www.dot.state.mn.us/consult*

New Public notices may be added to the website on a daily basis and be available for the time period as indicated within the public notice. Mn/DOT is also posting notices as required by the Taxpayers' Transportation Accountability Act on the above referenced website.

Non-State Public Bids, Contracts & Grants

The *State Register* also serves as a central marketplace for contracts let out on bid by the public sector. The *State Register* meets state and federal guidelines for statewide circulation of public notices. Any tax-supported institution or government jurisdiction may advertise contracts and requests for proposals from the private sector. It is recommended that contracts and RFPs include the following: 1) name of contact person; 2) institution name, address, and telephone number; 3) brief description of commodity, project or tasks; 4) cost estimate; and 5) final submission date of completed contract proposal. Allow at least three weeks from publication date (four weeks from the date article is submitted for publication). Surveys show that subscribers are interested in hearing about contracts for estimates as low as $1,000. Contact editor for futher details.

Besides the following listing, readers are advised to check: *http://www.mmd.admin.state.mn.us/solicitations.htm* as well as the Office of Grants Management (OGM) at: *http://www.grants.state.mn.us/public/.*

Dakota County Community Corrections

NOTICE OF REQUEST FOR PROPOSAL for In-Home and Community Based Services

NOTICE IS HEREBY GIVEN that the Dakota County Children and Family Services and Dakota County Community Corrections Juvenile Services are sending out a request for proposal (RFP). The purpose of this RFP is to seek proposals for In-Home and Community Based Services in Dakota County.

Services requested include:

- Community Reintegration Services (CRS)
- Families First Program Services
- In-Home Family Therapy
- Intensive Behavioral Solutions
- Parenting Education
- Supervised Support and Skills Training
- Systemic Family Therapy (SFT)

Contracts may or may not arise as a result of submitting a Request for Proposal. Any contractual agreements are subject to available funding, pending approval by the Dakota County Board of Commissioners.

A complete copy of the RFP is available through the Dakota County Internet website at:
http://www.co.dakota.mn.us/Government/DoingBusiness/BidProposalsInformation/Pages/default.aspx

or by contacting:

Carrie Jakober, Contract Manager
Dakota County Community Services
1 West Mendota Road, Suite 500
West Saint Paul MN 55118-4773
Phone: (651) 554-5783
E-mail: *carrie.jakober@co.dakota.mn.us*

The deadline for responses is 4:00 P.M. (CST) on Friday, September 20, 2013. Late proposals may not be accepted. Faxed proposals will not be accepted.

Non-State Public Bids, Contracts & Grants

Metropolitan Airports Commission (MAC)

Minneapolis-Saint Paul International Airport

Notice of Call for Bids for CBP Global Entry Program Enrollment Center

MAC Contract No.: **106-2-703**
Bids Close At: **2:00 p.m., September 17, 2013**

Notice to Contractors: Sealed Bid Proposals for the project indicated above will be received by the MAC, a public corporation, at the office thereof located at 6040 - 28th Avenue South, Minneapolis, Minnesota 55450, until the date and hour indicated. The work includes an interior office build-out at the Baggage Claim Level of Terminal 1- Lindbergh

Targeted Group Businesses (TGB): The goal of the MAC for the utilization of TGB on this project is 5%.

Bid Security: Each bid shall be accompanied by a "Bid Security" in the form of a certified check made payable to the MAC in the amount of not less than five percent (5%) of the total bid, or a surety bond in the same amount, running to the MAC, with the surety company thereon duly authorized to do business in the State of Minnesota.

Availability of Bidding Documents: Bidding documents are on file for inspection at the office of Architectural Alliance, at the Minneapolis and Saint Paul Builders Exchanges; McGraw Hill Construction Dodge; and NAMC-UM Plan Room. Bidders desiring bidding documents may secure a complete set from Franz Reprographics; 2781 Freeway Boulevard, Suite 100; Brooklyn Center, MN 55430; **phone:** (763) 503-3401; **fax:** (763) 503-3409. Make checks payable to: Architectural Alliance. Deposit per set (refundable): $150. Requests for mailing sets will be invoiced for mailing charges. Deposit will be refunded upon return of bidding documents in good condition within 10 days of opening of bids.

MAC Internet Access of Additional Information: A comprehensive Notice of Call for Bids for this project will be available on August 26, 2013, at MAC's web address of *http://www.metroairports.org/business/solicitations* (construction bids).

Metropolitan Airports Commission (MAC)

Minneapolis-Saint Paul International Airport

Notice of Call for Bids for 2013 Electronic Video Information Display Systems (EVIDS) and 2013 Wayfinding Improvements

MAC Contract No.: **106-2-713 & 106-2-714**
Bids Close At: **2:00 p.m. September 17, 2013**

Notice to Contractors: Sealed Bid Proposals for work indicated above will be received by the MAC, a public corporation, at the office thereof located at 6040 - 28th Avenue South, Minneapolis, Minnesota 55450, until the date and hour indicated. The work includes new monitor and video display systems and related software and equipment at Terminal 2-Humphrey and the MAC General Office.

Targeted Group Businesses (TGB): The goal of the MAC for the utilization of TGB on this project is 6%.

Bid Security: Each bid shall be accompanied by a "Bid Security" in the form of a certified check made payable to the MAC in the amount of not less than five percent (5%) of the total bid, or a surety bond in the same amount, running to the MAC, with the surety company thereon duly authorized to do business in the State of Minnesota.

Availability of Bidding Documents: Bidding documents are on file for inspection at the office of Architectural Alliance, at the Minneapolis and Saint Paul Builders Exchanges; McGraw Hill Construction Dodge; and NAMC-UM Plan Room. Bidders desiring bidding documents may secure a complete set from Franz Reprographics; 2781 Freeway Boulevard, Suite 100; Brooklyn Center, MN 55430; **phone:** (763) 503-3401; **fax:** (763) 503-3409. Make checks payable to: Architectural Alliance. Deposit per set (refundable): $150. Requests for mailing sets will be invoiced for mailing charges. Deposit will be refunded upon return of bidding documents in good condition within 10 days of opening of bids.

MAC Internet Access of Additional Information: A comprehensive Notice of Call for Bids for this project will be available on August 26, 2013, at MAC's web address of *http://www.metroairports.org/business/solicitations* (construction bids).

Minnesota's Bookstore

Admin Minnesota
DEPARTMENT OF ADMINISTRATION

Several convenient ways to order:

- **Retail store** Open 8 a.m. - 5 p.m. Monday - Friday, 660 Olive Street, St. Paul
- **Phone** (credit cards): 8 a.m. - 5 p.m. Monday - Friday, 651.297.3000 (Twin Cities) or 1.800.657.3757 (nationwide toll-free)
- **On-line orders**: www.minnesotasbookstore.com
- **Minnesota Relay Service**: 8 a.m. - 5 p.m. Monday - Friday, 1.800.627.3529 (nationwide toll-free)
- **Fax** (credit cards): 651.215.5733 (fax line available 24 hours/day)
- **Mail orders**: Orders can be sent to Minnesota's Bookstore, 660 Olive Street, St. Paul, MN 55155

PREPAYMENT REQUIRED. ***Prices and availability subject to change.***
Fax and phone orders: Credit card purchases ONLY (American Express/Discover/MasterCard/VISA). Please allow 1-2 weeks for delivery. Mail orders: Complete order blank and send to address above. Enclose check or include credit card information. Please allow 4-6 weeks for delivery. Please make checks payable to "Minnesota's Bookstore." A $20.00 fee will be charged for returned checks.

Stock No.	Title	Quantity	Unit Price	Total

Send my order to:

Company

Name

Street Address *(Not deliverable to P.O. boxes)*

City ( ) State Zip

Daytime phone *(In case we have a question about your order)*

Shipping Charges

If Product Subtotal is:	*Please Add:*
Up to $15.00	$ 5.00
$15.01-$25.00	$ 6.00
$25.01-$50.00	$ 9.00
$50.01-$100.00	$ 14.00
$100.01-$1,000	$ 17.00*
More than $1,000	Call

*$17 to an address in MN, WI, SD, ND, IA. If delivered to an address in other states, Canada or internationally, we will contact you if there are additional charges.

Product Subtotal _____
Shipping _____
Subtotal _____
Sales tax _____
(6.875% sales tax if shipped to MN address, 7.625% if shipped to St. Paul address. 7.125% MN transit tax or other local sales tax if applicable)

TOTAL _____

Credit card number: _____

Expiration date: _____ Signature: _____

If tax exempt, please provide ES number or completed exemption form.
ES#_____

Printed on recycled paper with 10% post-consumer waste.

July 2009