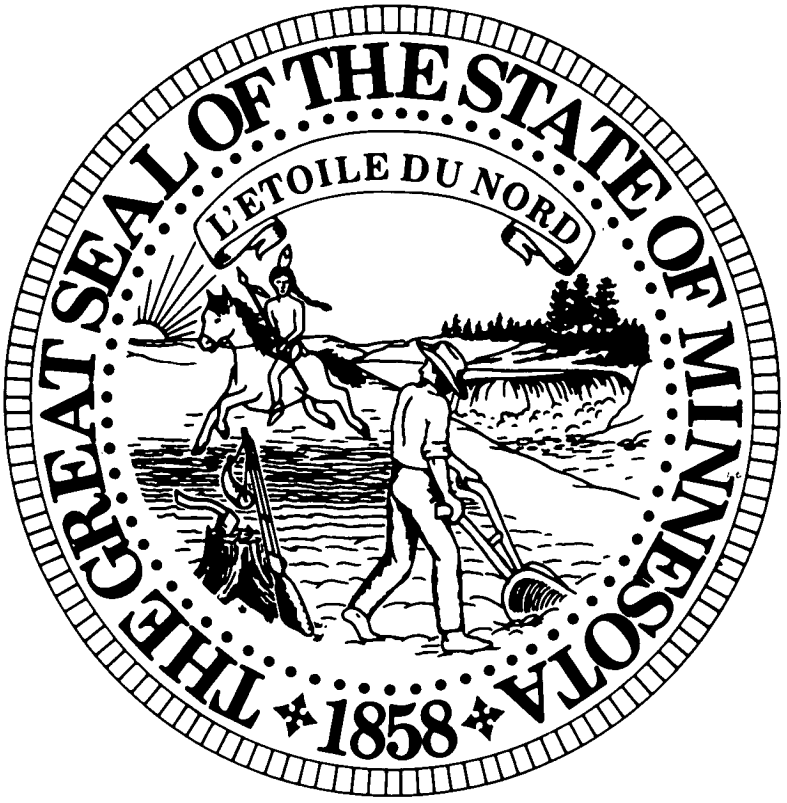
The Minnesota

State Register

Department of Administration—Print Communications Division



Rules edition
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State Register

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

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

***A Contracts Supplement* is published every Thursday and contains additional state contracts and advertised bids, and the most complete source of state contract awards available in one source.**

Printing Schedule and Submission Deadlines

Vol. 15 Issue Number	*Submission deadline for Adopted and Proposed Rules, Commissioners' Orders**	*Submission deadline for Executive Orders, Contracts, and Official Notices**	Issue Date
13	Monday 10 September	Monday 17 September	Monday 24 September
14	Monday 17 September	Monday 24 September	Monday 1 October
15	Monday 24 September	Monday 1 October	Monday 8 October
16	Monday 1 October	Monday 8 October	Monday 15 October

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

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

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

The ***State Register*** is published every Monday (Tuesday when Monday is a holiday) by the State of Minnesota, Department of Administration, Print Communications Division, 117 University Avenue, St. Paul, Minnesota 55155, pursuant to *Minnesota Statutes* § 14.46. A ***State Register Contracts Supplement*** is published every Thursday. The Monday edition is the vehicle for conveying all information about state agency rulemaking, including official notices; hearing notices; proposed, adopted and emergency rules. It also contains executive orders of the governor; commissioners' orders; state contracts and advertised bids; professional, technical and consulting contracts; non-state public contracts; state grants; decisions of the supreme court; a monthly calendar of scheduled cases before the supreme court; and other announcements. The Thursday edition contains additional state contracts and advertised bids, and the most complete listing of contract awards available in one source.

In accordance with expressed legislative intent that the ***State Register*** be self-supporting, the following subscription rates have been established: the Monday edition costs $140.00 per year and includes an index issue published in August (single issues are available at the address listed above for $3.50 per copy); the combined Monday and Thursday editions cost $195.00 (subscriptions are not available for just the *Contracts Supplement)*; trial subscriptions are available for $60.00, include both the Monday and Thursday edition, last for 13 weeks, and may be converted to a full subscription anytime by making up the price difference. No refunds will be made in the event of subscription cancellation.

Both editions are delivered postpaid to points in the United States, second class postage paid for the Monday edition at St. Paul, MN, first class for the Thursday edition. Publication Number 326630 (ISSN 0146-7751).

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

FOR LEGISLATIVE NEWS

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

SENATE

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

Perspectives—Publication about the Senate.

Session Review—Summarizes actions of the Minnesota Senate.

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

HOUSE

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

This Week—weekly interim bulletin of the House.

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

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

Contents

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

If an agency seeks outside opinion before issuing new rules or rule amendments, it must publish a NOTICE OF INTENT TO SOLICIT OUTSIDE OPINION in the ***Official Notices*** section of the ***State Register***. When rules are first drafted, state agencies publish them as **Proposed Rules**, along with a notice of hearing, or notice of intent to adopt rules without a hearing in the case of noncontroversial rules. This notice asks for comment on the rules as proposed. Proposed emergency rules and withdrawn proposed rules are also published in the ***State Register***. After proposed rules have gone through the comment period, and have been rewritten into their final form, they again appear in the ***State Register*** as **Adopted Rules**. These final adopted rules are not printed in their entirety in the ***State Register,*** only the changes made since their publication as Proposed Rules. To see the full rule, as adopted and in effect, a person simply needs two issues of the ***State Register***, the issue the rule appeared in as proposed, and later as adopted. For a more detailed description of the rulemaking process, see the ***Minnesota Guidebook to State Agency Services.***

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 1-39; issues 40-51 inclusive; and issue 52, cumulative for 1-52. An annual subject matter index for rules appears in August. For copies of the ***State Register***, a subscription, the annual index, the ***Minnesota Rules*** or the ***Minnesota Guidebook to State Agency Services***, contact the Print Communications Division, 117 University Avenue, St. Paul, MN 55155 (612) 297-3000 or toll-free in Minnesota 1-800-9747.

Issues 1-13 inclusive (issues 1-52, Vol. 14, appeared in Vol. 14 #52)

Proposed Rules

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

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

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

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

Department of Labor and Industry

Occupational Safety and Health Division

Proposed Revisions to the Occupational Safety and Health Standards and Request for Comments

NOTICE IS HEREBY GIVEN that the Department of Labor and Industry, Occupational Safety and Health Division (Minnesota OSHA) proposes to adopt the following revisions to the Department of Labor and Industry, Occupational Safety and Health Rules, as authorized under *Minnesota Statutes* § 182.655 (1988). This revision proposes the adoption by reference of Occupational Safety and Health Standards that have already been proposed and adopted by the Federal Occupational Safety and Health Administration (Federal OSHA).

A complete copy of the federal standards proposed for adoption is available by writing: Occupational Safety and Health Division, Department of Labor and Industry, 443 Lafayette Road, St. Paul, Minnesota 55155-4307; or by calling: (612) 297-3254.

Interested persons are hereby afforded a period of 30 days to submit written data or comments on the described standards. Any interested person may file with the Commissioner written objections to the proposed standard stating the grounds for those objections. Such person may request a public hearing on those objections. Written comments or requests for hearing should be sent to the above address and must include the name and address of the person submitting the comment or request, define the reason for the comment or request, and discuss any proposed changes.

Ken Peterson, Commissioner
Department of Labor and Industry

Standards as Proposed

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

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

Subp. 2. Part 1910. Part 1910: Occupational Safety and Health Standards as published in Volume 43, No. 206 of the *Federal Register* on October 24, 1978, and corrected in Volume 43, No. 216 on November 7, 1978, which incorporates changes, additions, deletions, and corrections made up to November 7, 1978, and subsequent changes made prior to ~~May 1, 1990~~ September 1, 1990:

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

M. *Federal Register*, Vol. 55:

[For text of subitems (1) to (4) see M.R.]

(5) *Federal Register*, Vol. 55, No. 30, dated February 13, 1990: "Occupational Exposure to Lead; "Corrections to Final Rule Statement of Reasons and Amendment to Appendix B."

[For text of subitems (6) to (9) see M.R.]

(10) *Federal Register*, Vol. 55, No. 90, dated May 9, 1990: "Air Contaminants (1910.1000), Final Rule; Grant of Petition for Reconsideration and Stays for Two Substances."

(11) *Federal Register*, Vol. 55, No. 111, dated June 8, 1990: "Air Contaminants (1910.1000), Correction to Final Rule."

(12) *Federal Register*, Vol. 55, No. 114, dated June 13, 1990: "Occupational Exposure to Formaldehyde (1910.1048); Extension of Administrative Stay."

(13) *Federal Register*, Vol. 55, No. 119, dated June 20, 1990: "Welding, Cutting and Brazing; Technical Amendments to 1910.110, 1910.272, and Appendix A to 1910.272."

(14) *Federal Register*, Vol. 55, No. 151, dated August 6, 1990: "Electrical Safety-Related Work Practices (Subpart S, 1910.331 to 1910.335); Final Rule and Amendments to References in Other OSHA Standards."

(15) *Federal Register*, Vol. 55, No. 155, dated August 10, 1990: "Occupational Exposure to Formaldehyde (1910.1048); Extension of Administrative Stay."

(16) *Federal Register*, Vol. 55, No. 165, dated August 24, 1990: "Occupational Exposure to Asbestos (1910.1001); Approval of Collection of Information Requirements."

[For text of subps. 3 to 5, see M.R.]

Subp. 6. Part 1926. Part 1926: Construction Safety and Health Regulations as published in Part VII, Volume 44, No. 29 of the *Federal Register* on February 9, 1979, which incorporates changes, additions, deletions, and corrections made up to October 17, 1978, and includes General Industry Occupational Safety and Health Standards (29 CFR Part 1910) which have been identified as applicable to construction work; and subsequent changes made prior to ~~May 1, 1990~~ September 1, 1990:

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

F. *Federal Register*, Volume 55:

(1) *Federal Register*, Vol. 55, No. 24, dated February 5, 1990: "Occupational Exposure to Asbestos (1926.58); Partial Response to Court Remand."

(2) *Federal Register*, Vol. 55, No. 165, dated August 24, 1990: "Occupational Exposure to Asbestos (1926.58); Approval of Collection of Information Requirements."

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

Summary of Standards: The following summary of each standard proposed for adoption is very brief; persons interested in reviewing any of these standards in their entirety, along with the preamble discussion published by Federal OSHA, may obtain a copy at the address noted above.

A) "Occupational Exposure to Lead: Amendment to Appendix B." When the Occupational Exposure to Lead Standard (1910.1025) was issued, a requirement in the medical surveillance provisions for "multiple physician review" was temporarily delayed by the Court of Appeals. A notification of this delay was included in Appendix B. The U.S. Court of Appeals for the District of Columbia upheld the validity of OSHA's lead standard, including multiple physician review. The statement concerning the temporary delay was deleted by Federal OSHA on February 13, 1990.

By this notice, Minnesota OSHA proposes to adopt amended Appendix B as revised by Federal OSHA in the February 13, 1990, *Federal Register.*

B) "Air Contaminants (1910.1000): Grant of Petition for Reconsideration and Stays for Two Substances and Correction to Final Rule." Federal OSHA published a final standard setting new or more protective exposure limits for 375 substances on January 19, 1989; Minnesota OSHA adopted the revised limits on May 1, 1989. The new limits are to be achieved with any reasonable combination of controls including engineering controls and respirators with a preference for engineering controls.

Included in the revised Air Contaminants Standard is a Final rule limit STEL for nitroglycerin (NG) of 0.1 mg/m^3 and Final rule limit STEL for ethylene glycol dinitrate (EGDN) of 0.1 mg/m^3. OSHA substantially lowered exposures to NG and EGDN based principally on their cardiovascular effects and cardiovascular disease and on their ability to cause moderate and severe headaches. These substances are also powerful and sensitive explosives and worker protection requires careful consideration of both health and safety aspects. Approximately 5% of civilian explosives are made from these two substances; fewer than 1000 employees work in its production. The military uses NG without EGDN principally as a propellant for shells, rockets and other ordnance.

At the Air Contaminants hearing, the Institute of Makers of Explosives (IME) presented its views the lower limit was not needed for health reasons, that air filtration respirators were not proven effective for NG/EGDN combinations and might create an explosion hazard, and that air-supplied respirators created explosion hazards either directly or indirectly through creating tripping hazards. It also argued that engineering controls could only be instituted slowly because of the need to make sure that the controls did not create explosion hazards.

Federal OSHA reevaluated the record and the additional materials presented through the petition for reconsideration and continues to conclude that there is a need for substantial reduction in exposure levels for health protection and that air filtration respirators can be safely used. However further research on the effectiveness of those respirators for NG/EGDN mixtures and careful phase-in of respirator use because of the explosion hazard is needed. OSHA and the IME have negotiated a detailed settlement agreement which will, on balance, provide better overall safety and health protection in the near term for employees who manufacture and distribute NG/EGDN explosives for civilian use, produce the information for long-term decisions, and resolve complex legal and technical issues.

The agreement provides that the four employers who produce civilian explosives will install about 40 specific engineering controls commencing immediately and over a phase-in period over the next five years. Research will be carried out on other controls, which will be phased-in if they prove effective. Research will be performed on the effectiveness and safety of air filtration respirators for NG/EGDN mixtures (which may have different effects on respirators than pure NG). Medical surveillance, monitoring, and other industrial hygiene requirements will also need to be maintained.

Federal OSHA is withdrawing the Final Rule limits STEL of 0.1 mg/m^3 for NG and EGDN for the civilian manufacture and distribution of explosives and propellants for the civilian use sector. This leaves in effect the Final Rule limit skin notation, limiting skin exposure for both, and the Transitional limit of 1 mg/m^3 for EGDN and 2 mg/m^3 for NG as ceiling limits. OSHA concluded that the engineering controls required by the settlement agreement will be a major step toward reducing exposures to approach the Final Rule limits while not increasing, and perhaps reducing, the explosion hazard. Other provisions of the agreement will lead to major health benefits. The limits for NG and EGDN will be reconsidered by OSHA between January 1, 1992, and December 1, 1994 when additional health, feasibility, explosive safety, and respirator use data will be available. Public comment will be requested on the additional data.

In addition, because the military has made major efforts to reduce exposures to NG in its own and government-owned contractor operated facilities, completed research demonstrating that air filtration respirators are effective in filtering pure NG, done extensive industrial hygiene work on safe respirator use in the context of its own facilities and instituted medical surveillance, and commenced engineering design work to add additional engineering controls, Federal OSHA has accordingly stayed the Final Rule limit STEL for production for military and space uses of NG and NG-based explosives and propellants to November 1, 1990, to allow time for an appropriate program of health and safety protection for employees exposed to NG in this sector to be worked out.

By this notice, Minnesota OSHA proposes to adopt the stays as described above and published in the *Federal Register* on May 9, 1990. In addition, Minnesota OSHA is proposing the adoption of the correction to the preamble discussion which accompanied the Air Contaminants final rule published by Federal OSHA on June 8, 1990. That correction revises the preamble discussion of operations where respirator use may be appropriate for coming into compliance with the new carbon disulfide limits to more closely follow the

technical terminology used by that industry and to reflect two processes which use similar technology and have similar circumstances. This change does not affect the text of the Final Rule.

C) "Occupational Exposure to Formaldehyde (1910.1048): Extension of Administrative Stay." On December 4, 1987, Federal OSHA published a final rule on Occupational Exposure to Formaldehyde. In response to numerous public comments indicating confusion about the hazard warning provisions of the newly revised standard, OSHA administratively stayed paragraphs (m)(1)(i) through (m)(4)(ii) for a period of nine months commencing December 13, 1988. OSHA also announced its intention to revoke these paragraphs and replace them with the Hazard Communication Standard or another equally protective alternative which would be less confusing. The stay was subsequently extended until June 13, 1990, and later to August 13, 1990. On August 10, 1990, the stay was once again extended to allow completion of the reevaluation. The stay is now effective until December 11, 1990. While this stay is in effect, affected employers must continue to comply with the Hazard Communication Standard.

Minnesota OSHA adopted the Occupational Exposure to Formaldehyde Standard on May 30, 1988; the administrative stay of paragraphs (m)(1)(i) through (m)(4)(ii) was adopted on February 6, 1989 and extended on February 26, 1990. By this notice, Minnesota OSHA proposes to extend the current administrative stay for these paragraphs to December 11, 1990, to coincide with the Federal action. Minnesota employers affected by this stay must continue to comply with the Employee Right-to-Know Standard.

D) "Welding, Cutting and Brazing: Technical Amendments to Relevant OSHA Standards." On June 20, 1990, Federal OSHA published a notice officially changing three references to the general industrial welding, cutting and brazing standards that were redesignated in April 1990. The standards being changed by this notice to reflect the new welding, cutting and brazing rule designations include 1910.110 (reference to 1910.252 for the use of liquefied petroleum gas is changed to 1910.253) and 1910.272(f)(2) and Appendix A of 1910.272 [references to fire prevention and protection requirements in 1910.252(d) are changed to 1910.252(a)]. The requirements of these standards have not been changed.

By this notice, Minnesota OSHA proposes to adopt these corrections as published in the *Federal Register* on June 20, 1990.

E) "Electrical Safety-Related Work Practices (Subpart S, 1910.331 to 1910.335)." On August 6, 1990, Federal OSHA published a new rule on electrical safety-related work practices for general industry covering workers who work with electrical equipment during the course of their jobs and face the risk of injury through electrical shock. These performance-oriented regulations complement the existing electrical installation standards and include requirements for work performed on or near exposed energized and de-energized parts of electric equipment; use of electrical protective equipment; and the safe use of electric equipment. The rule does not apply to "qualified persons" who are familiar with routine electrical safety procedures and who install and work on equipment used exclusively for electric power generation, transmission, and distribution, or for telecommunications. These workers are addressed in separate regulations or proposals.

In an effort to eliminate workplace electrocutions due to unsafe work practices, the new standard prescribes work practices that include:

- De-energizing electrical equipment as the primary way to protect workers;
- Locking out and/or tagging electrical sources to prevent equipment from accidentally being turned on or from discharging stored energy;
- Limiting work on energized equipment to qualified persons;
- Keeping vehicles operating near energized overhead lines at a minimum distance;
- Prohibiting the use of portable metal ladders around exposed energized parts; and
- Requiring special protective measures for portable electrical equipment, such as prohibiting the alteration of plugs and outlets, and the use of adapters on extension cords that interrupt the grounding conductor.

The rule provides guidelines for electric power and lighting circuits, details handling of test equipment, and outlines the safe use and maintenance of personal protective gear. Also included in the standard are training requirements based on the worker's risk of being electrocuted or shocked. Because electricians, machine assemblers, blue collar supervisors, and welders face a higher risk of electric shock and other related injuries, they must receive more training.

Training for all workers must include the rule's safety-related work practices that are pertinent to the worker's job assignments. Training can be either classroom or on-the-job training. In the preamble discussion of the standard, Federal OSHA estimates that "high level training" for those workers facing the highest risk could last one and one-half hours while training for workers not exposed

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to live electric circuits (i.e., truck drivers, painters, etc.) may be as short as one-half hour. The rule is effective December 4, 1990 with the exception of the training provisions which take effect August 6, 1991. The August 6, 1990, notice also amends provisions in other general industrial standards so that those referring to the 1971 National Electrical Code now refer to the electrical standards; existing electrical work-practice requirements from other parts of the general industry standards are amended so that all general practices will be covered in the electrical safety standards; and an existing provision relating to construction is removed from the general industry standards.

By this notice, Minnesota OSHA proposes to adopt new Subpart S, parts 1910.331 to 1910.335 and the amendments to 1910.26, 1910.67, 1910.68, 1910.94, 1910.103, 1910.106, 1919.110, 1910.178, 1910.179, 1910.180, 1910.181, 1910.252, 1910.261, 1910.265, 1910.266, 1910.304, and 1910.399. The effective dates for the new standard and amended provisions of existing standards will be identical to Federal OSHA's dates—the standard will be effective December 4, 1990 with the exception of training provisions which will take effect August 6, 1991.

F) "Occupational Exposure to Asbestos (1910.1001 to 1926.58): Approval of Collection of Information Requirements." On June 20, 1988, Federal OSHA published revised standards governing occupational exposure to asbestos, tremolite, anthophyllite, and actinolite in general industry (1910.1001) and construction (1926.58). In these standards, OSHA reduced the 8-hour time-weighted average (TW) permissible exposure limit (PEL) to 0.2f/cc, and established other protective provisions. On February 2, 1988, the Court of Appeals for the District of Columbia upheld most aspects of the standard but remanded the case to OSHA on several issues. OSHA published a response on certain remand issues on February 5, 1990, including requiring employers to make smoking control program material available. At the same time, OSHA submitted the paperwork provisions in these requirements to the Office of Management and Budget (OMB) for clearance. OMB reviewed the collection of information requirements in the expanded asbestos standard in accordance with the Paperwork Reduction Act of 1980 and, on May 2, 1990, approved those provisions for three years, the maximum period authorized by the Paperwork Reduction Act. All information requirements contained in 1910.1001(j)(5)(iv)(C) and 1926.58(k)(4)(iii) have received OMB paperwork clearance.

Minnesota OSHA adopted the expanded asbestos standard (remand issues) on July 16, 1990. By this notice, Minnesota OSHA proposes to adopt the approved information requirements contained in 1910.1001(j)(5)(iv)(C) and 1926.58(k)(4)(iii) as published in the *Federal Register* on August 24, 1990.

Board of Medical Examiners

Proposed Permanent Rules Relating to Licensing

Notice of Intent to Adopt Rules Without a Public Hearing

NOTICE IS HEREBY GIVEN that the Minnesota Board of Medical Examiners (hereinafter "Board") intends to adopt the above-entitled rules without a public hearing following the procedures set forth in the Administrative Procedure Act for adopting rules without a public hearing in *Minnesota Statutes* §§ 14.22 to 14.28 (1988). The statutory authority to adopt the rules is *Minnesota Statutes* §§ 146.13 (1989), 147.01, subd. 3 (1990) and 214.06, subd. 2 (1985).

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

Any person may make a written request for a public hearing on the rules within the 30-day comment period. If 25 or more persons submit a written request for a public hearing within the 30-day comment period, a public hearing will be held unless a sufficient number withdraw their request in writing. Any person requesting a public hearing should state his or her name and address and is encouraged to identify the portion of the proposed rules addressed, the reason for the request, and any change proposed. If a public hearing is required, the Board will proceed pursuant to *Minnesota Statutes* §§ 14.131 to 14.20 (1988).

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

H. Leonard Boche
Minnesota Board of Medical Examiners
2700 University Avenue W., Suite 106
St. Paul, MN 55114
(612) 642-0528

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

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

A STATEMENT OF NEED AND REASONABLENESS that describes the need for and reasonableness of each provision of the proposed rules and identifies the data and information relied upon to support the proposed rules has been prepared and is available from H. Leonard Boche upon request.

Pursuant to *Minnesota Statutes* § 14.115 the Board's Statement of Need and Reasonableness addresses the effect these rules may have on small businesses.

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

Dated: 7 September 1990

H. Leonard Boche
Executive Director

Rules as Proposed

5605.0200 LICENSEE CLASSES.

Subpart 1. **Establishment.** For the purpose of administering this chapter, each individual initially licensed on or after June 4, 1984, commences his or her first three-year cycle on January 1 following the date of initial licensure. After January 1, 1991, the cycle of an individual starting a new three-year cycle will start on the first day of the individual's month of birth. The first three-year cycle of an individual initially licensed after January 1, 1991, will start on the first day of the individual's month of birth. Future cycles will run consecutively from that point. After January 1, 1991, continuing medical education taken between the expiration date of an individual's three-year cycle and the first day of the individual's birth month starting a new three-year cycle may be credited towards this first new three-year cycle. Continuing medical education taken between the date of initial licensure and the ~~January~~ 1 first day of the individual's month of birth following the date of initial licensure may be credited towards the first cycle after January 1, 1991.

Those individuals assigned three-year reporting prior to June 4, 1984 shall remain in their assigned reporting cycle.

Rules as Proposed (all new material)

5600.0605 LICENSE RENEWAL PROCEDURES

Subpart 1. **License renewal cycle conversion.** This part converts the license renewal cycle for physicians from an annual cycle that begins on January 1 of each year to an annual cycle that begins with the last day of the licensee's month of birth. The conversion of the renewal cycle begins January 1, 1991. Subparts 2 to 12 contain license renewal procedures for licensees who were licensed before the effective date of this part. Under the conversion requirements of subpart 2 or 3, the license period following license renewal is from six to 17 months ending the last day of the licensee's month of birth.

Subp. 2. **Conversion of license renewal cycle for current licenses.** After January 1, 1991, for a licensee whose license is current as of December 31, 1990, the licensee's first renewal cycle begins on January 1, 1991, and ends on the last day of the licensee's month of birth. However, if the licensee's month of birth is January, February, March, April, May, or June, the licensee's renewal cycle ends on the last day of the licensee's month of birth in 1992.

Subp. 3. **Conversion of license renewal cycle for noncurrent licenses.** This subpart applies to a person who was licensed before the effective date of this part, but whose license is not current as of December 31, 1990. When the licensee renews the license after the effective date of this part, the renewal period begins with the date the licensee applies for renewal and ends with the last day of the licensee's month of birth. However, if the last day of the month of birth is less than six months after the date the license is renewed, then the renewal period ends on the last day of the licensee's month of birth in the next year after the year in which the renewal period began.

Subp. 4. **Subsequent renewal cycles.** After the licensee's renewal during the conversion period under subpart 2 or 3, the subsequent renewal cycles shall be annual cycles that begin on the last day of the month of the licensee's birth.

Subp. 5. **Service.** The licensee must maintain a correct mailing address with the board for receiving board communications, notices, and licensure renewal documents. Placing the license renewal application in first class United States mail, addressed to the licensee at the licensee's last known address with postage prepaid, constitutes valid service. Failure to receive the renewal documents does not relieve a license holder of the obligation to comply with this part.

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Subp. 6. **Late submission.** A license renewal application and annual license fee received in the board office after the last day of the month in which the licensee's license expires shall not be processed and shall be returned to the licensee for payment of the late fee indicated in part 5600.2500, item K.

Subp. 7. **Incomplete application; notice.** If a licensee submits an application form or annual license fee that is incomplete, incorrect, or not in compliance with this part, the board shall notify the licensee of the deficiency within 30 calendar days after the board receives the licensee's application and shall give the licensee instructions for completing or correcting the application. The board will nullify a license renewal if the correction required in the board notice is not made within 30 days after the licensee receives the notice.

Subp. 8. **Removal of name from list.** The names of licensees who do not return a complete license renewal application, the annual license fee, or the late application fee within the time period listed in subpart 7, shall be removed from the list of individuals authorized to practice medicine and surgery during the current renewal period. Upon reinstatement of licensure, the licensee's name will be placed on the list of individuals authorized to practice medicine and surgery.

Subp. 9. **Conversion period and fees.** A licensee who holds a license issued before the effective date of this part, and who renews that license during the conversion period under subpart 2 or 3, shall pay the required license fees according to items A to E.

A. Licensees will be charged the full annual license fee listed in part 5600.2500, item E, for the licensure renewal occurring at the start of the conversion period.

B. For licensees whose conversion period was six to 11 months, the first annual license fee charged after the conversion period shall be adjusted to credit the excess fee payment made during the conversion period. The credit is calculated based on the difference between the fee paid during the conversion period and the prorated license fee cost assessed based on the number of months of the licensee's conversion period, up to 11 months, at a rate of 1/12 of the annual fee per month rounded upward to the nearest dollar.

C. For licensees whose conversion period was 12 months, the first annual license fee charged after the conversion period shall not be adjusted. They will be charged the annual license fee listed in part 5600.2500, item E.

D. For licensees whose conversion period was between 13 and 17 months, the first annual license fee charged after the conversion period shall be adjusted to add the payment for the number of licensure months in excess of 12 months in the licensee's conversion period that were not paid for initially. The added payment is calculated based on the difference between the fee paid during the conversion period and the prorated license fee cost assessed at a rate of 1/12 of the annual fee per month rounded upward to the nearest dollar. The difference calculated is added to the full fee charged.

E. The second license renewal made after the conversion period and all subsequent license renewals shall be assessed the annual license fee in part 5600.2500, item E.

Subp. 10. **Change of name and address.** A licensee shall notify the board in writing within 30 days of any change in name or address. If the licensee is changing his or her name only, the licensee must request a revised licensure certificate. The licensee shall return the current certificate to the board. If an address change is requested, no request for a revised licensure certificate is required. If the licensee's current license certificate has been lost, stolen, or destroyed, the licensee shall provide a written explanation of the situation.

The board may require the licensee to substantiate the name change by submitting official documentation from a court of law or agency authorized under law to receive and officially record a name change.

5600.0610 INITIAL LICENSE PROCEDURES.

Subpart 1. **Applicability to persons initially licensed.** Subparts 2 and 3 contain licensing procedures for persons who are initially licensed by the board after the effective date of this part.

Subp. 2. **Initial license.** An individual who is initially licensed by the board after the effective date of this part shall pay the physician application and annual license fees listed in part 5600.2500, items D and E.

Effective January 1, 1991, the initial license period begins with the date the person becomes licensed and ends the last day of the licensee's month of birth. However, if the last day of the individual's month of birth is less than six months after the individual becomes licensed, then the initial license period ends on the last day of the individual's month of birth in the next year after the initial license period began. After the initial license period, subsequent renewal periods shall be annual periods that begin on the last day of the month of the licensee's birth.

Subp. 3. **Conversion period and fees.** Individuals initially licensed by the board after the effective date of this part will have a conversion period according to items A to F.

A. An individual will be assigned a conversion period of at least six months and no more than 17 months, ending on the last day of the individual's month of birth.

B. The full physician application fee and physician annual license fee found in part 5600.2500, items D and E, will be charged to the individual at the start of the conversion period.

C. For an individual whose conversion period was 11 months or less, the first annual license fee charged after the conversion period shall be adjusted to credit the excess fee payment made during the conversion period. The credit is calculated based on the difference between the license fee paid during the conversion period and the prorated license fee cost assessed based on the number of months of the individual's conversion period, up to 11 months, at the rate of 1/12 of the annual fee per month rounded upward to the nearest dollar amount.

D. For an individual whose conversion period was 12 months, the first annual license fee charged after the conversion period shall not be adjusted. The individual will be charged the full annual license fee listed in part 5600.2500, item E.

E. For an individual whose conversion period was between 13 and 17 full calendar months, the first annual license fee charged after the conversion period shall be adjusted to add the payment for the number of months in excess of 12 months in the licensee's conversion period that were not paid for initially. The added payment is calculated based on the difference between the fee paid at the start of the conversion period and the prorated license fee cost assessed using the number of months of the individual's conversion period, up to 17 months, at the rate of 1/12 of the annual fee per month rounded upward to the nearest dollar amount. The difference calculated is added to the full fee charged.

F. The second license renewal made after the conversion period for the individual and all subsequent license renewals shall be assessed the annual license fee in part 5600.2500, item E.

Pollution Control Agency

Proposed Permanent Rules Relating to Grants and Loans for Waste Tire Processing

Notice of Intent to Adopt Rules Without a Public Hearing

NOTICE IS HEREBY GIVEN that the Minnesota Pollution Control Agency (Agency) intends to adopt amendments to the above-entitled rule without a public hearing following the procedures set forth in the Administrative Procedure Act for adopting rules without a public hearing in *Minnesota Statutes* §§ 14.22 to 14.28 (1986). The Agency's authority to adopt the rule is set forth in *Minnesota Statutes* § 14.06 (1988) and *Minnesota Statutes* § 115A.914 (1988).

All persons have until 4:30 p.m. on October 24, 1990, to submit comments in support of or in opposition to the proposed amendments or any part or subpart of the amendments. Comment is encouraged. Each comment should identify the portion of the proposed amendments addressed, the reason for the comment, and any changes proposed.

Any person may make a written request for a public hearing on the rules within the comment period. If 25 or more persons submit a written request for a public hearing within the comment period, a public hearing will be held unless a sufficient number withdraw their requests in writing. Any person requesting a public hearing should state his or her name and address, and is encouraged to identify the portion of the proposed amendments addressed, the reason for the request, and any change proposed. If a public hearing is required, the Agency will proceed pursuant to *Minnesota Statutes* §§ 14.131 to 14.20 (1988).

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

Thomas C. Newman
Waste Tire Management Unit
Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, Minnesota 55155
(612) 296-7170

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

The proposed amendments, if adopted, will incorporate statutory changes made in *Minnesota Laws 1988*, ch. 685, sec. 14 and codified at *Minnesota Statutes* § 115A.913 (1988). The proposed amendments will also change the rule to reflect that this program is now administered by the Agency under Reorganization Order No. 155 and *Minnesota Laws 1989*, ch. 335, Art. 1, secs. 128-131. Certain other proposed amendments are intended to improve the administration of the program. The proposed amendments are published below. One free copy of the rules is available upon request from Thomas C. Newman at the address and telephone number stated above.

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

A STATEMENT OF NEED AND REASONABLENESS that describes the need for and identifies the data and information relied upon to support the proposed rule has been prepared and is available from Thomas C. Newman upon request.

You are hereby advised, pursuant to *Minnesota Statutes* § 14.115 (1986), "Small business considerations in rulemaking," that the proposed rules will not effect small businesses, which are authorized to participate in the grant and loan program. If no hearing is required, upon adoption of the rule, the rule and the required supporting documents will be submitted to the Attorney General for review as to legality and form to the extent form relates to legality. Any person may request notification of the date of submission to the Attorney General. Persons who wish to be advised of the submission of this material to the Attorney General, or who wish to receive a copy of the rule as adopted, must submit a written request to Thomas C. Newman.

Gerald L. Willet
Commissioner

Rules as Proposed

9220.0800 DEFINITIONS.

Subpart 1. **Scope.** For the purposes of parts 9220.0800 to 9220.0835, the following terms have the meaning given them unless the context requires otherwise.

Subp. 2. **~~Board~~ Agency.** "~~Board~~ Agency" means the Minnesota ~~Waste Management Board~~ Pollution Control Agency.

Subp. 3. **~~Chair~~ Commissioner.** "~~Chair~~ Commissioner" means the ~~chair and chief executive officer of the board~~ commissioner of the agency or staff designated by the commissioner.

Subp. 4. **Institutional arrangements.** "Institutional arrangements" means methods of financing, marketing, procurement, or securing the waste tire or tire-derived product supply~~, or joint efforts by more than one local government unit~~.

Subp. 4a. **Manufacturing process.** "Manufacturing process" means a process that uses the resources contained in waste tires to create a new rubber-based product. Manufacturing process does not include the recovery of energy from waste tires or the use of waste tire shreds for their physical properties.

Subp. 5. **Waste tire ~~recycling business~~ processing.** "Waste tire ~~recycling business~~ processing" means ~~a business engaged in~~ methods used to recover resources or energy from waste tires, including cleaning, reducing, or other actions taken to prepare waste tires for recovery ~~or resource recovery from waste tires~~ of resources or energy.

Subp. 6. [See Repealer.]

Subp. 7. **Waste tire project.** "Waste tire project" means the waste tire processing operation or manufacturing process that is proposed to be developed using funds provided by the agency.

Subp. 8. **Tire-derived product.** "Tire-derived product" means the usable materials produced from the chemical or physical processing of a waste tire.

9220.0805 SCOPE.

Parts 9220.0800 to 9220.0835 implement the waste tire ~~recycling~~ processing grant and loan program created in *Minnesota Statutes* ~~1987 Supplement~~, section ~~116.55~~ 115A.913 by establishing the substantive criteria and procedural conditions under which the ~~board~~ agency may award grants for waste tire ~~recycling project~~ processing studies and loans for waste tire ~~recycling projects~~ processing.

9220.0810 GRANTS.

Subpart 1. **Eligible applicants.** Individuals, partnerships, corporations, municipalities, counties, and associations are eligible for grants.

Subp. 2. **Eligible studies.** Grant funds are available to pay costs associated with studies necessary to demonstrate the technical and economic feasibility of:

A. ~~a~~ waste tire ~~recycling project~~ processing methods; or

B. the use of tire-derived products in a manufacturing process.

Subp. 3. **Eligible costs.** Eligible costs are limited to the following:

A. the salary of employees or the cost of a consultant employed to research and analyze the technical and economic feasibility of the waste tire ~~recycling project~~ processing or use of tire-derived products in a manufacturing process that is the subject of the study;

B. the cost of drafting, printing, and distributing the final report required under part 9220.0820;

C. the cost of in-state travel, provided that the ~~primary~~ purpose of ~~which~~ the travel is to gather information needed for the study, ~~in no greater amount than provided in~~ and the costs incurred do not exceed travel expenses paid to state employees under the current commissioner's plan adopted by the commissioner of employee relations under *Minnesota Statutes*, section 43A.18, subdivision 2; and

D. the cost of supplies required for the study, provided the supplies are fully expended during the course of the research or production of the report.

Subp. 4. **Ineligible costs.** The cost of overhead and the cost of developing the grant application submitted to the ~~board~~ agency are not eligible for funding. Only costs incurred after the effective date of the grant agreement required under part 9220.0820 are eligible for funding.

9220.0815 CONTENT, REVIEW, AND EVALUATION OF GRANT APPLICATION.

Subpart 1. **Contents.** An application for a grant ~~to study the technical and economic feasibility of a proposed waste tire recycling project~~ must include the following information:

A. the name, address, and telephone number of the applicant;

B. a description of the waste tire ~~recycling project~~ processing method or use of tire-derived products in a manufacturing process that will be the subject of the study;

C. a detailed description of the proposed study, including objectives, tasks, estimated hours for completion of each task, and the estimated cost of completing each task;

D. a description of the information that will be contained in the final report developed as required by part 9220.0820;

E. the total cost of the study and the eligible cost of the study;

F. the total grant funding requested; and

G. the name, address, and telephone number of the person or persons who will actually perform the research, if known.

Subp. 2. **Determination of eligibility and completeness.** Upon receipt of an application, the ~~chair or a designee~~ commissioner shall determine the eligibility of the applicant, the eligibility of the costs identified in the application, the eligibility of the study described in the application, and the completeness of the application. ~~Applicants are encouraged to contact the chair and request a preapplication review of the proposed study.~~

Subp. 3. **Notice of determination of eligibility and completeness.** ~~Within 14 days~~ After receiving the application, the ~~chair~~ commissioner shall notify the applicant of the ~~chair's~~ commissioner's determinations of eligibility and completeness. If the ~~chair~~ commissioner determines that the applicant or the study is ineligible, the ~~chair~~ commissioner shall reject the application, return it to the applicant, and notify the applicant of the reasons for the rejection. If the ~~chair~~ commissioner determines that any part of the study costs is ineligible or that the application is incomplete, the ~~chair~~ commissioner shall notify the applicant of the ineligible portion of the costs or of the deficiency. The applicant has ~~14~~ 60 days after receiving the notice to correct any inadequacies identified by the ~~chair~~ commissioner. If the inadequacies are corrected within the time allowed, the application will be evaluated by the ~~chair~~ commissioner and sent to the ~~board~~ agency for ~~decision~~ approval.

Subp. 4. ~~Board~~ Agency **approval.** The ~~board~~ agency shall ~~approve applications and~~ award grants for studies ~~of the technical and economic feasibility of waste tire recycling projects~~ that will result in the generation of information ~~to~~ that will aid the state in developing waste tire ~~recycling alternatives~~ processing methods or uses for tire-derived products in manufacturing processes. The ~~board~~ agency shall give priority to studies that are unlikely to be undertaken without state assistance, or that could lead directly to development of new waste tire ~~recycling capacity~~ processing methods needed in the state or development of a new or expanded use of tire-derived products in a manufacturing process.

9220.0820 GRANT LIMITATIONS; AGREEMENT.

Subpart 1. **Grant amount.** Grants must not exceed 75 percent of the eligible costs of the proposed study. No single grant may exceed $30,000. Grants must not be awarded to cover a cost ~~associated with tasks performed~~ incurred before the grant ~~award~~ agreement is effective or after the expiration of the grant agreement.

Subp. 2. **Grant agreement.** Grant funds must be disbursed only after a grant agreement containing the terms of this subpart has been executed by the ~~board~~ agency and the recipient of the grant award. The grant agreement must:

A. require the preparation of a final report to be submitted to the ~~board~~ agency that contains:

(1) a detailed analysis of the technical and economic feasibility of the waste tire ~~recycling project~~ processing method or manufacturing process that is the subject of the study, including an estimate of the net operating revenue, if any, to be generated by the waste tire ~~recycling project~~ processing method or manufacturing process studied if it ~~was~~ were developed, considering the

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availability of waste ~~tire supplies~~ tires or demand for tire-derived products and markets for ~~recovered resources from the project~~ products;

(2) a proposal for developing the waste tire ~~recycling project~~ processing method or manufacturing process that was the subject of the study, including a proposal for financing ~~alternatives~~, if the study concludes that development is feasible;

(3) an analysis of the impact that the waste tire ~~recycling project~~ processing method or manufacturing process studied would have on existing waste tire ~~recycling~~ processing or tire-derived product uses if the ~~project was~~ methods were developed; and

(4) other information that would be relevant to a future decision by the state or other private or public entities to fund or otherwise support the development of the waste tire ~~recycling project~~ processing methods or manufacturing process that was studied;

B. provide for staged disbursement of funds as documentation of costs incurred is received from the grant recipient, and for retainage of 15 percent of the funds until the final report is submitted and determined by the ~~chair~~ commissioner to be ~~adequate~~ satisfactory; and

C. ~~incorporate by reference the final grant application submitted to the board under part 9220.0815; and~~

~~D.~~ provide that any cost overruns incurred in performing the study and preparing the final report ~~is~~ are the sole responsibility of the recipient and that the ~~board~~ agency shall not consider amendments to the grant agreement requesting that additional funds be awarded to the recipient.

9220.0825 LOANS.

Subpart 1. **Eligible applicants.** Individuals, partnerships, corporations, municipalities, counties, and associations are eligible for waste tire processing loans if they are engaged ~~in a waste tire recycling business,~~ or intending to become engaged in a waste tire ~~recycling~~ processing business~~, are eligible for waste tire recycling loans~~ or a business that uses tire-derived products in a manufacturing process.

Subp. 2. **Eligible costs.** Loan funds are available to pay costs incurred for capital improvements associated with the ~~development of the~~ construction or betterment of a waste tire ~~recycling~~ project, including the cost of land and building acquisition or construction and the cost of equipment purchase and installation. Loan funds are also available for the capital cost of equipment needed to transport waste tires to a waste tire processing facility. Only costs incurred after the loan agreement required under part 9220.0835 has been executed are eligible for funding.

9220.0830 CONTENT, REVIEW, AND EVALUATION OF LOAN APPLICATION.

Subpart 1. **Contents.** An application for a ~~waste tire recycling project~~ loan must include the following information:

A. the name, address, and telephone number of the applicant and project manager;

B. a description of the waste tire ~~recycling~~ project ~~that is proposed to be funded by the loan~~;

C. the total capital cost of the project;

D. the total ~~grant~~ loan eligible cost of the project;

E. the amount of the loan requested; and

F. the amount and source of all other funding that will be contributed to the project, including the amount of funds to be contributed by the applicant.

Subp. 2. **Supporting documentation.** An application for a ~~waste tire recycling project~~ loan must include the following supporting documentation:

A. Credit information sufficient to support a finding that the loan will be repaid. Credit information available from private credit rating agencies such as Standard and Poor's, or ~~Dunn~~ Dun and Bradstreet must be ~~accepted~~ submitted. For ~~waste tire recycling~~ businesses that do not have a credit rating, personal credit information pertaining to individual owners, partners, or shareholders of closely held corporations must be submitted for evaluation and evaluated. Personal credit information must include personal tax returns, personal credit reports from credit bureaus or other credit reporting agencies if available, and references from personal bankers. For municipalities and counties, a resolution stating that the municipality or county pledges its full faith and credit to repay the loan is required.

B. ~~A certification from the chair that the proposed project is technically feasible.~~

~~C.~~ A conceptual and technical feasibility report that includes at least the following:

(1) a detailed description of the proposed waste tire ~~recycling~~ project ~~and the recycling process proposed~~;

(2) a description of the institutional arrangements necessary for project implementation and operation;

(3) a description of the method of project facility ~~or~~ development, including equipment procurement;

(4) documentation substantiating that the equipment to be procured has the capability and operating history to perform as proposed;

(5) final design and engineering specifications, including site plans, building plans, and floor plans detailing the equipment layout; and

(6) an analysis of the quantity and source of the waste tires or tire-derived product that will be processed or that will be used in a manufacturing process.

~~D~~ C. A financial plan that contains:

(1) initial capital development costs and the method of financing those costs;

(2) annual operating and maintenance costs;

(3) projections of total project costs and revenues over the term of the loan;

(4) projected tipping fees; and

(5) ~~copies of~~ proposed contracts for the sale of ~~project~~ products that could be produced by the waste tire project. Contracts must specify ~~quantities sold~~ quantity, price per unit ~~sold~~, and the life of the contract ~~and a marketing plan for the waste tire recycling business proposed~~.

~~E~~ D. A description of how the ~~facility~~ project fits the solid waste management objectives of the jurisdiction where the ~~facility~~ project will be located.

Subp. 3. **Determination of eligibility and completeness.** Upon receipt of an application, the ~~chair or a designee~~ commissioner shall determine the eligibility of the applicant~~,~~ and the eligibility of the costs identified in the application, ~~the eligibility of the project described in the application~~ and the completeness of the application. ~~Applicants are encouraged to contact the chair to arrange for a preapplication review of the proposed project.~~

Subp. 4. **Notice of determination of eligibility and completeness.** ~~Within 14 days~~ After receiving the application, the ~~chair~~ commissioner shall notify the applicant of the ~~chair's~~ commissioner's determinations of eligibility and completeness. If the ~~chair~~ commissioner determines that the applicant or the project is ineligible, the ~~chair~~ commissioner shall reject the application, return it to the applicant, and notify the applicant of the reasons for the rejection. If the ~~chair~~ commissioner determines that any part of the project ~~costs~~ cost is ineligible or that the application is incomplete, the ~~chair~~ commissioner shall notify the applicant of the ineligible portion of the costs or of the deficiency. The applicant has ~~14~~ 60 days after receiving the notice to correct any inadequacies identified by the ~~chair~~ commissioner. If the inadequacies are corrected within the time allowed, the application will be evaluated by the ~~chair~~ commissioner and sent to the ~~board~~ agency for decision.

Subp. 5. **~~Board~~ Agency approval.** The ~~board~~ agency shall approve applications and award loans ~~for development or improvement of waste tire recycling facilities that will aid the state in~~ that will result in the development of waste tire processing or uses for tire-derived products in a manufacturing process. If available funds are not adequate to fund all applications before the agency, the agency shall give priority to those applications that would aid the agency in fulfilling waste tire management objectives, such as development of a facility in an area where processing capacity is needed. The agency shall also give priority ~~must be given~~ to ~~projects that best meet the waste management objectives established in *Minnesota Statutes*, section 115A.02~~ applications proposing the development of facilities to recycle material from waste tires. No loan may be ~~approved~~ awarded unless the ~~board~~ agency finds that the proposed project has ~~been certified as technically feasible by the chair and that the~~ operating revenues that will be sufficient to ensure full repayment of the loan, including interest.

9220.0835 LOAN LIMITATIONS.

Subpart 1. **Loan amount.** The maximum ~~waste tire recycling~~ loan is 90 percent of the eligible capital costs of the project or $1,500,000, whichever is less. The agency shall award a loan amount based on what is necessary to facilitate development of a project and shall consider available program funds and the needs of other applicants when determining the loan amount.

Subp. 2. **Interest rate.** The interest rate of a loan ~~from the waste tire recycling loan program~~ shall not be less than an annual percentage rate of three percent. Interest payments on the loan are due annually and begin to accrue from the effective date of the loan ~~is disbursed by the board~~ agreement. The first repayment of the principal amount of the loan is due one year after the project becomes operational or two years after the date the loan agreement is executed by the ~~board~~ agency, whichever is earlier. The ~~board~~ commissioner shall consider the project operational at the point where the project meets all vendor guaranteed operating specifications.

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Subp. 3. **Loan agreement.** Loan funds must be disbursed only after a loan agreement containing the terms of this subpart has been executed by the ~~board~~ commissioner and the recipient of a loan award. A ~~grant~~ loan agreement must:

A. ~~incorporate by reference the final application submitted to the board under part 9220.0830;~~

~~B.~~ establish the term of the loan, which is determined by considering the expected life of the ~~project~~ facility or equipment;

~~C~~ B. establish a schedule for repayment of principal and interest, and procedures to be followed in the case of default in repayment;

~~D~~ C. provide that any cost overruns incurred in the development of the ~~proposed~~ project are the sole responsibility of the loan recipient;

~~E~~ D. provide that the board will not accept any amendments or supplementary applications requesting that additional loan funds be awarded to the loan recipient; and

~~F~~ E. require that the recipient provide periodic reports to the ~~board~~ agency on the developmental and operational history of the project so that knowledge and experience gained ~~from the project~~ may be made available to other ~~communities~~ businesses in the state.

Subp. 4. **Failure to complete and operate project.** If a project funded by a loan under this part is not ~~completed and~~ operational in accordance with the terms and conditions of the loan agreement, including time schedules, the ~~board~~ agency shall declare default and require that the entire outstanding balance of the loan be repaid. Before finding a default, the ~~board~~ agency shall make a determination as to the reason the project was not completed ~~or~~ and operated as required. If the ~~board~~ agency finds that the recipient could not complete or operate the project as required due to forces beyond the control of the recipient, the ~~board~~ agency shall consider ~~a variance~~ an amendment to the loan agreement that will allow the original objectives of the ~~project~~ loan to be accomplished.

REPEALER. *Minnesota Rules*, parts 9220.0800, subpart 6, is repealed.

Adopted Rules

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

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

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

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

Department of Health

Adopted Permanent Rules Relating to Registration Fees for Sources of Ionizing Radiation

The rule proposed and published at *State Register*, Volume 15, Number 2, pages 41-44, July 9, 1990 (15 SR 41) is adopted as proposed.

Department of Labor and Industry

Adopted Permanent Rules Relating to Medical Fee Schedule

Notice of Amendment of the Permanent Rules Relating to Workers' Compensation, Fees for Medical Services

NOTICE IS HEREBY GIVEN that the Workers' Compensation Medical Fee Schedule, *Minnesota Rules*, parts 5221.0100 to 5221.3500, is amended as set forth below in accordance with *Minnesota Statutes*, Section § 176.136, Subd. 5 (Supp. 1989). These amendments are effective for health care services rendered on or after October 1, 1990.

Dated: 7 September 1990

Ken Peterson
Commissioner

These amendments to fees for medical services will be available in a booklet that will be a supplement to the Workers' Compensation Medical Fee Schedule (Stock #2-72s2-$8.95 + 54¢ sales tax, if applicable, plus $2.00 for postage and handling if ordered through the mail). This supplement to the fee schedule will be available in a booklet form on or about November 1, 1990. The price will be available at that time. To be placed on a notification of publication list, please call (612) 297-3000.

Rules as Adopted

5221.1100 PHYSICIAN SERVICES; MEDICINE.

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

Subp. 3. **Office services.** The following codes, service descriptions, and maximum fees apply to services provided at the physician's office, or if provided in an outpatient hospital clinic setting, for nonemergency services.

Code	Service	Maximum Fee
90000-00	Office services; new patient; brief service	$ ~~34.00~~ 38.25
90010-00	limited service	~~42.00~~ 44.50
90015-00	intermediate service	~~51.00~~ 55.00
90017-00	extended service	~~69.50~~ 77.25
90020-00	comprehensive service	~~136.65~~ 140.00
90030-00	Office services; established patient; minimal service	~~17.50~~ 19.00
90040-00	brief service	~~24.50~~ 26.25
90050-00	limited service	~~28.56~~ 31.00
90060-00	intermediate service	~~40.00~~ 41.50
90070-00	extended service	~~60.00~~ 66.00
90080-00	comprehensive service	~~92.50~~ 102.00

Subp. 3a. **Home services.** The following codes, service descriptions, and maximum fees apply to physician services provided in a home setting if provided in a private residence as a "house call." They do not apply to physician services provided at a nursing home, boarding home, domiciliary (temporary lodging), or custodial care involving periodic services provided to a patient who is institutionalized on a long-term basis.

~~90100-00~~	~~Home medical service, new patient; brief service~~	$ ~~50.00~~
90110-00	Home medical service, new patient; limited service	$ 69.40
~~90115-00~~	~~intermediate service~~	~~55.00~~
90130-00	Home medical service, established patient; minimal service	~~32.00~~ 35.50
90140-00	brief service	~~42.00~~ 44.00
90150-00	limited service	~~42.10~~ 50.00
90160-00	intermediate service	~~52.00~~ 55.00
90170-00	extended service	~~62.23~~ 57.50

Subp. 4. **Hospital services.** The following codes, service descriptions, and maximum fees apply to services provided at a hospital. Initial hospital care is categorized under codes 90200 to 90220. Subsequent hospital care is categorized under codes 90240 to 90292.

Initial Hospital Care

90200-00	Initial hospital care; brief	$ ~~71.50~~ 75.00
90215-00	intermediate	~~90.00~~ 96.50
90220-00	comprehensive	~~132.50~~ 140.00

Subsequent Hospital Care

90240-00	Subsequent hospital care; brief service	$ ~~29.50~~ 32.00
90250-00	limited service	~~38.50~~ 40.00
90260-00	intermediate services	~~50.00~~ 59.75
90270-00	extended service	~~80.00~~ 90.00
90280-00	comprehensive service	~~90.00~~ 105.00

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Hospital Discharge Services

90292-00	Hospital discharge day management ~~(MD/DO)~~	~~52.00~~ 56.50

Subp. 5. **Skilled nursing, intermediate care, and long-term care facilities.** The following codes, service descriptions, and maximum fees apply to physician services provided in a convalescent, rehabilitative, or long-term care facility and involves active, definitive professional care of a patient.

Code	Service	Maximum Fee
90300-00	Initial care, skilled nursing, intermediate care, or long-term care facility; brief history and physical examination, initiation of diagnostic and treatment programs, and preparation of medical records	$ ~~44.88~~ 52.00
90315-00	intermediate history and physical examination, initiation of diagnostic and treatment programs, and preparation of medical records	~~75.00~~ 72.00
90320-00	comprehensive history and physical examination, initiation of diagnostic and treatment programs, and preparation of medical records	90.00
90340-00	Subsequent care, skilled nursing, intermediate care, or long-term care facility; brief service	~~25.25~~ 25.76
90350-00	limited service	~~32.00~~ 33.00
90360-00	intermediate service	~~35.00~~ 40.00
90370-00	extended service	~~50.00~~ 57.00

Subp. 6. **Nursing home, boarding home, domiciliary, or custodial care medical services.** The following codes, service descriptions, and maximum fees apply to physician services provided in a domiciliary or custodial care facility involving periodic services, provided to a patient who is institutionalized on a long-term basis.

90400-00	Nursing home, boarding home, domiciliary, or custodial care medical service, new patient; brief service	$ ~~35.31~~ 60.00
90410-00	limited service	~~36.00~~ 46.00
90415-00	intermediate service	~~72.70~~ 65.00
90420-00	comprehensive service	75.00
90430-00	Nursing home, boarding home, domiciliary, or custodial care medical service, established patient; minimal service	~~20.75~~ 21.13
90440-00	brief service	~~25.25~~ 25.76
90450-00	limited service	~~35.00~~ 32.30
90460-00	intermediate service	~~50.00~~ 55.00
90470-00	extended service	~~60.20~~ 65.00

Subp. 7. **Emergency department services.** The following codes, service descriptions, and maximum fees apply to services provided in an emergency room, or when the physician is assigned to the emergency department. They do not apply when physicians elect to use the emergency room as a substitute for their office and an actual emergency situation does not exist.

90500-00	Emergency department service new patient; minimal service	$ ~~38.00~~ 32.00
90505-00	brief service	~~38.00~~ 40.00
90510-00	limited service	~~50.00~~ 55.00
90515-00	intermediate service	~~71.50~~ 75.00
90517-00	extended service	~~111.90~~ 100.00
90520-00	comprehensive service	~~128.00~~ 135.00
90530-00	Emergency department service, established patient; minimal service	~~22.00~~ 25.00
90540-00	brief service	~~38.50~~ 40.00
90550-00	limited service	~~44.40~~ 45.00
90560-00	intermediate service	~~53.00~~ 57.50
90570-00	extended service	~~73.50~~ 80.50
90580-00	comprehensive service	~~100.00~~ 111.25

In physician directed emergency care advanced life support, the physician is located in a hospital emergency or critical care department and is in two-way voice communication with ambulance or rescue personnel outside the hospital. The physician directs the performance of necessary medical procedures, including but not limited to: telemetry of cardiac rhythm; cardiac and/or pulmonary resuscitation; endotracheal or esophageal obturator airway intubation; administration of intravenous fluids and/or administration of intramuscular, intratracheal, or subcutaneous drugs; and/or electrical conversion of arrhythmia.

90590-00	Physician direction of Emergency Medical Systems (EMS), emergency care advanced life support	$ 50.00

5221.1200 CONSULTATIONS.

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

Subp. 3. **Fees.** The following codes, service descriptions, and maximum fees apply to consultations.

Code	Service	Maximum Fee
	Initial Consultation	
90600-00	Initial consultation; limited	$ ~~61.75~~ 66.00
90605-00	intermediate consultation	~~82.00~~ 87.00
90610-00	extensive consultation	~~100.50~~ 115.00
90620-00	comprehensive consultation	~~145.00~~ 155.00
90630-00	complex consultation	~~189.00~~ 200.00
	Follow-up Consultation	
90640-00	Follow-up consultation; brief visit	$ ~~39.00~~ 39.30
90641-00	limited	~~43.00~~ 49.00
90642-00	intermediate	~~76.51~~ 75.25
90643-00	complex	~~102.00~~ 122.00
	Confirmatory (Additional Opinion) Consultation	
90650-00	Confirmatory consultation; limited	$ ~~64.50~~ 67.50
90651-00	intermediate	~~75.00~~ 86.00
90652-00	extensive	~~90.00~~ 100.00
90653-00	comprehensive	~~142.00~~ 150.00
90654-00	complex	~~197.00~~ 250.00

5221.1210 IMMUNIZATION INJECTIONS.

Immunizations are usually given in conjunction with a medical service. When an immunization is the only service performed, a minimal service may be listed in addition to the injection. Immunization procedures include the supply of materials.

90701-00	Immunization, active; diphtheria and tetanus toxoids and pertussis vaccine (DTP)	$ ~~22.50~~ 24.00
90702-00	diphtheria and tetanus toxoids (DT)	~~12.30~~ 12.75
90703-00	tetanus toxoid	~~11.00~~ 12.00
90704-00	mumps virus vaccine, live	~~25.00~~ 26.00
90705-00	measles virus vaccine, live, attenuated	~~24.00~~ 26.00
90706-00	rubella virus vaccine, live	~~25.00~~ 26.00
90707-00	measles, mumps, and rubella virus vaccine, live	~~35.00~~ 38.00
90708-00	measles and rubella virus vaccine, live	~~29.50~~ 30.00
~~90709-00~~	~~rubella and mumps virus vaccine, live~~	~~30.50~~
90712-00	polio virus vaccine, live, oral; any type(s)	~~17.00~~ 19.00
90713-00	poliomyelitis vaccine	~~22.50~~ 26.00
90714-00	typhoid vaccine	12.00
90717-00	yellow fever vaccine	~~31.00~~ 39.50
90718-00	tetanus and diphtheria toxoids absorbed, for adult use (TD)	~~11.00~~ 12.00
90719-00	diphtheria toxoid	2.00
90724-00	influenza virus vaccine	~~12.00~~ 13.00
90725-00	cholera vaccine	~~13.00~~ 12.60
90726-00	rabies vaccine	~~84.38~~ 97.50
90731-00	hepatitis B vaccine	~~61.00~~ 68.50
90732-00	pneumococcal vaccine, polyvalent	~~18.00~~ 20.00
90733-00	meningococcal polysaccharide vaccine; any group(s)	~~23.00~~ 26.25
90737-00	hemophilus influenza B measles, pertussis, rabies, Rho(d), tetanus, vaccinia, varicella-zoster	~~27.00~~ 26.75

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Code	Service	Maximum Fee
90741-00	Immunization, passive; immune serum globulin, human (ISG)	17.00
90742-00	specific hyperimmune serum globulin (~~for example~~ e.g., hepatitis B, measles, pertussis, rabies, Rho(d), tetanus, vaccinia, varicella-zoster	~~56.00~~ 46.00

5221.1215 INFUSION THERAPY.

The following procedures encompass prolonged intravenous injections. These codes require the presence of the physician during the infusion. These codes are not to be used for intradermal, subcutaneous, or intramuscular or routine intravenous (IV) drug injections.

90780-00	IV infusion therapy, administered by physician or under direct supervision of physician; up to one hour	$ ~~44.00~~ 49.00
90781-00	each additional hour, up to eight hours	~~50.00~~ 82.00

5221.1220 THERAPEUTIC INJECTIONS.

90782-00	Therapeutic injection of medication (specify); subcutaneous or intramuscular	$ ~~12.00~~ 13.00
~~90783-00~~	~~intra-arterial~~	~~15.00~~
90788-00	Intramuscular injection of antibiotic (specify)	~~14.70~~ 16.00
~~90798-00~~	~~Intravenous therapy for severe or intractable allergic disease in physician's office or institution (i.e., theophylines, corticosteroids, antihistamines)~~	~~32.82~~

5221.1300 PSYCHIATRY AND PSYCHIATRIC THERAPY.

The following codes, service descriptions, and maximum fees apply to psychiatric therapeutic procedures, and to a provider licensed as a doctor of medicine or a doctor of osteopathy. For services provided by a licensed psychologist or social worker with a master of social work degree, see parts 5221.3100 and 5221.3150, respectively.

General Clinical Psychiatric Diagnostic or Evaluative Interview Procedures

90801-00	Psychiatric diagnostic interview examination including history, mental status, or disposition (may include communication with family or other sources, ordering and medical interpretation of laboratory or other medical diagnostic studies. In certain circumstances, other informants will be seen in lieu of the patient).	$ ~~125.00~~ 130.00
90825-00	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes	~~72.00~~ 75.00
90830-00	Psychological testing by physician, with written report, per hour	~~80.00~~ 85.00
90831-00	Telephone consultation with or about patient for psychiatric therapeutic or diagnostic purposes	65.00
90841-00	Individual medical psychotherapy by a physician, with continuing medical diagnostic evaluation and drug management when indicated, including psychoanalysis, insight-oriented, behavior-modifying, or supportive psychotherapy; time unspecified	~~112.50~~ 120.00
90843-00	Individual medical psychotherapy with continuing medical diagnostic evaluation, and drug management when indicated, including psychoanalysis, insight oriented, behavior modifying or supportive psychotherapy; approximately 20 to 30 minutes	~~59.00~~ 70.00
90844-00	approximately 45 or 50 minutes	~~85.00~~ 106.25
90847-00	Family medical psychotherapy (conjoint psychotherapy)	~~84.00~~ 107.50
90849-00	Multiple-family group medical psychotherapy by a physician, with continuing medical diagnostic evaluation and drug management when indicated	~~65.00~~ 77.00
90853-00	Group medical psychotherapy (other than of a multiple-family group)	~~40.71~~ 50.00
90862-00	Chemotherapy management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	~~55.00~~ 60.00
90870-00	Electroconvulsive therapy (includes necessary monitoring); single seizure	~~91.00~~ 125.00
90871-00	multiple seizures, per day	215.00

Other Psychiatric Therapy

90880-00	Medical hypnotherapy	$ ~~48.20~~ 76.00
~~90882-00~~	~~Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions~~	~~85.00~~
90887-00	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	~~80.00~~ 100.00

5221.1410 BIOFEEDBACK.

The following codes, service descriptions, and maximum fees apply to biofeedback procedures, and to a provider licensed as a doctor of medicine or a doctor of osteopathy.

Code	Service	Maximum Fee
90900-00	Biofeedback training; by electromyogram application (e.g., in tension headache muscle spasm)	$ ~~70.00~~ 75.00
90904-00	regulation of blood pressure (e.g., in essential hypertension)	84.00
90906-00	regulation of skin temperature of peripheral blood flow	45.00

5221.1450 DIALYSIS.

The following codes, service descriptions, and maximum fees apply to dialysis procedures, and to a provider licensed as a doctor of medicine or a doctor of osteopathy. Office and hospital services are not to be reported in addition to the dialysis procedures.

90935-00	Hemodialysis procedure with single physician evaluation	$ 206.50
90937-00	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription	325.00
90945-00	Dialysis procedure other than hemodialysis (e.g., peritoneal, hemofiltration), with single physician evaluation	150.00
90947-00	Dialysis procedure other than hemodialysis (e.g., peritoneal, hemofiltration) requiring repeated evaluations, with or without substantial revision of dialysis prescription	400.00
90990-00	Hemodialysis training and/or counseling	237.93

5221.1500 OPHTHALMOLOGICAL SERVICES.

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

Subp. 3. **Ophthalmological services and fees.** The following codes, service descriptions, and maximum fees apply to ophthalmological services. General ophthalmological services, codes 92002-00 to 92020-00, constitute integrated services in which medical diagnostic evaluation cannot be separated from the examining techniques used. The components of the services should not be itemized, except where the service goes beyond what is normally provided. Minimal, brief, and limited levels of service should be submitted under the appropriate code. Routine ophthalmoscopy, codes 92225-00 to 92260-00, is part of general and special ophthalmological services wherever indicated, and shall not be reported separately.

General Services

92002-00	Intermediate ophthalmological service: medical evaluation with initiation of diagnostic and treatment program; new patient	$ ~~55.00~~ 55.50
92004-00	Comprehensive ophthalmological service: medical evaluation with initiation of diagnostic and treatment program; new patient, one or more visits	~~60.00~~ 63.00
92012-00	Ophthalmological services: medical examination and evaluation, with initiation or continuation or diagnostic and treatment program; intermediate, established patient	~~43.00~~ 47.50
92014-00	Comprehensive ophthalmological service: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; established patient, one or more visits	~~58.00~~ 60.00
92018-00	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; complete	159.00
92019-00	limited	392.00
92020-00	Gonioscopy with medical diagnostic evaluation (separate procedure)	~~30.60~~ 32.00

Special Services

92060-00	Sensorimotor examination with medical diagnostic evaluation (separate procedure)	$ ~~36.50~~ 38.00
92065-00	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation	~~28.00~~ 50.00
92070-00	Fitting of contact lens for treatment of disease, including supply of lens	~~100.00~~ 120.00

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Code	Service	Maximum Fee
~~92081-00~~	~~Visual field examination with medical diagnostic evaluation; limited examination (for example, tangent screen, Autoplot, are perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)~~	~~36.25~~
92082-00	Visual field examination with medical diagnostic evaluation; intermediate examination (~~for example~~ e.g., multistimulus level, full field, quantitative perimetry, several isopters on Goldmann perimeter or multilevel, full field automated test, such as Octopus program 33 or 34 equivalent)	~~50.00~~ 55.00
92083-00	extended examination; quantitative perimetry (e.g., manual static and kinetic perimetry or Goldmann or Tubingen perimeter or equivalent, or automated static perimetry, complex, such as octopus program 31+41 or 32+41)	75.00
92100-00	Serial tonometry with medical diagnostic evaluation as a separate procedure, one or more sessions, same day	~~24.40~~ 25.00
92120-00	Tonography with medical diagnostic evaluation, recording indentation tonometer method or perilimbal suction method	25.00
92140-00	Provocative tests for glaucoma, with medical diagnostic evaluation, without tonography	~~29.00~~ 25.00
	Ophthalmoscopy	
92225-00	Ophthalmoscopy, extended as for retinal detachment with medical diagnostic evaluation; initial	$ ~~38.00~~ 40.00
92226-00	subsequent	~~37.69~~ 37.00
92230-00	Ophthalmoscopy, with medical diagnostic evaluation; with fluorescein angioscopy (observation only)	~~35.00~~ 37.00
92235-00	with fluorescein angiography (includes multiframe photography)	~~155.00~~ 169.00
92250-00	with fundus photography	~~35.00~~ 37.90
92260-00	with ophthalmodynamometry	~~33.20~~ 53.00
	Other Specialized Services	
~~92270-00~~	~~Electro-oculography, with medical diagnostic evaluation~~	~~$ 71.00~~
92275-00	Electroretinography, with medical diagnostic evaluation	$ 189.00
92285-00	External ocular photography with medical diagnostic evaluation for documentation of medical progress (~~for example~~ e.g., close-up photography, slit lamp photography, goniophotography, stereophotography	~~40.00~~ 35.00
92286-00	Special anterior segment photography with medical diagnostic evaluation; with specular endothelial microscopy and cell count	150.00
~~92287-00~~	~~with fluorescein angiography~~	~~45.00~~
	Contact Lenses	
92311-00	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaption; corneal lens for aphakia, one eye	$ ~~80.00~~ 90.00
~~92314-00~~	~~Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes, except for aphakia~~	~~16.00~~
92325-00	Modification of contact lens (separate procedure), with medical supervision of adaptation	22.00
92326-00	Replacement of contact lens	~~60.00~~ 72.00
	Spectacle Services	
92340-00	Fitting of spectacles, except for aphakia; monofocal	$ ~~30.00~~ 34.00
92341-00	bifocal	~~45.25~~ 48.00
92358-00	Prosthesis service for aphakia, temporary (disposable or loan, including materials)	20.00
92390-00	Supply of spectacles, except prosthesis for aphakia and low vision aids	~~100.00~~ 116.00
92391-00	Supply of contact lenses, except prosthesis for aphakia	~~55.00~~ 80.00

5221.1600 OTORHINOLARYNGOLOGIC SERVICES.

The codes, service descriptions, and maximum fees in this part apply to otorhinolaryngologic services, and to a provider licensed as a doctor of medicine or a doctor of osteopathy. Diagnostic or treatment procedures usually included in a comprehensive otorhinolaryngologic evaluation or office visit, which do not include the following, should be reported as an integrated medical service using the appropriate code from the 90000 series. Component services such as otoscopy, rhinoscopy, or tuning fork test should not be

itemized separately. All of the following services include medical diagnostic evaluation. Technical procedures, which may or may not be performed by the physician personally, are often part of the service, but do not constitute the service itself.

Code	Service	Maximum Fee
92504-00	Binocular microscopy (separate diagnostic procedure)	$ ~~10.00~~ 11.00
92507-00	Speech, language, or hearing therapy, with continuing medical supervision; individual	~~43.00~~ 44.00
92508-00	group	~~35.50~~ 32.40
92511-00	Nasopharyngoscopy with endoscope (separate procedure)	~~61.00~~ 64.00
92512-00	Nasal function studies (e.g., rhinomanometry)	53.50
92516-00	Facial nerve function studies	47.00
92532-00	Positional nystagmus	~~22.00~~ 24.60
92533-00	Caloric vestibular test, each irrigation (binaural), bithermal stimulation constitutes four tests	~~55.14~~ 34.00
92541-00	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording	~~41.00~~ 45.00
92542-00	Positional nystagmus test, minimum of four positions, with recording	45.00
92543-00	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests), with recording	~~73.00~~ 79.00
92544-00	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording	~~31.00~~ 33.00
92545-00	Oscillating tracking test, with recording	~~26.00~~ 30.00
~~92546-00~~	~~Torsion swing test, with recording~~	~~31.00~~
92547-00	Use of vertical electrodes in any or all of above tests counts as one additional test	41.00

5221.1800 CARDIOVASCULAR.

The codes, service descriptions, and maximum fees in this part apply to cardiographic services, and to a provider licensed as a doctor of medicine or a doctor of osteopathy.

~~Cardiographic~~ Cardiovascular Services

92950-00	Cardiopulmonary resuscitation (e.g., cardiac arrest)	$ ~~200.00~~ 225.50
92960-00	Cardioversion, elective, electrical conversion of arrhythmia, external	~~254.00~~ 272.00
92982-00	Percutaneous transluminal coronary angioplasty; single vessel	2,200.00
93000-00	Electrocardiogram (ECG); with interpretation and report, routine ECG with at least 12 leads	~~44.00~~ 46.00
93005-00	tracing only, without interpretation and/or report	~~38.50~~ 46.55
93010-00	interpretation and report only	~~17.00~~ 17.50
93012-00	Telephonic or telemetric transmission of electrocardiogram rhythm strip	~~59.50~~ 55.00
93015-00	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise; continuous electrocardiographic monitoring, with interpretation and report	~~201.00~~ 217.00
93017-00	tracing only, without interpretation and report	~~173.00~~ 125.00
93018-00	interpretation and report only	~~97.00~~ 100.00
~~93024-00~~	~~Ergonovine provocation test~~	~~200.00~~
93040-00	Rhythm ECG, one to three leads; with interpretation	~~22.44~~ 24.00
93041-00	tracing only, without interpretation and report	~~23.00~~ 25.00
93042-00	Rhythm ECG, tracing with interpretation and report only	~~20.00~~ 16.00
93210-00	Phonocardiogram, intracardiac	46.87
93220-00	Vectorcardiogram (VCG), with or without ECG; with interpretation and report	75.00
93258-00	Electrocardiographic monitoring for up to 12 hours of continuous analog recording, with physician review, interpretation, and report, with or without full disclosure printout; with superimposition scanning	125.00
~~93262-00~~	~~Electrocardiographic monitoring, 12-24 hours of continuous analog recording, with physician review, interpretation, and report, with or without full disclosure printout; with superimposition scanning~~	~~226.00~~
93263-00	Electrocardiographic monitoring, 12-24 hours of continuous analog recording, with physician review, interpretation, and report, with or without full disclosure printout; without superimposition scanning	~~236.00~~ 237.50

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Code	Service	Maximum Fee
93266-00	Electrocardiographic monitoring, 24 hours noncontinuous computerized monitoring and intermittent cardiac event recording (Real-Time Data Analysis)	~~225.00~~ 223.00
~~93268-00~~	~~Patient demand single event ECG recording; presymptom memory loop and transmission~~	~~125.00~~
93269-00	Patient demand single event ECG recording; presymptom memory loop and transmission and postsymptom memory loop and transmission	~~75.00~~ 80.50
93300-00	Echocardiography, M-mode; complete	~~72.00~~ 85.00
93305-00	limited (e.g., follow-up or limited study)	125.00
93307-00	Echocardiography, real-time with image documentation (2D); complete	155.00
93308-00	~~Echocardiography, real-time with image documentation (2D);~~ limited	~~119.00~~ 132.00
93309-00	Echocardiography, M-mode and real-time with image documentation (2D)	~~270.25~~ 268.00
93312-00	Echocardiography, real-time with image documentation (2D) (with or without M-mode recording), transesophageal	320.00
	Cardiac Catheterization	
93501-00	Right heart catheterization only	$ ~~750.00~~ 680.00
93503-00	Placement of flow directed catheter (e.g., Swan-Ganz), with or without balloon tip, when placed for monitoring purposes, collection of blood, and/or angiography	~~365.00~~ 375.00
93505-00	Endomyocardial biopsy	~~660.00~~ 695.00
93510-00	Left heart catheterization, retrograde, from the brachial artery, axillary artery, or femoral artery; percutaneous	930.50
93536-00	Percutaneous insertion of intra-aortic balloon catheter	534.00
93545-00	Injection procedure during cardiac catheterization; for selective coronary angiography (injection of radiopaque material may be by hand)	700.00
93547-00	Combined left heart catheterization, selective coronary angiography and selective left ventricular angiography	~~850.00~~ 875.00
~~93548-00~~	~~Combined left heart catheterization, selective coronary angiography, one or more coronary arteries, selective left ventriculography, with aortic root aortography~~	~~1,200.00~~
93549-00	Combined right and left heart catheterization, selective coronary angiography, and selective left ventricular angiography	~~1,200.00~~ 1,300.00
93550-00	with selective visualization of bypass graft	1,525.00
93552-00	Combined left heart catheterization, selective coronary angiography, one or more coronary arteries, selective left ventricular cineangiography and visualization of bypass grafts	~~1,166.00~~ 1,200.00
93561-00	Indicator dilution studies such as dye or thermal dilution, including arterial and/or venous catheterization; with cardiac output measurement	100.00
93562-00	subsequent measurement of cardiac output	100.00
93612-00	Intraventricular pacing	325.00
	Other Vascular Studies	
93720-00	Plethysmography, total body; with interpretation and report	$ 50.00
93731-00	Electronic analysis of dual-chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker); without reprogramming	$ ~~45.00~~ 50.00
93732-00	with reprogramming	66.40
93733-00	telephone analysis	~~40.50~~ 70.70
93734-00	Electronic analysis of single-chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker); without reprogramming	~~54.00~~ 59.50
93735-00	with reprogramming	~~56.65~~ 57.25
93736-00	telephonic analysis	~~35.50~~ 59.50
93770-00	Determination of venous pressure	5.00
93784-00	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours; including recording, scanning analysis, interpretation, and report	210.00
93788-00	scanning analysis with report	170.00
93790-00	physician review with interpretation and report	37.00

Code	Service	Maximum Fee
	Noninvasive Peripheral Vascular Diagnostic Studies **Cerebrovascular Arterial Studies**	
93850-00	Noninvasive studies of cerebral arteries other than carotid (e.g., periorbital flow direction with arterial compression, periorbital photoplethysmography with arterial compression, ocular plethysmography with brachial blood pressure, ocular and ear pulse wave timing)	$ ~~85.00~~ 91.00
93860-00	Noninvasive studies of carotid arteries, nonimaging (e.g., photoangiography with or without spectrum analysis, flow velocity pattern evaluation, analog velocity wave form analysis, diastolic flow evaluation, vertebral arteries flow direction measurement)	200.00
93870-00	Noninvasive studies of carotid artery, imaging (e.g., flow imaging by ultrasonic arteriography, high resolution B-scan with or without pulsed Doppler flow evaluation, Doppler flow or duplex scan with spectrum analysis)	~~191.90~~ 157.50
93890-00	Noninvasive studies of extremity arteries (i.e., segmental blood pressure measurements, continuous wave Doppler analog wave form analysis, evocative pressure response to exercise or reactive hyperemia, photoplethysmographic or pulse volume digit wave form analysis, flow velocity signals); upper extremity	80.00
~~93910-00~~	~~lower extremity~~	~~108.00~~
	~~Venous Studies~~	
~~93950-00~~	~~Noninvasive studies of extremity veins~~	$ ~~75.75~~

5221.1900 PULMONARY.

The codes, service descriptions, and maximum fees of this part apply to pulmonary services, and to a provider licensed as a doctor of medicine or a doctor of osteopathy. The services include laboratory procedures, interpretation, and physician services, except surgical and anesthesia services.

94010-00	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurements, and/or maximal voluntary ventilation	$ ~~33.00~~ 35.00
94060-00	Bronchospasm evaluation; spirometry as in 94010, before and after bronchodilator (aerosol or parenteral) or exercise	~~56.00~~ 62.70
94070-00	Prolonged postexposure evaluation of bronchospasm with multiple spirometric determinations after test dose of bronchodilator (aerosol only) or antigen, with spirometry as in 94010-00	~~66.30~~ 88.20
94150-00	Vital capacity, total	~~18.75~~ 21.00
94160-00	Vital capacity screening tests; total capacity, with timed force expiratory volume (state duration), and peak flow rate	18.00
94200-00	Maximum breathing capacity, maximal voluntary ventilation	~~28.70~~ 31.90
94250-00	Expired gas collection, quantitative, single procedure (separate procedure)	84.00
~~94260-00~~	~~Thoric gas volume~~	~~12.00~~
94350-00	Determination of maldistribution of inspired gas: multiple breath nitrogen washout curve including alveolar nitrogen or helium equalibration time	63.00
94375-00	Respiratory flow volume loop	~~25.00~~ 26.40
94640-00	Nonpressurized inhalation treatment for acute airway obstruction	~~25.00~~ 25.50
94650-00	Intermittent positive pressure breathing (IPPB) treatment, air or oxygen, with or without nebulized medication; initial demonstration and/or evaluation	~~18.00~~ 30.00
94651-00	subsequent	40.00
94656-00	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; first day	~~144.50~~ 152.48
94657-00	subsequent days	~~53.50~~ 55.00
94660-00	Continuous positive airway pressure ventilation (CPAP), initiation and management	120.00
94664-00	Aerosol or vapor inhalations for sputum mobilization, bronchodilation, or sputum induction for diagnostic purposes; initial demonstration and/or evaluation	~~25.25~~ 38.00
94665-00	subsequent	35.00

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Code	Service	Maximum Fee
94681-00	Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted	~~102.20~~ 109.40
94700-00	Analysis of arterial blood gas (oxygen saturation, pO2, pCO2, CO2, pH); rest only	~~29.00~~ 30.00
94705-00	rest and exercise (including cannulization of artery)	~~143.60~~ 153.70
94710-00	three or more (O2 administration, IPPB, exercise)	30.00
94715-00	Hemoglobin-oxygen affinity (pO2 for 50 percent hemoglobin saturation with oxygen)	88.00
94725-00	Membrane diffusion capacity	13.00
94750-00	Pulmonary compliance study, any method	~~20.00~~ 17.00
94760-00	Noninvasive ear or pulse oximetry for oxygen saturation; single determination	37.70
94761-00	multiple determinations (e.g., during exercise)	48.80
94770-00	Carbon dioxide, expired gas determination by infrared analyzer	39.00

5221.1950 ALLERGY AND CLINICAL IMMUNOLOGY.

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

Subp. 3. **Other therapy.** Other therapy for medical conferences on the use of mechanical and electronic devices (precipitators, air conditioners, air filters, humidifiers, dehumidifiers), climatotherapy, physical therapy, occupational and recreational therapy, see 95105-00. (For definitions of Levels of Service see the Introduction.) (For Medical Service Procedures, see 90000-00 to 90699-00.)

95001-00	Percutaneous tests (scratch, puncture, prick) with allergenic extracts; 31-60 tests	$ ~~2.25~~ 2.50
95002-00	61-90 tests	2.25
~~95003-00~~	~~more than 90 tests~~	~~3.00~~
95005-00	Percutaneous tests (scratch, puncture, prick) with antibiotics, biologicals, stinging insects; one to five tests	3.00
95018-00	Intracutaneous (intradermal) tests, with antibiotics, biologicals, stinging insects, immediate reaction 15-20 minutes; more than 15 tests	11.00
95021-00	Intracutaneous (intradermal) tests with allergenic extracts, immediate reaction 15-20 minutes; 11-20 tests	~~4.00~~ 4.25
95022-00	21-30 tests	~~3.45~~ 4.50
95023-00	more than 30 tests	~~2.50~~ 2.75
95040-00	Patch or application tests; up to ten tests	3.50
95041-00	11-20 tests	5.00
95042-00	~~Patch or application tests;~~ 21-30 tests	4.00
95043-00	more than 30 tests	5.00
95050-00	Photo patch tests; up to ten tests	8.35
95078-00	Provocative testing	~~11.00~~ 15.00
95115-00	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection	~~8.00~~ 9.00
95117-00	multiple injections	~~9.50~~ 10.00
95120-00	Professional services for allergen immunotherapy in prescribing physician's office or institution, including provision of allergenic extract; single antigen	~~8.75~~ 11.00
95125-00	Multiple antigens (specify number of injections)	~~9.00~~ 11.25
95130-00	Single stinging insect venom	23.50
95131-00	Professional services for allergen immunotherapy in prescribing physician's office or institution, including provision of allergenic extract; two stinging insect venoms	16.00
95132-00	three stinging insect venoms	20.50

5221.2000 NEUROLOGY AND NEUROMUSCULAR.

The codes, service descriptions, and maximum fees of this part apply to neurology and neuromuscular services, and to a provider licensed as a doctor of medicine or a doctor of osteopathy. Services performed as part of and included in the definition of an office visit, hospital visit, or consultation shall not be listed separately, but shall be submitted under the appropriate code.

95822-00	Electroencephalogram (EEG); sleep only	$ ~~160.25~~ 170.00
~~95828-00~~	~~Polysomnography (recording, analysis, and interpretation of the multiple simultaneous physiological measurements of sleep)~~	~~871.00~~
95823-00	physical or pharmacological activation only	153.00
95831-00	Muscle testing, manual (separate procedure); extremity (excluding hand) or trunk, with report	~~32.00~~ 30.00
95851-00	Range of motion measurements and report (separate procedure); each extremity, excluding hand	30.00

Code	Service	Maximum Fee
95852-00	hand, with or without comparison with normal side	~~16.00~~ 20.00
95857-00	Tensilon test for myasthenia gravis	~~80.00~~ 90.00
95860-00	Electromyography; one extremity and related paraspinal areas	~~180.00~~ 190.00
95861-00	two extremities and related paraspinal areas	~~260.00~~ 242.00
95863-00	three extremities and related paraspinal areas	~~250.00~~ 230.10
95864-00	four extremities and related paraspinal areas	~~315.00~~ 337.10
95869-00	Electromyography, limited study of specific muscles (e.g., thoracic spinal muscles)	~~83.30~~ 91.40
95881-00	Assessment of higher cerebral function with medical interpretation; developmental testing	100.00
95882-00	~~Assessment of higher cerebral function with medical interpretation;~~ cognitive testing and others	~~45.65~~ 45.00
95900-00	Nerve conduction, velocity, or latency study, motor, each nerve	~~51.00~~ 58.90
95904-00	Nerve conduction, velocity and/or latency study; sensory, each nerve	~~63.00~~ 67.10
~~95925-00~~	~~Somatosensory testing (i.e., cerebral evoked potentials), one or more nerves~~	~~170.00~~
95935-00	"H" reflex, by electrodiagnostic testing	~~46.00~~ 55.00
95937-00	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any one method	~~88.00~~ 53.50
~~95950-00~~	~~Monitoring for localization of cerebral seizure focus, by attached electrodes or radiotelemetry; electroencephalographic (EEG) recording and interpretation, initial 24 hours~~	~~475.00~~
95951-00	Monitoring for localization of cerebral seizure focus, by attached electrodes or radiotelemetry; combined EEG and videorecording and interpretation, initial 24 hours	800.00

5221.2050 CHEMOTHERAPY INJECTIONS.

The codes, service descriptions, and maximum fees of this part apply to chemotherapy injections, and to a provider licensed as a doctor of medicine, a doctor of osteopathy, or by a qualified assistant under supervision of the physician.

96501-00	Chemotherapy injection, intravenous, single premixed agent, administered by qualified assistant under supervision of physician or by physician; by infusion technique	$ ~~60.00~~ 84.00
96504-00	Chemotherapy injection, intravenous, multiple premixed agents, administered by qualified assistant under supervision of physician or by physician; by push technique	~~37.00~~ 60.50
96505-00	by infusion technique	~~62.00~~ 80.00
96508-00	Chemotherapy injection, intravenous, complex, using one or more agents, requiring mixing, administered by qualified assistant under supervision of physician or by physician; by push technique	~~37.75~~ 45.00
96509-00	by infusion technique	~~83.31~~ 88.20
96510-00	by infusion technique, prolonged, requiring attendance up to one hour	90.00
96511-00	by infusion technique, prolonged, each additional hour up to a total of eight hours	66.00
96512-00	by infusion technique, prolonged, up to a total of several days, involving the use of portable pumps	~~110.00~~ 100.00
96520-00	Portable pump refilling and maintenance	~~50.00~~ 30.00
~~96524-00~~	~~Chemotherapy injection, complex, administered by physician, arterial infusion technique~~	~~72.00~~
96530-00	Implantable pump filling and maintenance	~~74.50~~ 60.00
96538-00	Chemotherapy injection, requiring lumbar puncture, administered by physician	~~165.00~~ 133.80

5221.2070 DERMATOLOGICAL PROCEDURES.

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

Subp. 2. **Services.** Dermatologic services are typically consultative, and any of the levels of consultation described in part 5221.1200 may be appropriate. In addition, physician services for dermatological procedures are the same as the definitions described in part 5221.1100.

96900-00	Actinotherapy (ultraviolet light)	$ 10.00
96910-00	Photochemotherapy; tar and ultraviolet B (Geockerman treatment) or petrolatum and ultraviolet B	~~15.00~~ 18.00
96912-00	psoralens and ultraviolet A (PUVA)	35.00

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5221.2100 PHYSICAL MEDICINE.

The following codes, service descriptions, and maximum fees apply to physical medicine services, and to a provider licensed as a doctor of medicine or a doctor of osteopathy.

Code	Service	Maximum Fee
	Modalities	
97260-00	Manipulation (cervical, thoracic, lumbosacral, sacroiliac, hand, wrist) (separate procedure), performed by physician; one area. For manipulation under general anesthesia, see appropriate anatomic section in musculoskeletal system	$ ~~31.50~~ 33.20
97261-00	each additional area	~~8.85~~ 9.40

5221.2200 SPECIAL SERVICES AND REPORTS.

Special services and reports apply to a provider licensed as a doctor of medicine or a doctor of osteopathy, and include a means of identifying the completion of special reports and services that are an adjunct to the basic services rendered. (See part 5221.1100 for definitions on levels of services.)

	Miscellaneous Services	
99000-00	Collection, handling, or conveyance of specimen for transfer from the physician's office to a laboratory	$ ~~9.30~~ 10.00
99001-00	Handling and/or conveyance of specimen for transfer from the patient in other than a physician's office to a laboratory (distance may be indicated)	~~9.30~~ 21.80
99002-00	Handling, conveyance, and/or any other service in connection with the implementation of an order involving devices (e.g., designing, fitting, packaging, handling, delivery, or mailing) when devices such as orthotics, protectives, and prosthetics are fabricated by an outside laboratory or shop but which items have been designed and are to be fitted and adjusted by the attending physician	5.00
99013-00	Telephone calls for consultation or medical management; simple or brief	~~6.00~~ 8.00
99014-00	intermediate	16.00
99025-00	Initial, new patient visit; when asterisked (*) surgical procedure constitutes major service at that visit	~~27.00~~ 28.00
99052-00	Services requested between 10:00 p.m. and 8:00 a.m. in addition to basic service	~~25.00~~ 28.00
99054-00	Services requested on Sundays and holidays in addition to basic services	~~30.00~~ 33.12
~~99056-00~~	~~Services provided at request of patient in a location other than physician's office which are normally provided in the office~~	~~53.00~~
99058-00	Office services provided on an emergency basis	~~37.75~~ 25.00
99062-00	Emergency care facility services; when the nonhospital-based physician is in the hospital, but is involved in patient care elsewhere and is called to the emergency facility to provide emergency services	~~44.80~~ 48.00
99064-00	Emergency care facility services; when the nonhospital-based physician is called to the emergency facility from outside the hospital to provide emergency services; not during regular office hours	~~50.00~~ 70.00
99065-00	during regular office hours	68.00
99075-00	Medical testimony	Reasonableness of charges reviewable by commissioner
99080-00	Special reports like insurance forms, or the review of medical data to clarify a patient's status; more than the information conveyed in the usual medical communications or on standard reporting forms required by the commissioner	Reasonableness of charges reviewable by commissioner
99090-00	Analysis of information data stored in computers (e.g., ECGs, blood pressures, hematologic data)	25.00
	Prolonged Services	
99150-00	Prolonged physician attendance requiring physician detention beyond usual service (e.g., operative standby, monitoring ECG, EEG, intrathoracic pressures, intravascular pressures, blood gasses during surgery); 30 minutes to one hour	$ ~~120.00~~ 141.40
~~99151-00~~	~~more than one hour~~	~~296.00~~

Code	Service	Maximum Fee
	Medical Conferences	
99155-00	Medical conference by physician regarding medical management with patient, or relative, guardian, or other (may include counseling by a physician); approximately 25 minutes	$ 75.00
99156-00	approximately 50 minutes	~~118.00~~ 127.00
	Critical Care Services	

Critical care services (codes 99160-00 to 99173-00) apply to a provider licensed as a doctor of medicine or a doctor of osteopathy, and include the care of critically ill patients in a variety of medical emergencies that require the constant attention of the physician, for example, cardiac arrest, shock, bleeding, respiratory failure, postoperative complications, or critically ill neonate. Critical care is usually, but not always, given in a critical care area, such as the coronary care unit, intensive care unit, respiratory care unit, or the emergency care facility. The critical care services include, but are not limited to, cardiopulmonary resuscitation and a variety of services attendant to this procedure as well as other acute emergency situations. Separate procedure codes for services performed during this period, such as placement of catheters, cardiac output measurement, management of dialysis, control of gastrointestinal hemorrhage, or electrical conversion of arrhythmia, are not permitted when critical care services are billed on a per hour basis.

	Critical Care	
99160-00	Critical care, initial, including the diagnostic and therapeutic services and direction of care of the critically ill or multiple injured or comatose patient, requiring the prolonged presence of the physician; each hour	$ ~~175.00~~ 200.00
99162-00	additional 30 minutes	~~75.00~~ 92.00
99170-00	Gastric intubation, and aspiration or lavage for treatment (e.g., for ingested poisons)	~~80.00~~ 100.00
99171-00	Critical care, subsequent follow-up visit; brief examination, evaluation and/or treatment for same illness	~~66.35~~ 67.00
99172-00	limited examination, evaluation, or treatment for same or new illness	65.00
99173-00	intermediate examination, evaluation, or treatment, same or new illness	~~80.00~~ 83.00
99174-00	extended reexamination, reevaluation, and/or treatment, same or new illness	150.00
	Other Services	
99175-00	Ipecac or similar administration for individual emesis and continued observation until stomach adequately emptied of poison	$ 73.00
99190-00	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); each hour	150.00
99195-00	Phlebotomy, therapeutic (separate procedure)	40.00

5221.2250 PHYSICIAN SERVICES; SURGERY.

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

Subp. 3. **Integumentary system.**

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

B. The following codes, service descriptions, and maximum fees apply to surgical procedures of the integumentary system.

	Incision	
10000*00	Incision and drainage of infected or noninfected sebaceous cyst; one lesion	$ ~~55.00~~ 60.00
10003*00	Incision and drainage of infected or noninfected epithelial inclusion cyst (sebaceous cyst) with complete removal of sac and treatment of cavity	~~65.00~~ 75.00
10020*00	Incision and drainage of furuncle	~~44.00~~ 49.40
10040*00	Acne surgery (e.g., marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)	27.00
10060*00	Incision and drainage of abscess, ~~for example~~ (e.g., carbuncle, suppurative hidradenitis, and other cutaneous or subcutaneous abscesses; simple	~~57.00~~ 70.40
10061-00	complicated	130.00

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Code	Service	Maximum Fee
10080*00	Incision and drainage of pilonidal cyst; simple	~~64.00~~ 68.00
10100*00	Incision and drainage of onychia or paronychia; single or simple	~~55.00~~ 56.00
10120*00	Incision and removal of foreign body, subcutaneous tissues; simple	~~55.00~~ 60.00
10121*00	complicated	~~105.00~~ 134.80
10140*00	Incision and drainage of hematoma; simple	~~52.00~~ 59.00
10160*00	Puncture aspiration of abscess, hematoma, bulla, or cyst	~~46.00~~ 49.00
11000*00	Debridement of extensive eczematous or infected skin; up to ten percent of body surface	~~41.00~~ 50.00
11040-00	Debridement; skin, partial thickness	~~49.00~~ 50.00
11041-00	full thickness	~~35.00~~ 40.00
~~11042-00~~	~~skin, and subcutaneous tissue~~	~~100.00~~
11043-00	skin, subcutaneous tissue and muscle	331.00
11044-00	skin, subcutaneous tissue, muscle, and bone	~~375.00~~ 505.00
	Paring or Curettement	
11050*00	Paring or curettement of benign lesion with or without chemical cauterization (such as verrucae or clavi); single lesion	$ ~~30.00~~ 32.00
11051-00	two to four lesions	~~42.00~~ 44.50
11052-00	more than four lesions	~~64.00~~ 71.00
	Biopsy	
11100-00	Biopsy of skin, subcutaneous tissue, or mucous membrane, including simple closure, unless otherwise listed (separate procedure); one lesion	$ ~~67.00~~ 72.00
11101-00	each additional lesion	45.00
	Excision—Benign Lesions	
11200*00	Excision, skin tags, multiple fibrocutaneous tags, any area; up to 15 lesions	$ ~~58.25~~ 62.20
11400-00	Excision, benign lesion, except skin tag (unless listed elsewhere), trunk, arms or legs; lesion diameter up to 0.5 centimeter	~~74.00~~ 77.00
11401-00	lesion diameter 0.5 to 1.0 centimeter	~~86.48~~ 93.00
11402-00	lesion diameter 1.0 to 2.0 centimeters	~~102.20~~ 121.00
11403-00	lesion diameter 2.0 to 3.0 centimeters	~~125.00~~ 135.00
11404-00	lesion diameter 3.0 to 4.0 centimeters	~~150.00~~ 158.00
11406-00	lesion diameter over 4.0 centimeters	~~237.00~~ 234.00
11420-00	Excision, benign lesion, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; lesion diameter up to 0.5 centimeter (MD/DO)	~~85.00~~ 90.00
11421-00	lesion diameter 0.5 to 1.0 centimeter	~~100.00~~ 111.00
11422-00	lesion diameter 1.0 to 2.0 centimeters	~~124.00~~ 135.00
11423-00	lesion diameter 2.0 to 3.0 centimeters	~~145.00~~ 161.75
11424-00	lesion diameter 3.1 to 4.0 centimeters	200.00
11426-00	lesion diameter over 4.0 centimeters	250.00
11440-00	Excision, other benign lesion (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter up to 0.5 centimeter	~~95.00~~ 103.00
11441-00	lesion diameter 0.5 to 1.0 centimeter	~~120.00~~ 131.00
11442-00	lesion diameter 1.1 to 2.0 centimeters	~~149.00~~ 160.00
11443-00	lesion diameter 2.1 to 3.0 centimeters	~~120.00~~ 205.00
11444-00	lesion diameter 3.1 to 4.0 centimeters	~~230.00~~ 300.00
	Excision—Malignant Lesions	
11600-00	Excision, malignant lesion, trunk, arms, or legs; lesion diameter 0.5 centimeter or less	$ ~~136.00~~ 127.50
11601-00	lesion diameter 0.6 to 1.0 centimeter	~~165.00~~ 190.00
11602-00	lesion diameter 1.1 to 2.0 centimeters	~~200.00~~ 234.00
11603-00	lesion diameter 2.1 to 3.0 centimeters	~~275.00~~ 280.00
11604-00	lesion diameter 3.1 to 4.0 centimeters	~~280.00~~ 360.00
~~11606-00~~	~~lesion diameter over 4.0 centimeters~~	~~386.50~~
11620-00	Excision, malignant lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 centimeter or less	~~165.40~~ 170.00
11621-00	lesion diameter 0.6 to 1.0 centimeter	~~231.50~~ 257.50

Code	Service	Maximum Fee
11622-00	lesion diameter 1.1 to 2.0 centimeters	~~350.00~~ 335.00
11623-00	lesion diameter 2.1 to 3.0 centimeters	350.30
11640-00	Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 0.5 centimeter or less	~~272.70~~ 307.00
11641-00	lesion diameter 0.6 to 1.0 centimeter	~~297.26~~ 350.00
11642-00	lesion diameter 1.1 to 2.0 centimeters	~~400.00~~ 443.03
11643-00	lesion diameter 2.1 to 3.0 centimeters	~~397.33~~ 405.10
	Nails	
11700*00	Debridement of nails, manual; ~~5~~ five or less	$ ~~29.00~~ 32.00
11710*00	Debridement of nails, electric grinder, ~~5~~ five or less	~~26.00~~ 27.50
11730*00	Avulsion of nail plate, partial or complete, simple; single	~~68.00~~ 71.00
11740-00	Evacuation of subungual hematoma	~~42.00~~ 45.00
11750-00	Excision of nail and nail matrix, partial or complete, (e.g., ingrown or deformed nail) for permanent removal	~~150.00~~ 175.00
11760-00	Reconstruction of nail bed; simple	210.00
11765-00	Wedge excision of skin of nail fold (e.g., for ingrown toenail)	75.00
	Miscellaneous	
11770-00	Excision of pilonidal cyst or sinus; simple	$ ~~565.00~~ 618.00
11771-00	extensive	~~660.00~~ 670.00
11900*00	Injection, intralesional, up to and including seven lesions	~~35.00~~ 37.00
	Introduction	
11901*00	Injection, intralesional; up to and including ~~7~~ seven lesions	$ ~~68.00~~ 52.00
11954-00	Subcutaneous injection of "filling" material (e.g., silicone); over ~~10~~ ten centimeters	~~100.00~~ 50.00
11960-00	Insertion of tissue expander(s)	1,925.00
	Repair—Simple	
12001*00	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk, or extremities, including hands and feet; up to 2.5 centimeters	$ ~~60.00~~ 64.00
12002*00	2.5 to 7.5 centimeters	~~88.75~~ 97.00
12004*00	7.5 to 12.5 centimeters	~~123.50~~ 130.50
12005*00	12.5 to 20.0 centimeters	~~149.00~~ 183.00
12011*00	Simple repair of superficial wounds of face, ears, eyelids, nose, lips, or mucous membranes; up to 2.5 centimeters	~~88.00~~ 91.60
12013*00	2.5 to 5.0 centimeters	~~120.00~~ 127.00
12014-00	5.1 to 7.5 centimeters	~~120.00~~ 139.00
12015-00	7.6 to 12.5 centimeters	~~132.00~~ 191.85
~~12020-00~~	~~Treatment of superficial wound dehiscence; simple closure~~	~~110.00~~
	Repair—Intermediate	
12031*00	Layer closure of wounds of scalp, axillae, trunk, or extremities excluding hands and feet; up to 2.5 centimeters	$ ~~88.00~~ 94.00
12032*00	2.5 to 7.5 centimeters	~~122.50~~ 136.00
12034-00	7.6 to 12.5 centimeters	170.00
12041*00	Layer closure of wounds of neck, hands, feet, or external genitalia; up to 2.5 centimeters	~~105.00~~ 113.00
12042-00	2.5 to 7.5 centimeters	~~146.00~~ 150.00
12051*00	Layer closure of wounds of face, ears, eyelids, nose, lips, or mucous membranes up to 2.5 centimeters	~~131.00~~ 133.00
12052-00	2.5 to 5.0 centimeters	~~174.00~~ 180.00
12053-00	5.1 to 7.5 centimeters	~~215.00~~ 238.00

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Code	Service	Maximum Fee
	Repair—Complex	
~~13101-00~~	~~Repair, complex, trunk; 2.6 to 7.5 centimeters~~	~~$ 267.00~~
13120-00	Repair, complex, scalp, arms, and/or legs; 1.1 to 2.5 centimeters	$ 250.00
13121-00	2.6 to 7.5 centimeters	~~350.00~~ 300.00
13131-00	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 to 2.5 centimeters	350.00
13132-00	2.6 to 7.5 centimeters	490.00
13150-00	Repair, complex, eyelids, nose, ears and/or lips; 1.0 centimeter or less	~~220.00~~ 276.00
13151-00	~~Repair, complex, eyelids, nose, ears, or lips;~~ 1.0 to 2.5 centimeters	420.00
13152-00	2.5 to 7.5 centimeters	~~720.00~~ 690.00
	Adjacent Tissue Transfer or Rearrangement	
14040-00	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect ten square centimeters or less	$ 855.00
14060-00	Adjacent tissue transfer or rearrangement, eyelids, nose, ears, or lips; defect up to ~~10~~ ten square centimeters	$ ~~1,000.00~~ 1,058.00
	Free Skin Grafts	
~~15100-00~~	~~Split graft, trunk, scalp, arms, legs, hands, or feet except multiple digits; up to 100 square centimeters or less, or each one percent of body area of infants and children~~	~~$ 628.00~~
15120-00	Split graft, face, eyelids, mouth, neck, ears, orbits, genitalia, and/or multiple digits; 100 square centimeters or less	$ 707.00
	Miscellaneous Procedures	
15823-00	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	$1,000.00
15851-00	Removal of sutures under anesthesia (other than local), other surgeon	27.25
	Burns, Local Treatment	
16000-00	Initial treatment, first degree burn, when no more than local treatment is required	$ ~~45.00~~ 55.65
~~16010-00~~	~~Dressings and/or debridement, initial or subsequent; under anesthesia, small~~	~~44.00~~
16020*00	without anesthesia, office or hospital, small	~~47.00~~ 48.00
16025*00	without anesthesia, medium~~, for example~~ (e.g., whole face or whole extremity)	~~82.00~~ 89.00
	Destruction	
17000*00	Destruction by any method, with or without surgical curettement, all facial lesions or premalignant lesions in any location, including local anesthesia; one lesion	$ ~~49.00~~ 51.00
17001-00	second and third lesions, each	33.80
17002-00	over three lesions, each additional lesion	25.00
17100*00	Destruction by any method of benign skin lesions on any area other than the face, including local anesthesia; one lesion	~~46.50~~ 53.00
17101-00	second lesion	~~23.25~~ 30.00
17110*00	Destruction by any method of flat (plane, juvenile) warts or molluscum contagiosum, milia, up to 15 lesions	~~45.00~~ 50.00
17200*00	Electrosurgical destruction of multiple fibrocutaneous tags; up to 15 lesions	~~50.00~~ 51.75
17250*00	Chemical cauterization of a wound	~~35.00~~ 46.00
~~17303-00~~	~~Chemosurgery (Mohs' technique), first stage, fixed tissue technique, including removal of all gross tumor and application of fixative~~	~~53.00~~
17304-00	Chemosurgery (Mohs' technique); first stage, fresh tissue technique, including the removal of all gross tumor and delineation of margins by means of up to ~~5~~ five horizontal, microscopic specimens	~~505.00~~ 525.00
17305-00	second stage, fixed or fresh tissue, up to five specimens	160.00
17340*00	Cryotherapy (CO_2 slush, liquid $N2_2$)	~~32.00~~ 35.95
~~17360*00~~	~~Chemical exfoliation for acne (e.g. acne paste, acid)~~	~~34.00~~

Subp. 4. **Musculoskeletal system.** The following codes, service descriptions, and maximum fees apply to surgical procedures of the musculoskeletal system. Rereduction of a fracture or dislocation performed by the primary physician may be identified by the addition of the modifier number 76 to the usual procedure number to indicate "repeat procedure by same physician."

Code	Service	Maximum Fee
	Excision—General	
20205-00	Biopsy, muscle; deep	$ ~~250.00~~ 328.00
20220-00	Biopsy, bone, trocar, or needle; superficial~~, for example~~ (e.g., ilium, sternum, spinous process, ribs)	~~157.00~~ 200.00
	Introduction or Removal—General	
~~20520*00~~	~~Removal of foreign body in muscle or tendon sheath; simple~~	~~$ 50.00~~
20525-00	Removal of foreign body in muscle or tendon sheath; deep or complicated	$274.92
20550*00	Injection, tendon sheath, ligament, or trigger points	~~48.00~~ 51.00
20600*00	Arthrocentesis, aspiration, or injection; small joint or bursa~~, for example~~ (e.g., fingers, toes)	~~50.00~~ 52.00
20605*00	intermediate joint or bursa~~, for example~~ (e.g., temporomandibular, acromioclavicular, wrist, elbow, or ankle, olecranon bursa)	~~63.00~~ 67.00
20610*00	major joint or bursa~~, for example~~ (e.g., shoulder, hip, knee joint, subacromial bursa)	~~64.27~~ 68.00
20670*00	Removal of implant; superficial~~,~~ (e.g., buried wire, pin, or rod)	~~90.00~~ 95.00
20680-00	Removal of implant; deep~~, for example~~ (e.g., buried wire, pin, screw, metal band, nail, rod, or plate)	~~350.00~~ 375.00
	Head—Repair, Revision, or Reconstruction	
21310-00	Treatment of closed or open nasal fracture without manipulation	$ ~~58.00~~ 62.00
21315-00	mandible (includes obtaining graft)	~~145.00~~ 222.35
21320-00	Manipulative treatment, nasal bone fracture; with stabilization	~~365.00~~ 395.00
21335-00	Open treatment of nasal fracture; with concomitant open treatment of fractured septum	1,800.00
	Neck (Soft Tissues) and Thorax—Fracture or Dislocation	
21800-00	Treatment of rib fracture; closed, uncomplicated, each	$ ~~68.00~~ 75.00
	Shoulders—Fracture or Dislocation	
23420-00	Repair of complete shoulder cuff avulsion, chronic (includes acromionectomy)	$ ~~1,579.00~~ 1,635.00
~~23450-00~~	~~Capsulorrhaphy for recurrent dislocation, anterior; Putti-Platt procedure or Magnuson type operation~~	~~1,575.00~~
23472-00	Arthroplasty with glenoid and proximal humeral replacement (e.g., total shoulder)	3,406.00
23500-00	Treatment of closed clavicular fracture; without manipulation	~~125.00~~ 114.00
23600-00	Treatment of closed humeral (surgical or anatomical neck) fracture; without manipulation	~~219.00~~ 195.69
23650-00	Treatment of closed shoulder dislocation, with manipulation; without anesthesia	~~165.00~~ 176.00
23655-00	requiring anesthesia	~~236.25~~ 295.00
23700*00	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	~~154.00~~ 235.00
	Humerus (Upper Arm) and Elbow—Fracture or Dislocation	
24105-00	Excision, olecranon bursa	$ ~~420.00~~ 455.00
24500-00	Treatment of closed humeral shaft fracture; without manipulation	~~220.00~~ 245.00
24530-00	Treatment of closed humeral supracondylar or transcondylar fracture, without manipulation	286.85
24600-00	Treatment of closed humeral epicondylar fracture, medial or lateral; without manipulation	~~199.00~~ 232.50
24650-00	Treatment of closed radial head or neck fracture without manipulation	~~168.75~~ 187.25
~~24685-00~~	~~Open treatment of closed or open ulnar fracture proximal end (olecranon process), with or without internal or external skeletal fixation~~	~~750.00~~
	Forearm and Wrist—Incision and Excision	
25000-00	Tendon sheath incision; at radial styloid for de Quervain's disease	$ 465.00
25111-00	Excision of ganglion, wrist (dorsal or volar); primary	$ ~~425.00~~ 449.00

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Code	Service	Maximum Fee
	Forearm and Wrist—Fracture or Dislocation	
25500-00	Treatment of closed radial shaft fracture; without manipulation	$ ~~168.50~~ 206.00
25505-00	with manipulation	~~369.00~~ 375.00
25530-00	Treatment of closed ulnar shaft fracture; without manipulation	200.00
25560-00	Treatment of closed radial and ulnar shaft fractures; without manipulation	~~231.00~~ 256.00
25565-00	~~Treatment of closed radial and ulnar shaft fractures;~~ with manipulation	~~471.00~~ 572.30
25600-00	Treatment of closed distal radial fracture (~~for example~~ e.g., Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; without manipulation	~~195.50~~ 219.80
25605-00	with manipulation	~~344.00~~ 390.00
25610-00	Treatment of closed, complex, distal radial fracture (~~for example~~ e.g., Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, requiring manipulation; without external skeletal fixation or percutaneous pinning	~~520.00~~ 540.00
~~25611-00~~	~~with external skeletal fixation or percutaneous pinning~~	~~637.50~~
25622-00	Treatment of closed carpal scaphoid (navicular) fracture; without manipulation	~~240.00~~ 251.00
	Hand and Fingers—Incision, Excision, Repair, Revision, or Reconstruction	
~~26011*00~~	~~Drainage of finger abscess; complicated (i.e., felon, etc.)~~	~~$ 200.00~~
26010*00	Drainage of finger abscess; simple	$ 62.00
26055-00	Tendon sheath incision for trigger finger	~~401.00~~ 440.00
26115-00	Excision, tumor, hand or finger; subcutaneous	~~307.00~~ 312.00
26116-00	deep, subfascial, intramuscular	~~483.00~~ 460.00
26120-00	Fasciectomy, palmar, simple, for Dupuytren's contracture; partial excision	675.00
26122-00	~~Fasciectomy, palmar, simple for Dupuytren's contracture;~~ up to ~~1/2~~ one-half palmar fascia, with single digit involvement, with or without Z-plasty or other local tissue rearrangement	~~1,375.00~~ 1,520.00
26160-00	Excision of lesion of tendon sheath or capsule	~~270.00~~ 295.00
26418-00	Extensor tendon repair, dorsum of finger, single, primary, or secondary; without free graft, each tendon	~~380.00~~ 485.00
	Hands and Fingers—Fractures or Dislocations	
26600-00	Treatment of closed metacarpal fracture, single; without manipulation, each bone	$ ~~132.00~~ 143.00
26605-00	with manipulation, each bone	~~205.60~~ 240.00
26615-00	Open treatment of closed or open metacarpal fracture, single, with or without internal or external skeletal fixation, each bone	615.00
26720-00	Treatment of closed phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each	~~89.00~~ 100.00
26725-00	with manipulation, each	~~140.00~~ 191.50
26727-00	Treatment of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, requiring traction or fixation, each	595.00
26735-00	Open treatment of closed or open phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with or without internal or external skeletal fixation, each	~~516.00~~ 570.00
26750-00	Treatment of closed distal phalangeal fracture, finger or thumb; without manipulation, each	~~61.00~~ 60.75
26760-00	Treatment of open distal phalangeal fracture, finger or thumb, with uncomplicated soft tissue closure, each	~~138.00~~ 137.00
26770-00	Treatment of closed interphalangeal joint dislocation, single, with manipulation; without anesthesia	~~71.00~~ 79.00
	Hand and Fingers—Amputation	
26951-00	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure	$ ~~350.00~~ 300.00
	Pelvis and Hip Joint	
27125-00	Hemiarthroplasty of hip; prostheses (e.g., Austin-Moore, bipolar arthroplasty)	~~$2,001.82~~ 2,300.00
27130-00	Arthroplasty, Acetabular and proximal femoral prosthetic replacement; simple	~~3,199.00~~ 3,293.00
27134-00	Revision of total hip arthroplasty; both components	~~4,300.00~~ 4,785.00
27235-00	Treatment of closed or open femoral fracture, proximal end, neck, in situ pinning of undisplaced or impacted fracture	1,523.80

Code	Service	Maximum Fee
27236-00	Open treatment of closed or open femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	~~1,764.00~~ 1,796.00
27244-00	Open treatment of closed or open intertrochanteric or pertrochanteric femoral fracture, with internal fixation	~~1,604.00~~ 1,556.00
27252-00	Treatment of closed hip dislocation; requiring anesthesia	~~398.40~~ 432.00
	Femur (Thigh Region) and Knee Joint—Introduction or Removal	
27370-00	Injection procedure for knee arthrography	$ ~~63.00~~ 70.00
	Femur (Thigh Region) and Knee Joint—Repair, Revision, or Reconstruction	
~~27422-00~~	~~Reconstruction for recurrent dislocating patella; with extensor realignment or muscle advancement or release (Campbell, Goldwaite, type procedure)~~	~~$ 1,350.00~~
~~27425-00~~	~~Lateral retinacular release, any method~~	~~1,235.00~~
27446-00	Arthroplasty, knee, condyle and plateau; medial or lateral compartment	~~2,496.00~~ $ 2,709.00
27447-00	~~Arthroplasty, knee condyle and plateau;~~ medial and lateral compartments with or without patella resurfacing (total knee replacement)	~~3,200.00~~ 3,280.00
27487-00	Revision of total knee arthroplasty; all components	5,155.00
27506-00	Open treatment of closed or open femoral shaft fracture (including supracondylar), with or without internal or external skeletal fixation	~~1,568.00~~ 1,640.00
~~27570*00~~	~~Manipulation of knee joints under general anesthesia (includes application of traction or other fixation devices)~~	~~225.60~~
27520-00	Treatment of closed patellar fracture, without manipulation	207.00
27524-00	Open treatment of closed or open patellar fracture, with repair and/or excision	1,039.00
	Amputation	
27590-00	Amputation, thigh, through femur, any level	$ ~~1,100.00~~ 1,155.00
	Leg (Tibula and Fibula) and Ankle Joint—Fractures or Dislocations	
27750-00	Treatment of closed tibial shaft fracture; without manipulation	$ ~~250.00~~ 300.00
~~27752-00~~	~~with manipulation~~	~~439.00~~
27760-00	Treatment of closed distal tibial fracture (medial malleolus) without manipulation	~~215.00~~ 216.00
27766-00	Open treatment of closed or open distal tibial fracture (medial malleolus), with fixation	~~854.00~~ 855.00
27780-00	Treatment of closed proximal fibula or shaft fracture; without manipulation	~~178.00~~ 180.00
27786-00	Treatment of closed distal fibular fracture (lateral malleolus); without manipulation	~~187.00~~ 189.00
27792-00	Open treatment of closed or open distal fibular fracture (lateral malleolus), with fixation	~~766.00~~ 831.00
27802-00	with manipulation	~~640.00~~ 595.00
27806-00	Open treatment of closed or open tibia and fibula fractures, shafts, with or without internal or external skeletal fixation	1,376.00
27808-00	Treatment of closed bimalleolar ankle fracture, (including Potts); without manipulation	264.00
27814-00	Open treatment of closed or open bimalleolar ankle fracture, with or without internal or external skeletal fixation	~~1,087.00~~ 1,085.00
27822-00	Open treatment of closed or open trimalleolar ankle fracture, with or without internal or external skeletal fixation, medial, or lateral malleolus; only	~~1,232.00~~ 1,225.00
27880-00	Amputation leg, through tibia and fibula	~~900.00~~ 1,000.00
	Foot	
28080-00	Excision of Morton neuroma; single each	$ ~~366.75~~ 420.00
28090-00	Excision of lesion of tendon or fibrous sheath or capsule (including synovectomy) (cyst or ganglion) foot	~~400.00~~ 414.00

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Code	Service	Maximum Fee
28190*00	Removal of foreign body, foot; subcutaneous	~~53.50~~ 100.00
28285-00	Hammertoe operation; one toe (~~for example~~ e.g., interphalangeal fusion, filleting, phalangectomy)	~~413.00~~ 441.50
28290-00	Hallux valgus (bunion) correction, with or without sesamoidectomy; simple exostectomy (Silver type procedure)	~~535.00~~ 545.00
28292-00	Keller, McBride, or Mayo type procedure	~~701.25~~ 750.00
28296-00	with metatarsal osteotomy (Mitchell, Chevron, or concentric type procedure)	~~935.00~~ 927.50
28400-00	Treatment of closed calcaneal fracture; without manipulation	228.00
28450-00	Treatment of closed tarsal bone fracture (except talus and calcaneus); without manipulation, each	164.00
28470-00	Treatment of closed metatarsal fracture; without manipulation, each	~~130.00~~ 140.00
28490-00	Treatment of closed fracture great toe, phalanx, or phalanges; without manipulation	67.25
28510-00	Treatment of closed fracture, phalanx or phalanges, other than great toe; without manipulation, each	~~60.00~~ 50.00
28820-00	Amputation, toe; metatarsophalangeal joint	~~244.82~~ 306.03

Subp. 5. **Casts and strapping.** The following codes, service descriptions, and maximum fees apply to procedures associated with the application of casts and strapping. The services include the application and removal of the first cast or traction device only. Subsequent replacement of cast or traction device requires an additional listing. Codes for cast removal shall be employed only for casts applied by another physician.

Body and Upper Extremity Casts

29065-00	Application; shoulder to hand (long arm)	$ ~~90.00~~ 92.00
29075-00	elbow to finger (short arm)	~~73.00~~ 75.00
29085-00	hand and lower forearm (gauntlet)	~~75.00~~ 80.00

Splints

29105-00	Application of long arm splint (shoulder to hand)	$ ~~51.00~~ 54.00
29125-00	Application of short arm splint (forearm to hand); static	~~44.00~~ 48.00
29130-00	Application of finger splint; static	~~29.50~~ 31.00

Strapping—Any Age

29260-00	Strapping; elbow or wrist	$ ~~20.00~~ 22.00
29345-00	Application of long leg cast (thigh to toes)	~~113.30~~ 123.00
29355-00	walker or ambulatory type	134.00
29358-00	Application of long leg cast brace	241.00
29365-00	Application of cylinder cast (thigh to ankle)	~~93.00~~ 97.00
29405-00	Application of short leg cast (below knee to toes)	~~90.00~~ 95.00
29425-00	walking or ambulatory type	~~100.00~~ 102.00
29435-00	Application of patellar tendon bearing (PTB) cast	~~132.00~~ 133.00
29440-00	Adding walker to previously applied cast	~~40.00~~ 37.50
29450-00	Application of clubfoot cast with molding or manipulation, long or short leg; unilateral	~~58.00~~ 62.50
29455-00	bilateral	~~112.00~~ 121.00

Splints

29505-00	Application of long leg splint (thigh to ankle or toes)	$ ~~67.00~~ 75.60
29515-00	Application of short leg splint (calf to foot)	~~50.00~~ 53.00

Strapping—Any Age

29530-00	Strapping; knee	$ ~~48.00~~ 52.00
29540-00	ankle	41.00
29550-00	toes	~~26.00~~ 28.00
29580-00	Unna boot	~~35.00~~ 37.00

Removal or Repair

29700-00	Removal or bivalving; gauntlet, boot or body cast	$ ~~30.00~~ 36.00
29705-00	full arm or full leg cast	~~25.00~~ 40.00
29720-00	Repair of spica, body cast, or jacket	23.00

Code	Service	Maximum Fee
	Arthroscopy	
29870-00	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	$ ~~525.00~~ 705.00
29874-00	Arthroscopy, knee, surgical; for infection, lavage and drainage; for removal of loose body or foreign body (~~for example~~ e.g., osteochondritis dissecans fragmentation, chondral fragmentation)	~~1,350.00~~ 1,390.00
29875-00	synovectomy, limited (~~for example~~ e.g., plica or shelf resection)	~~1,254.00~~ 1,378.00
29877-00	debridement/shaving of articular cartilage (chrondroplasty)	~~1,461.00~~ 1,550.00
29879-00	abrasion arthroplasty (includes chrondroplasty where necessary) or multiple drilling	~~1,566.00~~ 1,657.00
29880-00	with meniscectomy (medial AND lateral, including any meniscal shaving)	~~1,732.00~~ 1,893.00
29881-00	with meniscectomy (medial or lateral including any meniscal shaving)	~~1,511.00~~ 1,620.00
29888-00	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	3,120.00

Subp. 6. **Respiratory system.** The following codes, service descriptions, and maximum fees apply to surgical procedures of the respiratory system.

	Nose	
30100-00	Biopsy, intranasal	$ 71.00
30110-00	Excision, nasal polyp(s), simple; unilateral	$ ~~136.00~~ 150.00
30111-00	bilateral	260.00
30116-00	Excision, nasal polyp(s), extensive; bilateral	~~620.00~~ 610.00
30200*00	Injection into turbinate(s), therapeutic	50.50
30300*00	Removal foreign body, intranasal; office type procedure	42.00
	Nose—Repair	
30420-00	Rhinoplasty, primary; including major septal repair	$ ~~2,205.00~~ 2,500.00
30520-00	Septoplasty or submucous resection, with or without cartilage scoring, contouring, or replacement with graft	~~1,031.00~~ 1,146.00
30800*00	Cauterization turbinates, unilateral or bilateral (separate procedure); superficial	~~22.00~~ 56.00
	Other Procedures	
30901*00	Control nasal hemorrhage, anterior, simple (cauterization); unilateral	$ ~~54.00~~ 59.00
30902*00	bilateral	~~68.00~~ 78.00
30903*00	Control nasal hemorrhage, anterior, complex (cauterization with local anesthesia and packing); unilateral	~~92.50~~ 109.00
30905*00	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cauterization; initial	168.00
31000*00	Lavage by cannulation; maxillary sinus, unilateral (antrum puncture or natural ostium)	~~50.00~~ 60.00
~~31001*00~~	~~maxillary sinuses, bilateral~~	~~85.00~~
31020-00	Sinusotomy, maxillary (antrotomy); intranasal, unilateral	450.00
31021-00	~~Sinusotomy, maxillary (antrotomy);~~ intranasal, bilateral	~~632.00~~ 661.00
31250-00	Nasal endoscopy, diagnostic (includes examination of the medial meatus, infundibulum and sinus ostia)	~~60.00~~ 63.00
	Larynx	
31500-00	Intubation, endotracheal, emergency procedure	$ ~~130.00~~ 147.00
31505-00	Laryngoscopy, indirect; diagnostic	~~37.75~~ 40.00
~~31525-00~~	~~Laryngoscopy, direct, diagnostic, except newborn~~	~~250.00~~
31535-00	Laryngoscopy, direct, operative, with biopsy;	~~595.00~~ 560.70
31536-00	with operating microscope	~~588.00~~ 657.00
31541-00	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis	~~670.00~~ 775.00
31575-00	Laryngoscopy, flexible fiberscopic; diagnostic	~~95.00~~ 128.00

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Code	Service	Maximum Fee
	Trachea and Bronchi	
31600-00	Tracheostomy, planned (separate procedure)	$ ~~510.05~~ 515.15
31622-00	Bronchoscopy; diagnostic, (flexible or rigid), with or without cell washing or brushing	~~458.00~~ 481.00
31625-00	with biopsy	~~492.00~~ 500.00
31628-00	with transbronchial lung biopsy, with or without fluoroscopic guidance	~~525.00~~ 567.00
	Lungs	
32000*00	Thoracocentesis, puncture of pleural cavity for aspiration, initial or subsequent	$ ~~125.00~~ 121.60
32005-00	Chemical pleurodesis (e.g., for recurrent or persistent pneumothorax)	90.00
32020-00	Tube thoracotomy with water seal (~~for example~~ e.g., pneumothorax, hemothorax, empyema)(separate procedure)	~~420.00~~ 446.00
32100-00	Thoracotomy, major; with exploration and biopsy	1,730.00
32405-00	Biopsy, lung, percutaneous needle	~~275.00~~ 345.00
32480-00	Lobectomy, total or segmental	~~1,868.00~~ 2,159.00
32500-00	Wedge resection of lung, single or multiple	~~1,452.40~~ 1,720.00

Subp. 7. **Cardiovascular system.** The following codes, service descriptions, and maximum fees apply to surgical procedures of the cardiovascular system. Injection procedures include necessary local anesthesia, introduction of needles or catheter, injection of contrast medium with or without automatic power injection, or necessary pre- and postinjection care specifically related to the injection procedure. Catheters, drugs, and contrast media are not included in the listed service for the injection procedures.

	Heart	
33206-00	Insertion of permanent pacemaker with transvenous electrode(s); atrial	$ ~~1,400.00~~ 1,456.00
33207-00	ventricular	~~1,577.00~~ 1,558.00
33208-00	AV sequential	~~1,900.00~~ 1,950.00
33210-00	Insertion of temporary transvenous cardiac electrode, or pacemaker catheter	~~525.00~~ 545.00
33212-00	Insertion or replacement of pulse generator only	~~770.00~~ 875.00
33405-00	Replacement, aortic valve, with cardiopulmonary bypass	~~4,387.00~~ 4,800.00
	Coronary Artery Procedures	
~~33510-00~~	~~Coronary artery bypass, autogenous graft, (e.g., saphenous vein or internal mammary artery); single graft~~	~~$ 4,100.00~~
33511-00	Two coronary grafts	~~4,700.00~~ $ 5,280.00
33512-00	three coronary grafts	~~5,535.00~~ 5,875.00
33513-00	four coronary grafts	~~6,040.00~~ 6,575.00
33514-00	five coronary grafts	6,630.00
	Arteries and Veins	
34201-00	Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision	$ ~~980.00~~ 1,120.00
35081-00	Direct repair of aneurysm or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm or occlusive disease, abdominal aorta	~~2,920.00~~ 3,322.72
35102-00	for aneurysm or occlusive disease, abdominal aorta involving iliac vessels (common, hypogastric, external)	3,585.00
35301-00	Thromboendarterectomy, with or without patch graft, carotid, vertebral, subclavian, by neck incision	~~2,123.00~~ 2,244.00
35556-00	Bypass graft, with vein; femoral-popliteal	2,140.00
35585-00	In situ vein bypass; aortofemoral-popliteal (only femoral-popliteal portion in situ)	3,040.00
35656-00	Bypass graft, with other than vein; femoral-popliteal	2,020.00
	Vascular Injection Procedures	
36000*00	Introduction of needle or intracatheter, vein; unilateral	$ 44.00
36010-00	Introduction of catheter; in superior or inferior vena cava, right heart or pulmonary artery	~~355.00~~ 380.00
~~36200-00~~	~~Introduction of catheter, aorta (arch, abdominal, midstream renal, aortioliac run-off) or selective; initial placement~~	~~206.17~~
36410*00	Venipuncture, necessitating physician's skill (separate procedure), for diagnostic or therapeutic purposes. Not to be used for routine venipuncture	~~40.00~~ 69.50
36415*00	Routine venipuncture for collection of specimen(s)	8.00

Code	Service	Maximum Fee
~~36430-00~~	~~Transfusion, blood or blood components~~	~~76.50~~
36470*00	Injection of sclerosing solution; single vein	~~50.00~~ 48.00
36471*00	~~Injection of sclerosing solution;~~ multiple veins, same leg	~~55.00~~ 75.00
36489*00	Placement of central venous catheter (subclavian, jugular, or other vein) (~~for example~~ e.g., for central venous pressure, hyperalimentation, hemodialysis, or chemotherapy); percutaneous, over age two	140.00
36491*00	cutdown, over age two	525.00
36495-00	Insertion of implantable intravenous infusion pump or venous access port	890.00
36520-00	Therapeutic apheresis (plasma and/or cell exchange)	~~115.00~~ 130.00
36600*00	Arterial puncture, withdrawal of blood for diagnosis	~~42.00~~ 24.87
36620-00	Arterial catheterization or cannulation for sampling, monitoring, or transfusion (separate procedure); percutaneous	~~114.00~~ 112.50
36625-00	cutdown	210.00
36800-00	Insertion of cannula for hemodialysis, other purpose; vein to vein	~~285.00~~ 292.70
36830-00	Creation of arteriovenous fistula; nonautogenous graft	~~1,200.00~~ 1,277.00
37609-00	Ligation or biopsy, temporal artery	~~242.00~~ 265.00
37720-00	Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, slip, extravascular, intravascular (umbrella device)	~~700.00~~ 853.00
37721-00	Ligation and division and complete stripping of long or short saphenous veins; bilateral	~~1,000.00~~ 1,380.00
37730-00	Ligation and division and complete stripping of long and short saphenous veins; unilateral	~~850.00~~ 870.00
37731-00	bilateral	~~1,300.00~~ 1,417.60
37785-00	Ligation division, and/or excision of secondary varicose veins (clusters) of leg; unilateral	~~180.00~~ 290.00

Subp. 8. **Hemic and lymphatic systems.** The following codes, service descriptions, and maximum fees apply to surgical procedures of the hemic (blood) and lymphatic systems.

Hemic and Lymphatic Systems

38100-00	Splenectomy (separate procedure); total	$ 1,365.00
38500-00	Biopsy or excision of lymph node superficial (separate procedure)	$ ~~166.00~~ 190.00
~~38510-00~~	~~deep cervical nodes~~	~~344.00~~
38525-00	deep axillary node(s)	~~344.00~~ 385.50

Mediastinum and Diaphragm

39400-00	Mediastinoscopy, with or without biopsy	$ ~~535.00~~ 783.00

Subp. 9. **Digestive system.** The following codes, service descriptions, and maximum fees apply to surgical procedures of the digestive system.

Mouth

40490-00	Biopsy of lip	$ 110.00
40808-00	Biopsy, vestibule of mouth	~~85.00~~ 80.10
40812-00	Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair	~~159.00~~ 173.00
41100-00	Biopsy of tongue; anterior two-thirds	108.00
42330-00	Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral	117.00
42415-00	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve	~~1,650.00~~ 1,820.00
~~42440-00~~	~~Excision of submandibular (submaxillary) gland~~	~~1,065.00~~
42700*00	Incision and drainage abscess; peritonsillar	~~137.00~~ 115.00
42821-00	Tonsillectomy and adenoidectomy; age 12 or over	~~500.00~~ 552.00
42826-00	Tonsillectomy, primary or secondary; age 12 or over	~~491.00~~ 545.00

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Code	Service	Maximum Fee
	Esophagus	
43200-00	Esophagoscopy, rigid or flexible fiberoptic (specify); diagnostic procedure	$ ~~345.00~~ 375.00
43202-00	for biopsy and/or collection of specimen by brushing or washing	~~448.00~~ 404.00
43204-00	for injection sclerosis of esophageal varices	~~714.00~~ 700.00
43215-00	Esophagoscopy, rigid or flexible fiberoptic (specify); for removal of a foreign body	~~500.00~~ 532.50
43220-00	for dilation, direct	~~585.00~~ 680.00
43234-00	Upper gastrointestinal endoscopy, simple primary examination (e.g., gastrointestinal endoscopy, with small diameter flexible fiberscope)	~~413.00~~ 420.00
43235-00	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; complex diagnostic	~~367.00~~ 393.75
43239-00	For biopsy and/or collection or specimen by brushing or washing	~~420.00~~ 458.00
43245-00	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; for dilation of gastric outlet for obstruction	~~508.00~~ 538.00
43246-00	for directed placement of percutaneous gastrostomy tube	~~695.00~~ 730.00
43247-00	for removal of foreign body	~~580.00~~ 616.00
43255-00	for control of hemorrhage (e.g., electrocoagulation, laser photocoagulation)	~~480.00~~ 505.00
43260-00	Endoscopic retrograde cholangiopancreatography (ERCP), with or without specimen collection	~~560.00~~ 588.00
43262-00	for sphincterotomy/papillotomy	~~984.50~~ 1,074.00
43264-00	Endoscopic retrograde cholangiopancreatography (ERCP), with or without biopsy and/or collection of specimen	1,035.00
43324-00	Esophagogastric fundoplasty (e.g., Nissen, Belsey IV, Hill procedures)	1,940.00
43450*00	Dilation esophagus, by unguided sound(s) or bougie(s), single or multiple passes; initial session	~~87.00~~ 93.00
43451*00	subsequent session	~~73.00~~ 85.00
	Stomach	
43520-00	Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation)	$1,100.00
43635-00	Hemigastrectomy or distal subtotal gastrectomy including pyloroplasty, gastroduodenostomy or gastrojejunostomy; with vagotomy, any type	~~1,750.00~~ 2,102.00
43640-00	Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective	~~1,650.00~~ 1,557.00
	~~**Stomach**~~	
43760*00	Change of gastrostomy tube (MD/DO)	~~$ 75.00~~ 76.00
43830-00	Gastrostomy, temporary (tube, rubber, or plastic)(separate procedure) (MD/DO)	~~765.00~~ 862.50
43840-00	Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury	1,250.00
	Intestines	
44005-00	Enterolysis (freeing of intestinal adhesion) for acute bowel obstruction	$ ~~1,236.50~~ 1,314.00
44100-00	Biopsy of intestine by capsule, tube, peroral (1 or more specimens)	~~208.00~~ 227.00
44120-00	Enterectomy, resection of small intestine; with anastomosis	~~1,442.00~~ 1,635.00
44130-00	Enteroenterostomy, anastomosis of intestine; (separate procedure)	1,543.00
44140-00	Colectomy, partial; with anastomosis	~~1,572.00~~ 1,663.41
44143-00	with end colostomy and closure of distal segment (Hartmann type procedure)	~~1,652.00~~ 1,890.00
44145-00	with coloproctostomy (low pelvic anastomosis)	~~2,055.00~~ 2,310.00
44160-00	Colectomy with removal of terminal ileum and ileocolostomy	~~2,100.00~~ 2,300.00
44320-00	Colostomy or skin level cecostomy; (separate procedure)	1,020.00
44625-00	Closure of enterostomy, large or small intestine; with resection and anastomosis	~~1,249.62~~ 1,615.00
	Appendix	
44950-00	Appendectomy	~~792.00~~ 845.00
44960-00	for ruptured appendix with abscesses or generalized peritonitis	~~994.00~~ 1,069.00
~~45110-00~~	~~Proctectomy; complete, combined abdominoperineal, with colostomy, 1 or 2 stages~~	~~2,396.00~~
	Rectum	
45300-00	Proctosigmoidoscopy; diagnostic	~~65.00~~ 79.00
45305-00	for biopsy	~~100.00~~ 113.40

Code	Service	Maximum Fee
45310-00	Proctosigmoidoscopy; for removal of polyp or papilloma	~~140.00~~ 160.00
45330-00	Sigmoidoscopy, flexible fiberoptic; diagnostic	~~120.00~~ 120.75
45331-00	for biopsy and/or collection of specimen by brushing or washing	~~168.00~~ 181.00
45333-00	Sigmoidoscopy, flexible fiberoptic; for removal of polypoid lesion(s)	~~232.00~~ 263.00
45355-00	Colonoscopy, with standard sigmoidoscope, transabdominal via colotomy, single or multiple	~~135.00~~ 125.00
45378-00	Colonoscopy, fiberoptic, beyond splenic flexure; diagnostic procedure	~~530.00~~ 581.00
45380-00	for biopsy and/or collection of specimen by brushing or washing	~~612.06~~ 684.00
45382-00	~~Colonoscopy, fiberoptic, beyond splenic flexure;~~ for control of hemorrhage (i.e., electrocoagulation, laser photocoagulation)	~~525.00~~ 825.00
45383-00	~~Colonoscopy, fiberoptic, beyond splenic flexure;~~ for ablation of tumor or mucosal lesion (e.g., electrocoagulation, laser photocoagulation, hot biopsy/fulguration)	~~574.00~~ 610.00
45385-00	for removal of polypoid lesion(s)	~~685.00~~ 750.50
~~45550-00~~	~~Proctopexy combined with sigmoid resection, abdominal approach~~	~~770.00~~
45505-00	Proctoplasty; for prolapse of mucous membrane	~~825.00~~ 850.00
	Anus	
46040-00	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)	~~258.50~~ 250.00
46050*00	Incision and drainage, perianal abscess, superficial	~~113.00~~ 115.00
46083-00	Incision of thrombosed hemorrhoid, external	~~75.00~~ 80.00
46200-00	Fissurectomy, with or without sphincterotomy	~~421.00~~ 499.00
46221-00	Hemorrhoidectomy, by simple ligature (e.g., rubber band)	~~111.00~~ 114.43
46230-00	Excision of external hemorrhoid tags and/or multiple papillae	~~100.00~~ 112.50
46255-00	Hemorrhoidectomy, internal and external, simple	~~655.00~~ 750.00
46260-00	Hemorrhoidectomy, internal and external, complex or extensive	~~815.00~~ 910.00
46275-00	Fistulectomy; submuscular	825.00
46320*00	Enucleation or excision of external thrombotic hemorrhoid	~~84.00~~ 90.00
46600-00	Anoscopy; diagnostic (separate procedure)	~~30.25~~ 35.00
46900*00	Destruction of lesion(s), anus (i.e., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	~~40.00~~ 42.00
46916-00	cyrosurgery	30.00
46945-00	Ligation of internal hemorrhoids; single procedure	143.00
46946-00	~~Ligation of internal hemorrhoids;~~ multiple procedures	~~100.00~~ 75.75
	Liver	
47000*00	Biopsy of liver; percutaneous needle	~~191.00~~ $ 203.00
47600-00	Cholecystectomy	~~1,245.00~~ 1,322.00
47605-00	with cholangiography	~~1,367.00~~ 1,505.00
47610-00	Cholecystectomy with exploration of common duct	~~1,500.00~~ 1,676.00
	Abdomen	
49000-00	Exploratory laparotomy, exploratory celiotomy	~~845.00~~ 929.50
49080*00	Peritoneocentesis, abdominal paracentesis; initial	~~96.00~~ 100.00
49505-00	Repair inguinal hernia, age ~~5~~ five or over	~~754.00~~ 809.00
49515-00	with excision of hydrocele or spermatocele	~~825.00~~ 888.00
49520-00	Repair inguinal hernia; recurrent	929.50
	~~(MD/DO)~~	~~850.00~~
~~49525-00~~	~~sliding~~	~~854.00~~
49530-00	incarcerated	~~897.00~~ 910.00
~~49550-00~~	~~Repair femoral hernial groin incision~~	~~765.00~~

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Code	Service	Maximum Fee
49560-00	Repair ventral (incisional) hernia (separate procedure)	~~840.00~~ 903.00
~~49565-00~~	~~Repair ventral (incisional) hernia separate procedure); recurrent~~	~~978.00~~
49581-00	Repair umbilical hernia; age ~~5~~ five or over	~~656.50~~ 740.00

Subp. 10. **Urinary system.** The following codes, service descriptions, and maximum fees apply to surgical procedures of the urinary system.

Kidney

50200*00	Renal biopsy, percutaneous trocar or needle	$ ~~385.00~~ 360.60
50220-00	Nephrectomy, including partial ureterectomy, any approach including rib resection	1,805.50
50230-00	Nephrectomy, including partial ureterectomy, any approach including resection; radical, with regional lymphadenectomy	~~2,525.00~~ 2,099.00
50394-00	Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter (separate procedure)	~~49.50~~ 40.00
50590-00	Lithotripsy, extracorporeal shock wave	2,000.00
50690-00	Injection procedure for visualization of ilial conduit and/or ureteropyelography, exclusive of radiologic service (separate procedure)	~~35.00~~ 36.75

Bladder

51010-00	Aspiration of bladder; with insertion of suprapubic catheter	150.00
51700*00	Bladder irrigation, simple, lavage and/or instillation	~~32.00~~ 32.95
51705*00	Change of cystostomy tube; simple	~~40.00~~ 57.10
51720-00	Bladder instillation of anticarcinogenic agent (including detention time)	~~56.11~~ 80.50
~~51725-00~~	~~Simple cystometrogram (CMG) (i.e., spinal manometer)~~	~~90.30~~
51726-00	Complex cystometrogram (~~for example~~ e.g., calibrated electronic equipment)	~~111.00~~ 123.75
51736-00	Simple uroflowmetry (UFR) (i.e., stopwatch flow rate, mechanical uroflowmeter)	~~42.00~~ 52.00
51741-00	Complex uroflowmetry	~~60.00~~ 68.00
51785-00	Electromyography studies (EMG) of anal or urethral sphincter, any technique	135.00
51840-00	Anterior vesicourethropexy, or urethropexy; simple	~~1,270.00~~ 1,284.00
51841-00	Anterior vesicourethropexy, or urethropexy (Marshall-Marchetti-Krantz type); complicated (e.g., secondary repair)	~~1,350.00~~ 1,365.00
51845-00	Abdomino-vaginal vesical neck suspension, with or without endoscopic control (e.g., Stamey, Raz, modified Pereyra)	~~1,405.00~~ 1,500.00

Endoscopy

52000-00	Cystourethroscopy (separate procedure)	~~135.00~~ 159.50
52005-00	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or or ureteropyelography, exclusive of radiologic service	~~244.00~~ 176.00
52204-00	Cystourethroscopy with biopsy	~~216.00~~ 143.00
52214-00	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery of trigone bladder neck, prostatic fossa, urethra, or periurethral glands)	~~297.00~~ 312.00
52224-00	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 centimeter) lesion(s) with or without biopsy	~~280.00~~ 290.00
~~52234-00~~	~~Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 to 2.0 centimeters)~~	~~430.00~~
~~52235-00~~	~~MEDIUM bladder tumor(s) (2.0 to 5.0 centimeters)~~	~~784.47~~
52240-00	LARGE bladder tumor(s)	~~1,300.00~~ 1,207.50
52260-00	Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia	~~227.00~~ 260.00
52276-00	Cystourethroscopy with direct vision internal urethrotomy	~~479.50~~ 499.00
52281-00	Cystourethroscopy, with calibration and/or dilation or urethral stricture or stenosis, with or without meatotomy and injection procedure for cystography, male or female; office	~~236.00~~ 250.00
52285-00	Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration of polyp(s) of urethra, bladder neck, and/or trigone	404.00

Code	Service	Maximum Fee
52310-00	Cystourethroscopy, with removal of foreign body, calculus, or urethral stent from urethra or bladder (separate procedure); simple	~~326.00~~ 312.00
52320-00	Cystourethroscopy; with removal of ureteral calculus	~~620.00~~ 624.00
52332-00	Cystourethroscopy, with insertion of indwelling ureteral stent	~~363.60~~ 396.00
52336-00	Cystourethroscopy, with ureteroscopy and/or pyeloscopy (includes dilation of the ureter by any method; with removal or manipulation of calculus) (ureteral catheterization is included)	~~1,350.00~~ 1,430.00
52500-00	Transurethral resection of bladder neck (separate procedure)	~~750.00~~ 709.00
52601-00	Transurethral resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	~~1,392.00~~ 1,444.00
	Urethra	
53600*00	Dilation of urethral stricture by passage of sound or urethral dilator, male; initial	~~36.00~~ 40.00
53601*00	~~Dilation of urethral stricture by passage of sound or urethral dilator,~~ male; subsequent	~~30.00~~ 34.00
53620*00	Dilation of urethral stricture by passage of filiform and follower, male; initial	~~58.18~~ 67.00
53621*00	subsequent	~~44.88~~ 45.33
53660*00	Dilation of female urethra including suppository and/or instillation; initial	~~31.00~~ 33.00
53661*00	subsequent	~~30.00~~ 34.00
53670*00	Catheterization; urethral; simple	~~28.00~~ 29.00
53675*00	complicated (may include difficult removal of balloon catheter)	~~62.00~~ 62.64

Subp. 11. **Reproductive system.** The following codes, service descriptions, and maximum fees apply to surgical procedures of the reproductive system.

	Male Reproductive System	
54050*00	Destruction of lesion(s), penis (i.e., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	$ ~~34.00~~ 38.15
54055*00	electrodesiccation	~~68.00~~ 72.00
54060-00	surgical excision	160.00
54235-00	Injection of corpora cavernosa with pharmacologic agent(s) (i.e., papaverine, phentolamine, etc.)	~~60.00~~ 50.00
54405-00	Insertion of inflatable (multicomponent) penile prosthesis, including placement of pump, cylinders, and/or reservoir	~~2,426.00~~ 2,881.25
54521-00	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach; bilateral	~~544.00~~ 624.00
54640-00	Orchiopexy, any type, with or without hernia repair; unilateral	~~925.00~~ 1,010.00
54840-00	Excision of spermatocele, with or without epididymectomy	681.00
55000*00	Puncture aspiration of hydrocele, tunica vaginalis, with or without injection of medication	~~40.00~~ 47.75
55040-00	Excision of hydrocele; unilateral	~~620.00~~ 631.00
55700-00	Biopsy, prostate; needle or punch, single or multiple, any approach	~~118.25~~ 139.00
55845-00	Prostatectomy, retropubic radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	~~2,400.00~~ 2,650.00
	Female Reproductive System	
56400*00	Incision and drainage, abscess of vulva, extensive	$ 125.00
56420*00	Incision and drainage of Bartholin's gland	$ ~~87.00~~ 95.00
~~56440-00~~	~~Marsupialization of Bartholin's gland cyst~~	~~378.00~~
56501-00	Destruction of lesion(s), vulva; simple, any method	~~51.00~~ 60.00
56515-00	extensive, any method	~~100.00~~ 200.00
56600*00	Biopsy of vulva (separate procedure)	~~85.00~~ 94.00

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Code	Service	Maximum Fee
57061-00	Destruction of vaginal lesion(s); simple, any method	~~45.00~~ 62.00
57100*00	Biopsy of vaginal mucosa; simple, (separate procedure)	~~72.00~~ 78.00
57150*00	Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease	20.00
~~57160*00~~	~~Insertion of pessary~~	~~30.00~~
57240-00	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele (separate procedure)	850.00
57260-00	Combined anteroposterior colporrhaphy	~~1,110.00~~ 1,100.00
57265-00	with enterocele repair	1,180.00
57410*00	Pelvic examination under anesthesia	52.30
57452*00	Colposcopy (vaginoscopy); (separate procedure)	~~130.00~~ 145.00
57454*00	with biopsies, or biopsy of the cervix	~~150.00~~ 170.50
57500*00	Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	~~75.00~~ 79.00
57505-00	Endocervical curettage (not done as part of a dilation and curettage)	~~115.00~~ 85.00
57510-00	Cauterization of cervix; electro or thermal	~~72.00~~ 92.00
57511*00	cryocautery, initial or repeat	~~99.00~~ 110.00
~~57513-00~~	~~laser surgery~~	~~475.00~~
57520-00	Biopsy of cervix, circumferential (cone), with or without dilation and curettage, with or without Sturmdorff type repair	~~500.00~~ 550.00
~~57700-00~~	~~Cerclage of uterine cervix (tracheloplasty)~~	~~511.00~~
58100*00	Endometrial biopsy, suction type (separate procedure)	~~83.00~~ 90.00
58102-00	Office endometrial curettage	~~133.00~~ 141.00
58120-00	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)	~~345.00~~ 375.00
58150-00	Total hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)	~~1,375.00~~ 1,475.00
58152-00	with colpo-urethrocystopexy (Marshall- Marchetti-Krantz type)	~~2,000.00~~ 2,100.00
58260-00	Vaginal hysterectomy	~~1,350.00~~ 1,461.00
58265-00	with plastic repair of vagina, anterior and/or posterior colporrhaphy	~~1,550.80~~ 1,669.50
58340*00	Injection procedure for hysterosalpingography	~~109.50~~ 125.00
58720-00	Salpingo-oophorectomy, complete or partial, unilateral or bilateral	~~1,000.00~~ 1,055.00
58925-00	Ovarian cystectomy, unilateral or bilateral	~~1,013.00~~ 1,102.00
58940-00	Oophorectomy, partial or total, unilateral or bilateral	~~1,000.00~~ 989.00
58980-00	Laparoscopy for visualization of pelvic viscera	~~625.00~~ 667.00
58982-00	with fulguration of oviducts (with or without transection)	~~700.00~~ 755.00
58983-00	with occlusion of oviducts by device (e.g., band, clip, or Falope ring)	~~780.00~~ 829.50
58984-00	with fulguration of ovarian or peritoneal lesions by any method	~~769.00~~ 831.00
58985-00	with lysis of adhesions	~~728.00~~ 800.00
58986-00	with biopsy (single or multiple)	~~757.00~~ 810.00
~~58987-00~~	~~with aspiration (single or multiple)~~	~~725.00~~
58990-00	Hysteroscopy; diagnostic	~~400.00~~ 625.00

Subp. 12. **Endocrine system**. The following codes, service descriptions, and maximum fees apply to surgical procedures of the endocrine (glandular) system.

60100*00	Biopsy thyroid, percutaneous needle	$ ~~129.50~~ 138.50
60220-00	Total thyroid lobectomy, unilateral	~~1,125.00~~ 1,220.00
60245-00	Thyroidectomy, subtotal or partial	~~1,428.00~~ 1,452.10
60500-00	Parathyroidectomy or exploration of parathyroid(s)	1,562.00

Subp. 13. **Nervous system.** The following codes, service descriptions, and maximum fees apply to surgical procedures of the nervous system.

61154-00	Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural; unilateral	$ ~~1,692.00~~ 2,020.00
61312-00	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural	2,978.80
61510-00	Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma	~~2,950.00~~ 3,575.00

Code	Service	Maximum Fee
62223-00	Creation of shunt; ventriculo-peritoneal, -pleural, -other terminus	~~1,725.00~~ 1,960.00
	Spine and Spinal Cord—Puncture for Injection, Drainage, or Aspiration	
62270*00	Spinal puncture lumbar diagnostic	$ ~~110.00~~ 110.90
62273*00	Injection lumbar epidural, of blood or clot patch	~~228.40~~ 260.00
~~62278*00~~	~~Injection of anesthetic substance (including narcotics), diagnostic or therapeutic; epidural or caudal single~~	~~180.00~~
62279*00	epidural or caudal, continuous	~~282.50~~ 300.00
62282*00	Injection of neurolytic substance (i.e., alcohol, phenol, iced saline solutions); lumbar or caudal epidural	~~500.00~~ 432.00
62284*00	Injection procedure for myelography and/or computerized axial tomography, spinal, or posterior fossa	295.00
62288*00	Injection of substance other than anesthetic, contrast, or neurolytic solutions; subarachnoid (separate procedure)	75.00
62289*00	lumbar or caudal epidural	~~256.00~~ 275.00
	Spine and Spinal Cord—Laminectomy or Laminotomy, for Exploration or Decompression	
63005-00	Laminectomy for exploration/decompression of spinal cord and/or cauda, equina, one or two segments; lumbar, except for spondylolisthesis	$ ~~2,604.00~~ 2,650.00
63017-00	Laminectomy for exploration/ decompression of spinal cord and/or cauda equina, more than two segments; lumbar	~~2,775.00~~ 3,400.00
63020-00	Laminotomy (hemilaminectomy), for decompression of nerve root, including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; one interspace, cervical, unilateral	~~2,300.00~~ 2,870.00
63030-00	one interspace, lumbar, unilateral	~~2,200.00~~ 2,351.90
63031-00	one interspace, lumbar, bilateral	~~2,860.00~~ 2,700.00
63042-00	reexploration; lumbar	~~2,795.00~~ 2,950.00
63047-00	Laminectomy, including unilateral or bilateral complete facetectomy or foraminotomy for decompression of spinal cord, cauda equina and/or nerve root(s), (e.g., spinal or lateral recess stenosis), single segment; lumbar	3,350.00
	Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	
64405*00	Injection, anesthetic agent; greater occipital nerve	$ ~~127.30~~ 146.00
~~64421-00~~	~~intercostal nerves, multiple, regional block~~	~~165.00~~
64440*00	paravertebral nerve (thoracic, lumbar, sacral, coccygeal), single vertebral level	50.00
64442*00	paravertebral facet joint nerve, lumbar, single level	100.00
64450*00	~~Injection, anesthetic agent;~~ other peripheral nerve or branch	~~65.00~~ 90.00
64510*00	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	~~196.00~~ 224.00
64520*00	lumbar or thoracic (paravertebral sympathetic)	255.00
64550-00	Application of surface (transcutaneous) neurostimulator	~~42.30~~ 55.00
64640-00	Destruction by neurolytic agent; other peripheral nerve or branch	~~300.00~~ 267.00
~~64718-00~~	~~Neurolysis or transposition; ulnar nerve at elbow~~	~~989.00~~
64721-00	median nerve at carpal tunnel	~~735.00~~ 770.00

Subp. 14. **Eye and ocular adnexa.** The following codes, service descriptions, and maximum fees apply to surgical procedures involving the eye and ocular adnexa.

65205*00	Removal foreign body, external eye; conjunctival superficial	$ 46.00
65210*00	conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating	~~51.00~~ 50.00

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Code	Service	Maximum Fee
65220*00	corneal, without slit lamp	~~55.00~~ 61.00
65222*00	corneal, with slit lamp	~~66.50~~ 72.00
65420-00	Excision or transposition of pterygium; without graft	553.50
65435*00	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)	75.00
65730-00	Keratoplasty (corneal transplant), penetrating (except in aphakia), includes autografts, and fresh or preserved homografts	2,945.00
65855-00	Trabeculoplasty by laser surgery (~~+~~ one or more sessions) (defined treatment series)	~~710.00~~ 757.00
66170-00	Fistulization of sclera for glaucoma; trabeculectomy ab externo	~~1,187.00~~ 1,250.00
66761-00	Iridotomy by photocoagulation (~~+~~ one or more sessions) (e.g., for glaucoma)	~~700.00~~ 750.00
66802-00	Discission of lens capsule; laser surgery (one or more stages)	~~600.00~~ 570.00
66820-00	Discission of secondary membranous cataract ("after cataract"), and/or anterior hyaloid; incisional technique (Ziegler or Wheeler Knife)	525.00
66821-00	laser surgery (one or more stages)	~~700.00~~ 712.20
66940-00	Extraction of lens with or without iridectomy; extracapsular	1,821.00
66983-00	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (one stage procedure)	~~1,641.60~~ 1,700.00
66984-00	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure)	~~1,800.00~~ 1,900.00
66985-00	Insertion of intraocular lens subsequent to cataract removal (separate procedure)	~~1,400.00~~ 1,360.00
~~67101-00~~	~~Repair of retinal detachment, one or more sessions; cryotheraphy or diathermy, with or without drainage of subretinal fluid~~	~~1,375.00~~
67036-00	Vitrectomy, mechanical, pars plana approach	2,592.28
67038-00	with epiretinal membrane stripping	3,800.00
67105-00 .0	Repair of retinal detachment, ~~+~~ one or more sessions, same hospitalization; photocoagulation (laser or xenon arc, ~~+~~ one or more sessions) with drainage of subretinal fluid	~~612.00~~ 875.00
67107-00	scleral buckling (such as lamellar excision, imbrication or encircling procedure), with or without implant	2,288.00
67141-00	Prophylaxis of retinal detachment (i.e., retinal break, lattice, degeneration) without drainage, one or more sessions; cryotherapy, diathermy	~~750.00~~ 845.00
67145-00	~~Prophylaxis of retinal detachment (e.g., retinal break, lattice degeneration) without drainage, + or more sessions;~~ photocoagulation (laser or xenon arc)	~~750.00~~ 770.00
67210-00	Destruction of localized lesion of retina (e.g., maculopathy, choroidopathy, small tumors), ~~+~~ one or more sessions; photocoagulation (laser or xenon arc)	~~975.00~~ 1,020.63
67227-00	Destruction of extensive or progressive retinopathy (e.g., diabetic retinopathy), ~~+~~ one or more sessions; cryotherapy, diathermy	~~900.00~~ 930.00
67228-00	photocoagulation (laser or xenon arc)	~~790.00~~ 900.00
~~67311-00~~	~~Strabismus surgery on patient not previously operated on, any procedure, any muscle (may include minor displacement, e.g., for A or V pattern); + muscle~~	~~975.00~~
67312-00	~~2~~ Strabismus surgery on patient not previously operated on, any procedure, any muscle (may include minor displacement, e.g., for A or V pattern); two muscles, ~~+~~ one or both eyes	~~1,009.00~~ 1,193.00
~~67313-00~~	~~three or more muscles, one or both eyes~~	~~1,000.00~~
67500*00	Retrobulbar injection; medication (separate procedure, does not include supply of medication)	75.00
67515*00	Injection of therapeutic agent into Tenon's capsule	~~52.50~~ 60.00
67800-00	Excision of chalazion; single	~~80.00~~ 91.00
67801-00	multiple, same lid	135.00
67810*00	Biopsy of eyelid	75.00
67820*00	Correction of trichiasis; epilation, by forceps only	~~35.50~~ 38.00
67825*00	epilation, (i.e., by electrosurgery or cryotherapy)	~~150.00~~ 100.00
67840*00	Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure	~~98.00~~ 95.00
67880-00	Construction of intermarginal adhesions, medial tarsorrhaphy, or canthorrhaphy	450.00
67904-00	Repair of blepharoptosis; (tarso) levator resection, external approach	1,650.00
~~67921-00~~	~~Repair of entropion; suture~~	~~522.00~~

Code	Service	Maximum Fee
67923-00	Repair of entropion; blepharoplasty, excision tarsal wedge	675.00
67924-00	blepharoplasty, extensive (e.g., Wheeler operation)	675.00
67938-00	Removal of embedded foreign body; eyelid	~~40.00~~ 49.00
68110-00	Excision of lesion, conjunctiva; up to one centimeter	125.00
68200*00	Subconjunctival injection	~~52.02~~ 75.00
~~68760-00~~	~~Closure of lacrimal punctum (i.e., thermocauterization, ligation, or laser photocoagulation)~~	~~119.00~~
68800*00	Dilation of lacrimal punctum, with or without irrigation, unilateral or bilateral	~~43.00~~ 40.00
68820*00	Probing of nasolacrimal duct, with or without irrigation, unilateral or bilateral	92.00
68825-00	Probing of nasolacrimal duct, with or without irrigation, unilateral or bilateral; requiring general anesthesia	~~259.00~~ 275.00
68840*00	Probing of lacrimal canaliculi, with or without irrigation	75.00

Subp. 15. **Auditory system.** The following codes, service descriptions, and maximum fees apply to surgical procedures involving the auditory system.

~~69200-00~~	~~Removal foreign body from external auditory canal; without general anesthesia~~	~~$ 40.28~~
69210-00	Removal impacted cerumen (separate procedure), ~~+~~ one or both ears	~~21.10~~ $ 25.00
69220-00	Debridement, mastoidectomy cavity, simple (e.g., routine cleaning); unilateral	~~38.00~~ 42.00
69301-00	Otoplasty, protruding ear, with or without size reduction; bilateral	1,675.00
69420*00	Myringotomy, including aspiration and/or eustachian tube inflation	~~84.00~~ 100.00
69425-00	Ventilating tube removal when originally inserted by another physician; bilateral	210.00
69433*00	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia; unilateral	~~167.00~~ 233.00
69434*00	~~Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia;~~ bilateral	~~317.00~~ 350.00
69436-00	Tympanostomy (requiring insertion of ventilating tube), general anesthesia; unilateral	~~265.00~~ 300.00
69437-00	bilateral	~~378.00~~ 405.00
69440-00	Middle ear exploration through postauricular or ear canal incision	1,070.00
69610-00	Tympanic membrane repair, with or without site preparation or perforation preparation for closure without patch	~~90.00~~ 83.00
69620-00	Myringoplasty	~~1,385.00~~ 1,487.50
69631-00	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction	~~1,958.00~~ 2,056.00
69632-00	with ossicular chain reconstruction (~~for example~~ e.g., postfenestration)	~~2,350.00~~ 2,546.00
~~69641-00~~	~~Tympanoplasty with mastoidotomy; without ossicular chain reconstruction~~	~~2,707.90~~
69660-00	Stapedectomy with reestablishment of ossicular continuity, with or without use of foreign material	~~2,197.00~~ 2,270.00

5221.2300 PHYSICIAN SERVICES; RADIOLOGY.

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

Subp. 2. **Diagnostic radiology.** The following codes, service descriptions, and maximum fees apply to diagnostic radiology procedures.

Head and Neck

70100-00	Radiologic examination, mandible; partial, less than four views	$ ~~56.00~~ 59.25
70110-00	complete, minimum of four views	~~78.00~~ 76.70
70120-00	Radiologic examination, mastoids; less than three views per side	81.00
70130-00	~~Radiologic examination, mastoids;~~ complete, minimum of three views per side	~~99.00~~ 103.00
70140-00	Radiologic examination, facial bones; less than three views	~~54.50~~ 54.00
70150-00	complete, minimum of three views	~~76.76~~ 77.00
70160-00	Radiologic examination, nasal bones; complete, minimum of three views	~~53.50~~ 56.00
70200-00	Radiologic examination; orbits, complete, minimum of four views	~~74.55~~ 78.00

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Code	Service	Maximum Fee
70210-00	Radiologic examination, sinuses, paranasal, less than three views	~~39.00~~ 40.00
70220-00	Radiologic examination, sinuses, paranasal, complete, minimum of three views	~~75.00~~ 77.00
70250-00	Radiologic examination, skull~~,~~; less than four views, with or without stereo	60.00
70260-00	complete, minimum of four views, with or without stereo	96.50
70300-00	Radiologic examination, teeth; single view	16.70
70310-00	partial examination, less than full mouth	21.60
~~70320-00~~	~~Radiologic examination, teeth; complete, full mouth~~	~~59.25~~
70328-00	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral	72.00
~~70330-00~~	~~Radiologic examination, temporomandibular joint, open and closed mouth; bilateral~~	~~150.00~~
70333-00	Temporomandibular joint arthrography; complete procedure	250.00
70336-00	Magnetic resonance (e.g., proton) imaging, temporomandibular joint	930.00
70355-00	Orthopantogram	~~58.00~~ 55.00
70360-00	Radiologic examination, neck, soft tissue	~~40.00~~ 42.00
~~70380-00~~	~~Radiologic examination, salivary gland for calculus~~	~~58.50~~
70450-00	Computerized axial tomography, head or brain; without contrast material	~~353.00~~ 371.00
70460-00	with contrast material	~~414.00~~ 460.00
70470-00	without contrast material, followed by contrast material(s) and further sections	~~450.00~~ 486.00
70480-00	Computerized axial tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	454.00
70481-00	~~Computerized axial tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear;~~ with contrast material(s)	~~482.00~~ 437.80
70482-00	without contrast material, followed by contrast material(s) and further sections	~~532.00~~ 559.00
70490-00	Computerized axial tomography, soft tissue neck; without contrast material	405.00
70491-00	with contrast material(s)	440.00
~~70540-00~~	~~Magnetic resonance (e.g.,proton) imaging; orbit, face, and neck~~	~~640.00~~
70551-00	Magnetic resonance (i.e., proton) imaging brain (including brain stem)	~~772.00~~ 885.00
	Chest	
71010-00	Radiologic examination, chest; single view, frontal	$ ~~38.00~~ 40.00
71015-00	stereo, posteroanterior	~~38.50~~ 41.20
71020-00	Radiologic examination, chest, two views, frontal and lateral	~~52.50~~ 56.00
71021-00	with apical lordotic procedure	~~46.75~~ 47.75
71022-00	with oblique projections	85.50
71030-00	Radiological examination, chest, complete, minimum of four views	~~45.00~~ 46.20
71035-00	Radiologic examination, chest, special views~~,~~ (e.g., lateral decubitus, Bucky studies)	~~25.90~~ 28.40
71100-00	Radiologic examination, ribs, unilateral; two views	~~58.75~~ 61.00
71101-00	~~Radiologic examination, ribs, unilateral;~~ including posteroanterior chest, minimum of three views	~~65.00~~ 66.00
71110-00	Radiologic examination, ribs, bilateral; three views	73.00
71111-00	including posteroanterior chest, minimum of four views	93.00
71120-00	Radiologic examination; sternum, minimum of two views	~~54.00~~ 58.00
71250-00	Computerized axial tomography, thorax, without contrast materials	~~408.10~~ 468.00
71260-00	with contrast materials	~~467.50~~ 520.00
71270-00	without contrast material, followed by contrast material(s) and further sections	~~532.00~~ 580.00
71550-00	Magnetic resonance (e.g., proton) imaging, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy)	875.00
	Spine and Pelvis	
72010-00	Radiologic examination, spine, entire, survey study, anteroposterior, and lateral	$ ~~132.10~~ 107.00
72020-00	Radiologic examination, spine, single view, specify level	~~50.90~~ 50.00
72040-00	Radiologic examination, spine, cervical; anteroposterior and lateral	~~57.00~~ 61.00
72050-00	minimum of four views	~~85.60~~ 90.00
72052-00	Radiologic examination, spine, cervical; complete, including oblique and flexion and/or extension studies	~~98.75~~ 104.00
72070-00	Radiologic examination, spine; thoracic, anteroposterior and lateral	~~63.00~~ 66.50
72072-00	thoracic anteroposterior and lateral, including swimmer's view of the cervicothoracic junction	~~76.90~~ 78.00

Code	Service	Maximum Fee
72080-00	Radiologic examination, spine; thoracolumbar, anteroposterior and lateral	~~63.00~~ 68.00
72090-00	scoliosis study, including supine and erect studies	~~52.75~~ 69.00
72100-00	Radiologic examination, spine, lumbosacral; anteroposterior and lateral	~~67.00~~ 72.00
72110-00	complete, with oblique views	99.75
72114-00	complete, including bending views	~~95.00~~ 101.00
72120-00	Radiologic examination, spine, lumbosacral, bending views only, minimum of four views	~~78.75~~ 95.00
72125-00	Computerized axial tomography, cervical spine; without contrast material	~~525.00~~ 540.00
72128-00	Computerized axial tomography, thoracic spine;	~~460.00~~ 498.00
72131-00	Computerized axial tomography, lumbar spine; without contrast material	~~480.00~~ 498.00
72132-00	with contrast material	~~445.00~~ 505.00
72141-00	Magnetic resonance (e.g., proton) imaging, spinal canal and contents	~~801.00~~ 955.00
72143-00	thoracic	~~810.00~~ 905.00
72144-00	lumbar	~~790.00~~ 930.00
72170-00	Radiologic examination, pelvis anteroposterior only	~~46.00~~ 47.00
72180-00	stereo	~~45.00~~ 47.00
72190-00	complete, minimum of three views	~~65.00~~ 67.00
72192-00	Computerized axial tomography, pelvis, without contrast material	~~223.00~~ 234.00
72193-00	with contrast material(s)	~~460.00~~ 509.00
72196-00	Magnetic resonance (~~i.e.~~ e.g., proton) imaging, pelvis	~~750.00~~ 865.00
72200-00	Radiologic examination, sacroiliac joints; less than three views	59.00
72202-00	three or more views	~~58.00~~ 70.00
72220-00	Radiologic examination, sacrum and coccyx, minimum of two views	~~54.90~~ 60.50
72266-00	Myelography, lumbosacral; complete procedure	~~579.00~~ 608.00
	Upper Extremities	
73000-00	Radiologic examination; clavicle, complete	$ ~~40.50~~ 43.00
73010-00	scapula, complete	~~54.00~~ 56.00
73020-00	Radiologic examination, shoulder; one view	~~38.00~~ 42.00
73030-00	complete, minimum of two views	~~51.01~~ 55.00
73041-00	Radiologic examination, shoulder, arthrography; complete procedure	~~243.50~~ 235.00
73050-00	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction	~~58.50~~ 60.45
73060-00	humerus, minimum of two views	~~47.00~~ 49.00
73070-00	Radiologic examination, elbow; anteroposterior and lateral views	~~43.50~~ 45.00
73080-00	complete, minimum of three views	~~48.00~~ 51.00
73090-00	Radiologic examination; forearm, anteroposterior and lateral views	~~43.50~~ 46.00
73100-00	Radiologic examination, wrist; anteroposterior and lateral views	~~41.00~~ 45.00
73110-00	complete, minimum of three views	~~47.00~~ 50.00
73120-00	Radiologic examination, hand; two views	~~43.00~~ 45.00
73130-00	minimum of three views	~~47.00~~ 50.00
73140-00	Radiologic examination, finger or fingers, minimum of two views	~~38.00~~ 40.00
73200-00	Computerized axial tomography, upper extremity; without contrast material	470.00
73220-00	Magnetic resonance (e.g., proton) imaging, upper extremity, other than joint	~~665.00~~ 981.00
73221-00	Magnetic resonance (e.g., proton) imaging, any joint of upper extremity	865.00
	Lower Extremities	
73500-00	Radiologic examination, hip; unilateral, one view	$ ~~36.00~~ 40.00
73510-00	complete, minimum of two views	~~59.00~~ 63.00
73520-00	Radiologic examination, hips, bilateral, minimum of two views of each hip, including anteroposterior view of pelvis	~~53.07~~ 65.00

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Code	Service	Maximum Fee
73550-00	Radiologic examination, femur, anteroposterior and lateral views	~~51.00~~ 54.00
73560-00	Radiologic examination, knee; anteroposterior and lateral views	~~45.00~~ 47.00
73562-00	anteroposterior and lateral, with oblique, minimum of three views	~~57.00~~ 59.00
73564-00	complete, including oblique(s), and/or tunnel, and/or patellar and/or standing views	~~60.00~~ 66.70
73581-00	Radiologic examination, knee, arthrography; complete procedure	~~212.00~~ 234.30
73590-00	Radiologic examination, tibia and fibula, anteroposterior and lateral views	~~47.00~~ 49.00
73600-00	Radiologic examination, ankle; anteroposterior and lateral views	~~40.00~~ 43.00
73610-00	complete, minimum of three views	~~48.50~~ 51.50
73620-00	Radiologic examination, foot; anteroposterior and lateral views	~~40.00~~ 44.00
73630-00	complete, minimum of three views	~~50.00~~ 52.00
73650-00	Radiologic examination; calcaneus, minimum of two views	~~41.25~~ 43.00
73660-00	toe or toes, minimum of two views	~~37.85~~ 40.50
73700-00	Computerized axial tomography, lower extremity; without contrast material	470.00
73720-00	Magnetic resonance (e.g., proton) imaging, lower extremity	~~650.00~~ 795.00
73721-00	Magnetic resonance (e.g., proton) imaging, any joint of lower extremity	865.00
	Abdomen	
74000-00	Radiologic examination, abdomen, single anteroposterior view	~~44.90~~ 47.00
74010-00	anteroposterior and additional oblique and cone views	~~55.00~~ 61.00
74020-00	complete, including decubitus and/or erect views	~~63.00~~ 65.50
74022-00	Complete acute abdomen series, including supine, erect, and/or decubitus views, upright PA chest	100.00
74150-00	Computerized axial tomography, abdomen; without contrast material	~~425.00~~ 468.00
74160-00	with contrast material(s)	~~499.00~~ 524.00
74170-00	without contrast material, followed by contrast material(s) and further sections	~~532.00~~ 569.20
74181-00	Magnetic resonance (e.g., proton) imaging, abdomen	~~892.50~~ 955.00
	Gastrointestinal Tract	
74210-00	Radiologic examination; pharynx and/or cervical esophagus	$ ~~74.00~~ 81.00
74220-00	esophagus	~~108.00~~ 118.00
74230-00	Swallowing function, pharynx and/or esophagus, with cineradiography and/or video	42.42
74240-00	Radiologic examination, gastrointestinal tract, upper; with or without delayed films, without KUB	~~122.70~~ 132.90
74241-00	with or without delayed films, with KUB	~~128.00~~ 140.00
74245-00	with small bowel, includes multiple serial films	~~182.20~~ 191.86
74246-00	Radiologic examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without delayed films; without KUB	~~135.00~~ 141.00
74247-00	with or without delayed films, with KUB	~~140.00~~ 180.50
74250-00	Radiologic examination, small bowel, includes multiple serial films	~~155.10~~ 156.00
74270-00	Radiologic examination, colon; barium enema	~~124.20~~ 132.90
74280-00	air contrast with specific high density barium, with or without glucagon	~~173.00~~ 183.00
74290-00	Cholecystography, oral contrast	~~79.00~~ 84.00
74291-00	additional or repeat examination or multiple day examination	~~67.00~~ 50.00
74305-00	Cholangiography and/or pancreatography; postoperative	~~105.25~~ 121.50
74330-00	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, fluoroscopic monitoring and radiography	87.00
	Urinary Tract	
74400-00	Urography, (pyelography) intravenous, with or without KUB	$ ~~145.00~~ 163.25
74405-00	with special hypertensive contrast concentration and/or clearance studies	~~167.00~~ 171.91
74410-00	Urography, infusion, drip technique	~~125.00~~ 160.00
74415-00	Urography, infusion, drip technique and/or bolus technique; with nephrotomography	~~183.50~~ 195.00
74420-00	Urography, retrograde, with or without KUB	~~61.75~~ 114.60
74426-00	Urography, antegrade, (pyelostogram, nephrostogram, loopogram); complete procedure	142.60
74431-00	Cystography, minimum of three views; complete procedure	~~113.00~~ 125.00
74451-00	Urethrocystography, retrograde; complete procedure	159.00

Code	Service	Maximum Fee
74456-00	~~Corpora cavernosography; complete procedure~~ Urethrocystography, voiding; complete procedure	~~154.40~~ 165.20
	Gynecological and Obstetrical	
~~74710-00~~	~~Pelvimetry, with or without placental localization~~	~~$ 89.00~~
74720-00	Radiologic examination, abdomen, for fetal age, fetal position and/or placental localization; single view	$ 47.10
74741-00	Hysterosalpingography; complete procedure	~~142.50~~ 161.50
	Veins and Lymphatics	
75821-00	Venography, extremity, unilateral; complete procedure	$ 255.00
	Miscellaneous	
76000-00	Fluoroscopy (separate procedure), up to one hour physician time	$ 83.00
76020-00	Bone age studies	~~$ 46.00~~ 50.00
76040-00	Bone length studies (orthoroentgenogram, scanogram)	73.00
76061-00	Radiologic examination, osseous survey: limited (e.g., for metastases)	~~152.90~~ 157.25
76062-00	Radiologic examination, osseous survey; complete	~~215.10~~ 207.00
~~76066-00~~	~~Joint survey, single view, one or more joints (specify)~~	~~25.00~~
76090-00	Mammography; unilateral	~~58.00~~ 60.00
76091-00	bilateral	~~70.00~~ 75.00
76096-00	Localization of breast nodule or calcification before operation, with marker and confirmation of its position with appropriate imaging (i.e., radiologic or ultrasound)	~~190.00~~ 199.00
76098-00	Radiological examination, breast surgical specimen	~~40.00~~ 27.34
76100-00	Radiologic examination, single plane body section	~~150.00~~ 140.00
76101-00	Radiologic examination, complex motion (i.e., hypercycloidal) body section (e.g., mastoid polytomography), other than kidney; unilateral	~~103.00~~ 110.20
76102-00	bilateral	~~130.00~~ 132.50
76140-00	Consultation on x-ray examination made elsewhere, written report	28.50
76150-00	Xeroradiography	54.00
76361-00	Computerized tomography guidance for needle biopsy; complete procedure	~~523.00~~ 579.25
76370-00	Computerized tomography guidance for placement of radiation therapy fields	~~150.00~~ 187.50
76375-00	Computerized tomography, coronal, sagittal, multiplanar, oblique and/or three dimensional reconstruction	~~60.00~~ 65.00

Subp. 3. **Diagnostic ultrasound.** The following codes, service descriptions, and maximum fees apply to diagnostic ultrasound procedures. In C, "A-mode" implies a one-dimensional ultrasonic measurement procedure; "M-mode" implies a one-dimensional ultrasonic measurement procedure with movement of the trace to record amplitude and velocity of moving echo-producing structures; "B-scan" implies a two-dimensional ultrasonic scanning procedure with a two-dimensional display; and "Real-time scan" implies a two-dimensional ultrasonic scanning procedure with display of both two-dimensional structure and motion with time.

	Head and Neck	
76511-00	Ophthalmic ultrasound, echography; A-mode, spectral analysis with amplitude quantification	$ ~~139.55~~ 151.50
76512-00	contact B-scan	~~135.00~~ 163.00
76516-00	Ophthalmic, biometry; by ultrasound echography, A-mode	155.00
76519-00	intraocular lens power calculation	~~155.44~~ 155.00
76536-00	Echography, soft tissues of head and neck (e.g., thyroid, parathyroid, parotid), B-scan and/or real-time with image documentation	~~203.70~~ 218.00
	Chest	
~~76620-00~~	~~Echocardiography, M-mode~~	~~$ 144.00~~
~~76627-00~~	~~Echocardiography, real-time with image documentation (2D); complete~~	~~300.00~~

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Code	Service	Maximum Fee
76629-00	Echocardiography, M-mode and real-time with image documentation	~~275.00~~ $ 300.00
76632-00	Doppler echocardiography	~~85.00~~ 103.00
	Abdomen and Retroperitoneum	
76700-00	Echography, abdominal, B-scan; and/or real-time with image documentation	~~165.85~~ $ 187.50
76705-00	limited	~~135.90~~ 135.00
76770-00	Echography, retroperitoneal (~~for example~~ e.g., renal, aorta, nodes), B-scan	~~227.85~~ 181.90
76775-00	limited	~~103.00~~ 110.00
	Pelvis	
76805-00	Echography, pregnant uterus, B-scan and/or real time with image documentation; complete	$ ~~111.00~~ 125.00
76815-00	~~Echography, pregnant uterus, B-scan and/or real-time with image documentation;~~ limited (fetal growth rate, heart beat, anomalies, placental location)	~~80.00~~ 95.00
76816-00	follow-up or repeat	80.00
76818-00	Fetal biophysical profile	~~125.00~~ 126.00
76855-00	Echography, pelvic area (Doppler)	~~169.50~~ 181.90
76856-00	Echography, pelvic (nonobstetric), B-scan and/or real-time with image documentation; complete	~~133.00~~ 136.00
76857-00	limited or follow-up (e.g., for follicles)	~~60.00~~ 85.00
	Genitalia	
76870-00	Echography, scrotum and contents	~~181.90~~ $218.00
	Extremities	
76880-00	Echography, extremity, B-scan and/or real-time with image documentation	~~130.00~~ $200.30
~~76925-00~~	~~Imaging, peripheral (e.g., B-scan, Doppler or real-time scan)~~	~~140.00~~
	Vascular studies	
76926-00	Imaging, head and trunk (e.g., Duplex Doppler)	$128.40
	Ultrasonic Guidance Procedures	
76943-00	Ultrasonic guidance for needle biopsy; complete procedure	~~286.70~~ $306.80
	Miscellaneous	
76970-00	Ultrasound study follow-up (specify)	~~85.00~~ $ 67.50
76991-00	Intraluminal ultrasound study (e.g., transrectal, transvaginal)	200.00

Subp. 4. **Therapeutic radiology.** The following codes, procedures, and maximum fees apply to therapeutic radiology procedures. Listings for teletherapy and brachytherapy include initial consultation, clinical treatment planning, simulation, medical radiation physics, dosimetry, treatment devices, special services, and clinical treatment management procedures. They include normal follow-up care during the course of treatment and for three months following its completion.

Except where specified, clinical treatment management assumes treatment on a daily basis (four or five fractions per week) with the use of megavoltage photon or high energy particle sources. Daily and weekly clinical treatment management are mutually exclusive for the same dates. "Simple" means a single treatment area, single port or parallel opposed ports, simple blocks. "Intermediate" means two separate treatment areas, three or more ports on a single treatment area, use of special blocks. "Complex" means three or more separate treatment areas and highly complex blocking (mantle, inverted Y, tangential ports, wedges, compensators, or other special beam considerations).

77261-00	Therapeutic radiology treatment planning; simple	$ 110.00
77262-00	~~Therapeutic radiology treatment planning;~~ intermediate	$ ~~329.99~~ 325.00
77263-00	complex	519.00
77280-00	Therapeutic radiology simulation-aided field setting; simple	~~137.50~~ 179.00
77285-00	intermediate	~~220.00~~ 274.50
77290-00	complex	~~271.00~~ 428.00
77300-00	Basic radiation dosimetry calculation, central axis depth dose, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, as required during course of treatment	88.00

Code	Service	Maximum Fee
77310-00	Teletherapy, isodose plan (whether hand or computer calculated); intermediate (three or more treatment ports directed to a single area of interest)	214.30
77315-00	~~Teletherapy, isodose plan (whether hand or computer calculated);~~ complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex rotational blocking or special beam considerations)	~~357.50~~ 329.00
77331-00	Special dosimetry (e.g., TLD, microdosimetry) (specify)	200.00
77332-00	Treatment devices, design and construction; simple (simple block, simple bolus)	150.00
77333-00	intermediate (multiple blocks, stents, bite blocks, special bolus)	127.04
77334-00	~~Treatment devices, design and construction;~~ complex	~~103.50~~ 251.00
77336-00	Continuing medical radiation physics consultation in support of therapeutic radiologist, including continuing quality assurance	98.00
77400-00	Daily megavoltage treatment management; simple	~~48.50~~ 98.00
77405-00	intermediate	~~119.00~~ 195.00
77410-00	complex	~~136.00~~ 149.00
77415-00	Therapeutic radiology treatment port film interpretation and verification, per treatment course	23.00
~~77420-00~~	~~Weekly megavoltage treatment management; simple~~	~~25.00~~
77465-00	Daily kilovoltage treatment management	50.00

Subp. 5. **Nuclear medicine.** The following codes, service descriptions, and maximum fees apply to nuclear medicine procedures. Procedures may be performed independently or in the course of overall medical care. The services listed do not include the provision of radium or other radioelements.

Diagnostic - Endocrine System

78000-00	Thyroid uptake; single determination	$ ~~20.00~~ 56.00
78001-00	multiple determinations	~~146.60~~ 134.10
78010-00	Thyroid imaging; only	~~184.85~~ 187.00

Diagnostic - Gastrointestinal System

78215-00	Liver and spleen imaging	$ ~~228.10~~ 244.10
78223-00	Hepatobiliary ductal system imaging, including gallbladder	255.00
78270-00	Vitamin B-12 absorption study (e.g., Schilling test); without intrinsic factor	132.00

Diagnostic - Musculoskeletal System

78300-00	Bone imaging; limited area (~~for example~~ e.g., skull, pelvis)	$ 195.00
78305-00	multiple areas	270.00
78306-00	whole body	~~313.80~~ 296.20
78350-00	Bone density (bone mineral content) study; single photon absorptiometry	84.00
78351-00	dual photon absorptiometry	~~247.30~~ 187.30

Cardiovascular System

78460-00	Myocardial imaging; resting only, quantitative or qualitative	$ ~~720.00~~ 210.00
78461-00	exercise and redistribution, qualitative or quantitative, with or without pharmacological intervention	~~335.00~~ 428.50
78464-00	tomographic (SPECT), at rest only, qualitative or quantitative	275.00
78465-00	tomographic (SPECT) with exercise and redistribution, qualitative or quantitative, with or without pharmacologic intervention	~~620.95~~ 800.00
78471-00	Cardiac blood pool imaging, gated equilibrium, at rest, wall motion study plus ejection fraction	403.00
78477-00	Cardiac blood pool imaging, gated equilibrium, at rest; quantitative wall motion study, plus ejection fraction plus ventricular volume determination, with exercise and/or pharmacologic intervention	501.90

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Code	Service	Maximum Fee
	Diagnostic - Respiratory System	
78580-00	Pulmonary perfusion imaging; particulate	325.00
78585-00	Pulmonary perfusion imaging, particulate, with ventilation; rebreathing and washout, with or without single breath	559.20
	Diagnostic - ~~Nervous~~ Genitourinary System	
~~78660-00~~	~~Dacryocystography (lacrimal flow study)~~	~~$ 16.00~~
78707-00	Kidney imaging; with vascular flow and function study	$ 487.90
	Miscellaneous Studies	
78890-00	Generation of automated data: interactive process involving nuclear physician and/or allied health professional personnel; simple manipulations and interpretation, not to exceed 30 minutes	$ ~~131.25~~ 74.69
78891-00	complex manipulations and interpretation, exceeding 30 minutes	88.70
78990-00	Provision of diagnostic radionuclide(s)	100.00
	~~**Therapeutic**~~	
~~79000-00~~	~~Radionuclide therapy, hyperthyroidism;~~	
~~79000-00~~	~~initial, including evaluation of patient~~	~~$ 361.00~~

5221.2400 PHYSICIAN SERVICES; PATHOLOGY AND LABORATORY.

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

Subp. 2. **Automated, multichannel tests.** The following codes, service descriptions, and maximum fees apply to tests that can be and are frequently done as groups and combinations on automated multichannel equipment. For any combination of three or more tests among those listed below, the appropriate code from 80002-00 to 80090-00 shall apply. Automated, multichannel tests do not include multiple tests performed individually for immediate or "stat" reporting.

A. Albumin
B. Albumin/globulin ratio
C. Bilirubin, direct
D. Bilirubin, total
E. Calcium
F. Carbon dioxide content
G. Chlorides
H. Cholesterol
I. Creatinine
J. Globulin
K. Glucose (sugar)
L. Lactic dehydrogenase (LDH)
M. Phosphatase, alkaline
N. Phosphorus (inorganic phosphate)
O. Potassium
P. Protein, total
Q. Sodium
R. Transaminase, glutamic oxaloacetic (SGOT)
S. Transaminase, glutamic pyruvic (SGPT)
T. Urea nitrogen (BUN)
U. Uric acid

Code	Service	Maximum Fee
	Automated Multichannel Tests	
80002-00	Automated multichannel test ~~1~~ one or ~~2~~ two clinical chemistry tests	$ ~~17.00~~ 19.00
80003-00	~~3~~ three clinical chemistry tests	~~29.10~~ 25.50
80004-00	4 four clinical chemistry tests	~~30.00~~ 31.00
80005-00	~~5~~ five clinical chemistry tests	~~41.00~~ 30.50
80006-00	~~6~~ six clinical chemistry tests	~~29.00~~ 32.00
80007-00	~~7~~ seven clinical chemistry tests	~~32.00~~ 33.10
80008-00	~~8~~ eight clinical chemistry tests	~~31.90~~ 33.80
80009-00	~~9~~ nine clinical chemistry tests	36.00
80010-00	~~10~~ ten clinical chemistry tests	~~35.50~~ 38.00
80011-00	11 clinical chemistry tests	~~37.00~~ 38.10
80012-00	12 clinical chemistry tests	~~39.70~~ 43.00
80016-00	13-16 clinical chemistry tests	~~40.50~~ 42.50
80018-00	17-18 clinical chemistry tests	~~45.00~~ 48.00
80019-00	19 or more clinical chemistry tests (indicate instrument used and number of tests performed)	~~30.85~~ 35.00
	Therapeutic Drug Monitoring	
80031-00	Therapeutic quantitative drug monitoring in body fluids and/or excreta; measurement one drug	$ ~~38.00~~ 43.20
80032-00	two drugs measured	~~39.00~~ 73.75
80034-00	four or more drugs measured	~~50.00~~ 21.90
80040-00	Serum radioimmunoassay for circulating antibiotic levels	28.30
	Organ or Disease Oriented Panels	
80050-00	General health screen panel	$ ~~45.00~~ 49.50
80053-00	Executive profile	~~82.80~~ 78.00
80055-00	Obstetric profile	~~37.00~~ 40.00
~~80056-00~~	~~Amenorrhea profile~~	~~199.00~~
80058-00	Hepatic function panel	~~31.00~~ 33.00
80059-00	Hepatitis panel	~~73.30~~ 71.00
80060-00	Hypertension panel	~~30.00~~ 35.00
80061-00	Lipid profile	~~30.00~~ 32.55
80062-00	Cardiac evaluation (including coronary risk) panel	35.00
80063-00	Cardiac injury panel	35.00
80064-00	~~Cardiac injury panel;~~ with creatine phosphokinase (CPK) and/or lactic dehydrogenase (LDH) isoenzyme determination	~~54.00~~ 35.00
80065-00	Metabolic panel	~~53.50~~ 57.50
80070-00	Thyroid panel	~~37.00~~ 40.00
80071-00	with thyrotropin releasing hormone (TRH)	~~45.00~~ 49.00
80072-00	Arthritis panel	~~43.00~~ 45.00
80073-00	Renal panel	~~28.00~~ 30.00
80085-00	Microcytic anemia panel	~~64.00~~ 58.25
80086-00	Macrocytic anemia panel	~~40.60~~ 43.40
80090-00	Antibody panel (e.g., TORCH: toxoplasma IFA, rubella HI, cytomegalovirus CF, herpes virus CF)	~~84.00~~ 89.00
	Consultations (Clinical Pathology)	
80500-00	Clinical pathology consultation; limited, without review of patient's history and medical records	$ ~~27.80~~ 29.65

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Code	Service	Maximum Fee
80502-00	comprehensive, for a complex diagnostic problem, with review of patient's history and medical records	30.00

Subp. 3. **Urinalysis.** The following codes, service descriptions, and maximum fees apply to urinalysis procedures.

Code	Service	Maximum Fee
81000-00	Urinalysis; routine (pH, specific gravity, protein, tests for reducing substances as glucose), with microscopy	$ ~~12.75~~ 14.00
81002-00	routine, without microscopy	~~8.00~~ 9.00
81004-00	components, single, not otherwise listed, specify	~~7.50~~ 8.00
81005-00	chemical, qualitative, any number of constituents	~~7.50~~ 8.75
~~81010-00~~	~~concentration and dilution test~~	~~5.00~~
81015-00	microscopic only	~~9.00~~ 9.75
81020-00	two or three glass test	~~10.50~~ 12.40

Subp. 4. **Chemistry and toxicology.** The following codes, service descriptions, and maximum fees apply to chemistry and toxicology procedures. The material for examination may be from any source. Examination is quantitative unless otherwise specified.

~~82000-00~~	~~Acetaldehyde, blood~~	~~$ 8.25~~
82010-00	Acetone; quantitative	~~6.50~~ $ 7.75
82011-00	Acetylsalicylic acid; quantitative	~~22.60~~ 25.90
82024-00	Adrenocorticotropic hormone (ACTH), RIA	~~101.00~~ 116.00
82040-00	Albumin; serum	11.10
~~82042-00~~	~~urine, quantitative (specify method, e.g., Esbach)~~	~~3.25~~
82055-00	Alcohol (ethanol), blood; chemical	~~36.00~~ 38.00
82085-00	Aldolase, blood; kinetic ultraviolet method	~~27.50~~ 26.40
82086-00	colorimetric	37.50
82088-00	Aldosterone; RIA, blood	112.00
82130-00	Amino acids, urine or plasma, chromatographic fractionation and quantitation, one or more	178.00
82137-00	Aminophylline	~~33.00~~ 40.50
82138-00	Amitryptyline	~~50.00~~ 52.60
82140-00	Ammonia; blood	~~37.50~~ 47.30
82150-00	Amylase, serum	~~21.90~~ 25.00
82156-00	Amylase, urine	~~23.00~~ 19.50
82157-00	Androstenedione, RIA	~~101.00~~ 94.00
82164-00	Angiotensin-converting enzyme	~~38.30~~ 41.00
82172-00	Apolipoprotein, immunoassay	~~24.50~~ 25.00
82175-00	Arsenic, blood, urine, gastric contents, hair or nails, quantitative	69.85
82205-00	Barbiturates; quantitative	~~34.00~~ 35.00
82210-00	quantitative and identification	~~31.00~~ 38.00
82232-00	Beta-2 microglobulin, RIA; serum	60.00
82250-00	Bilirubin; blood, total OR direct	~~16.75~~ 17.00
82251-00	blood, total AND direct	~~15.10~~ 17.00
82270-00	Blood; occult, feces, screening	~~9.00~~ 9.50
~~82273-00~~	~~duodenal, gastric contents, qualitative~~	~~8.00~~
82306-00	Calcifediol (25-OH Vitamin D-3), chromatographic technique	~~131.10~~ 140.30
82307-00	Calciferol (Vitamin D), RIA	65.40
82308-00	Calcitonin, RIA	~~72.80~~ 77.90
82310-00	Calcium, blood; chemical	~~12.30~~ 13.00
82325-00	atomic absorption flame photometry	13.80
82330-00	fractionated diffusible	~~26.00~~ 35.00
82340-00	Calcium, urine; quantitative, timed specimen	~~22.00~~ 19.90
82355-00	Calculus (stone)~~,~~; qualitative, chemical	~~32.50~~ 38.00
82360-00	Calculus (stone)~~,~~; quantitative~~,~~ chemical	~~34.90~~ 39.90
82365-00	infrared spectroscopy	47.60
82372-00	Carbamazepine, serum	~~31.50~~ 36.00
82374-00	Carbon dioxide, combining power or content	8.80
82375-00	Carbon monoxide, (carboxyhemoglobin); quantitative	~~39.50~~ 46.00

Code	Service	Maximum Fee
82376-00	qualitative	12.00
82380-00	Carotene, blood	~~24.00~~ 27.25
82382-00	Catecholamines (dopamine, norepinephrine, epinephrine); total urine	~~63.00~~ 59.50
82384-00	fractionated	~~72.00~~ 81.05
82390-00	Ceruloplasmin, chemical (copper oxidase), blood	~~24.00~~ 32.00
82435-00	Chlorides; blood (specify chemical or electrometric)	8.80
82465-00	Cholesterol, serum; total	15.00
82470-00	total and esters	16.00
~~82480-00~~	~~Cholinesterase; serum~~	~~24.80~~
82486-00	Chromatography; gas-liquid, compound and method not elsewhere specified	~~66.50~~ 54.00
82495-00	Chromium, urine	15.00
82507-00	Citrate	~~77.00~~ 79.90
82512-00	Clonazepam	~~56.00~~ 49.83
82525-00	Copper; blood	~~29.00~~ 40.00
~~82529-00~~	~~Cortisol; fluorometric, plasma~~	~~42.60~~
82532-00	Cortisol; CPB, urine	53.10
82533-00	Cortisol; RIA, plasma	~~42.00~~ 49.60
82534-00	RIA, urine	~~53.00~~ 65.00
82540-00	Creatine; blood	~~18.00~~ 21.00
82546-00	Creatine and creatinine	12.00
82550-00	Creatine phosphokinase (CPK), blood; timed kinetic ultraviolet method	~~22.60~~ 24.20
82552-00	isoenzymes	~~35.00~~ 42.50
82555-00	Colorimetric	~~29.20~~ 37.00
82565-00	Creatinine; blood	~~13.00~~ 15.00
82570-00	urine	~~16.35~~ 15.00
82575-00	clearance	~~32.75~~ 35.00
82595-00	Cryoglobulin, blood	~~39.30~~ 42.10
82606-00	Cyanocobalamin (Vitamin B-12); bioassay	~~32.00~~ 34.00
82607-00	RIA	~~36.00~~ 39.83
82608-00	unsaturated binding capacity	59.00
82615-00	Cystine and homocystine, urine; qualitative	~~55.10~~ 59.00
82620-00	quantitative	~~97.00~~ 103.80
82626-00	Dehydroepiandrosterone (DHEA), RIA	~~86.00~~ 89.25
82628-00	Desipramine	~~56.00~~ 63.75
~~82634-00~~	~~Deoxycortisol, 11 (compound S), RIA~~	~~49.60~~
82640-00	Digitoxin (digitalis); blood, RIA	~~48.50~~ 50.50
82643-00	Digoxin, RIA	~~37.00~~ 39.60
82656-00	Doxepin	49.00
82660-00	Drug screen (amphetamines, barbiturates, alkaloids)	~~45.10~~ 47.00
82662-00	Immunoassay technique for drugs	~~38.70~~ 43.00
82670-00	Estradiol, RIA (placental)	~~74.50~~ 71.70
82672-00	total	~~80.50~~ 95.50
82692-00	Ethosuximide	~~37.75~~ 40.00
82705-00	Fat or lipids, feces; screening	20.00
82710-00	quantitative, 24 or 72 hour specimen	~~70.70~~ 75.60
82728-00	Ferritin, specify method (e.g., RIA, immunoradiometric assay)	~~41.50~~ 43.00
~~82730-00~~	~~Fibrinogen, quantitative~~	~~28.00~~
82745-00	Folic acid (folate), blood; bioassay	~~38.00~~ 40.00
82746-00	RIA	~~42.50~~ 44.92
82756-00	Free thyroxine index (T-7)	~~27.00~~ 26.00

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Code	Service	Maximum Fee
82784-00	Gamma globulin, E (e.g., RIA, EIA)	~~40.00~~ 59.70
82785-00	Gamma globulin, E	36.00
82792-00	Gasses, blood, oxygen saturation; by calculation from pO2	~~35.90~~ 30.00
82800-00	Gasses, blood; pH only	~~36.25~~ 24.85
82803-00	pH, pCO2, pO2, simultaneous	~~65.60~~ 60.00
82941-00	Gastrin, RIA	~~54.00~~ 57.80
82946-00	Glucagon tolerance test	~~15.00~~ 32.00
82947-00	Glucose; except urine (~~for example~~ e.g., blood, spinal fluid, joint fluid)	~~14.50~~ 16.00
82948-00	blood, stick test	~~11.00~~ 12.00
82949-00	fermentation	15.00
82950-00	post glucose dose (includes glucose)	~~17.00~~ 19.00
82951-00	tolerance test (GTT), three specimens (includes glucose)	~~40.50~~ 45.00
82952-00	tolerance test, each additional beyond three specimens	~~16.40~~ 15.50
82954-00	Glucose, urine	~~5.00~~ 7.00
82977-00	Glutamyl transpeptidase, gamma (GGT)	~~18.50~~ 20.50
83000-00	Gonadotropin, pituitary, follicle stimulating hormone (FSH); bioassay	~~47.50~~ 52.10
83001-00	RIA	~~53.00~~ 56.00
83002-00	Gonadotropin, pituitary, luteinizing hormone (LH) (ICSH), RIA	~~50.00~~ 54.50
83003-00	Growth hormone, human (HGH) (somatotropin); RIA	~~46.20~~ 49.40
83010-00	Haptoglobin; chemical	~~52.00~~ 31.00
83015-00	Heavy metal screen (arsenic, bismuth, mercury, antimony); chemical (e.g., Reinsch, Gutzeit)	~~73.80~~ 95.00
83036-00	Hemoglobin; glycosylated	~~23.90~~ 25.00
83052-00	sickle, turbidimetric	18.00
83150-00	Homovanillic acid (HVA), urine	~~20.00~~ 60.10
83497-00	Hydroxyindolacetic acid, 5-(HIAA), urine	~~48.40~~ 51.80
83498-00	Hydroxyprogesterone, 17-d, RIA	~~76.00~~ 78.40
83523-00	Imipramine	~~59.40~~ 60.00
83525-00	Insulin, RIA	~~39.90~~ 36.00
83540-00	Iron, serum; chemical	~~16.00~~ 15.30
83545-00	automated	~~16.00~~ 10.86
83550-00	Iron binding capacity, serum; chemical	~~24.00~~ 22.50
83555-00	automated	~~29.80~~ 31.90
83565-00	radioactive uptake method	27.50
83582-00	Ketogenic steroids, urine; 17-(17-KGS)	~~40.80~~ 43.70
~~83589-00~~	~~Ketosteroids, 17-(17-KS), urine; total~~	~~36.00~~
83605-00	Lactate (lactic acid)	29.60
83610-00	Lactic dehydrogenase (LDH), RIA	~~17.10~~ 15.00
83615-00	Lactic dehydrogenase (LDH), blood; kinetic ultraviolet method	17.10
83620-00	Lactic dehydrogenase (LDH), blood colorimetric or fluorometric	~~16.55~~ 17.50
83625-00	isoenzymes, electrophoretic separation and quantitation	~~30.90~~ 38.27
~~83626-00~~	~~isoenzymes, chemical separation~~	~~27.40~~
83645-00	Lead, screening; blood	~~26.00~~ 25.00
83655-00	Lead, quantitative; blood	~~35.00~~ 34.50
83661-00	Lecithin-sphingomyelin ratio (L/S ratio), amniotic fluid	121.49
83690-00	Lipase, blood	~~22.75~~ 24.90
83700-00	total	22.00
83705-00	fractionated	~~23.50~~ 26.75
83715-00	Lipoprotein, blood; electrophoretic separation and quantitation (phenotyping)	~~30.00~~ 32.00
83717-00	analytic ultracentrifugation separation and quantitation (atherogenic index)	~~25.00~~ 22.00
83718-00	Lipoprotein high density cholesterol by precipitation method	~~20.30~~ 21.70
83719-00	Lipoprotein very low density cholesterol (VLDL cholesterol) by ultracentrifugation	~~16.00~~ 23.00
83720-00	Lipoprotein cholesterol fractionation calculation by formula	~~20.00~~ 15.00
83725-00	Lithium, blood, quantitative	~~22.00~~ 24.50
83735-00	Magnesium, blood; chemical	~~17.30~~ 18.00
83750-00	atomic absorption	~~18.10~~ 27.00

Code	Service	Maximum Fee
83765-00	Magnesium, urine; atomic absorption	27.00
83835-00	Metanephrines, urine	~~45.00~~ 50.00
83872-00	Mucin, synovial fluid (Ropes test)	~~19.00~~ 15.00
83915-00	Nucleotidase 5'-	31.10
83916-00	Oligoclonal immune globulin (Ig), CSF, by electrophoresis	~~65.20~~ 69.80
83930-00	Osmolality; blood	~~20.50~~ 22.50
83945-00	Oxalate, urine	~~37.50~~ 39.00
~~83947-00~~	~~Oxybutyric acid, beta~~	~~11.00~~
83970-00	Parathormone, RIA	~~108.50~~ 122.00
~~83986-00~~	~~pH, body fluid, except blood~~	~~8.00~~
84030-00	Phenylalanine (PKU); Guthrie	~~13.00~~ 15.00
84035-00	Phenylketones; blood, qualitative	17.00
84037-00	Phenylketones; urine, qualitative	~~5.00~~ 8.00
84045-00	Phenytoin	~~33.50~~ 36.40
84060-00	Phosphatase, acid; blood	~~22.00~~ 24.50
84065-00	prostatic fraction	~~21.00~~ 23.15
84066-00	prostatic fraction, RIA	45.00
84075-00	Phosphatase, alkaline, blood	18.30
~~84078-00~~	~~heat stable (total not included)~~	~~18.15~~
84080-00	isoenzymes, electrophoretic method	~~45.00~~ 43.70
84100-00	Phosphorus (phosphate); blood	~~13.70~~ 13.90
84105-00	urine	~~16.35~~ 17.50
~~84121-00~~	~~Porphyrins; uro-, copro-, and porphobilinogen, urine~~	~~54.40~~
84126-00	Porphyrins, feces, quantitative	~~33.00~~ 45.00
84132-00	Potassium; blood	15.00
84133-00	urine	~~18.50~~ 17.90
84136-00	Pregnanediol; other method (specify)	15.00
84141-00	Primidone	~~40.00~~ 42.00
84142-00	Procainamide	~~46.10~~ 50.50
84144-00	Progesterone, any method	~~52.50~~ 59.00
84146-00	Prolactin, RIA	~~52.20~~ 55.90
84155-00	Protein, total, serum; chemical	15.10
84165-00	Protein, total, serum; electrophoretic fractionation and quantitation	~~29.20~~ 31.20
84175-00	Protein, other sources, quantitative	~~22.00~~ 17.50
84176-00	Protein, special studies (i.e., monoclonal protein analysis)	125.00
84180-00	Protein, urine; quantitative, 24-hour specimen	~~19.00~~ 20.50
~~84185-00~~	~~Bence-Jones~~	~~13.20~~
84190-00	electrophoretic fractionation and quantitation	~~29.20~~ 39.00
84195-00	Protein, spinal fluid; semiquantitative (Pandy)	~~20.00~~ 21.00
84203-00	Protoporphyrin, RBC; screen	9.00
~~84207-00~~	~~Pyridoxine (Vitamin B-6)~~	~~10.00~~
84208-00	Pyrophosphate vs urate, crystals (polarization)	~~17.30~~ 20.50
84220-00	Pyruvic kinase, RBC	1.80
84230-00	Quinidine, blood	~~34.25~~ 39.00
84231-00	Radioimmunoassay (RIA) not elsewhere specified	~~55.00~~ 72.00
84238-00	Receptor assay; nonendocrine (e.g., acetylcholine) (specify receptor)	~~111.30~~ 134.00
84244-00	Renin (angiotensin I); (RIA)	~~71.00~~ 78.00
84275-00	Sialic acid, blood	~~78.00~~ 80.00
84295-00	Sodium; blood (MD/DO)	~~15.50~~ 15.55
84300-00	urine	~~14.40~~ 13.70

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Code	Service	Maximum Fee
84403-00	Testosterone, blood, RIA	~~85.00~~ 90.25
84408-00	Tetrahydrocannabinol THC (marijuana)	24.00
84420-00	Theophylline, blood, or saliva	~~35.00~~ 36.75
84435-00	Thyroxine, CPB or resin uptake	~~16.00~~ 17.00
84436-00	Thyroxine, true, RIA	~~19.40~~ 20.80
84439-00	Thyroxine, free, RIA	~~25.00~~ 28.50
84442-00	Thyroxine binding globulin (TBG)	~~38.00~~ 40.70
84443-00	Thyroid stimulating hormone (TSH), RIA	~~43.00~~ 47.50
~~84445-00~~	~~Thyrotropin releasing factor (TRF), RIA; plus long acting (LATS)~~	~~150.00~~
84446-00	Tocopherol alpha (Vitamin E)	37.40
84447-00	Toxicology, screen; general	~~45.00~~ 49.00
84448-00	sedative	~~46.00~~ 50.00
84450-00	Transaminase, glutamic oxaloacetic (SGOT), blood; timed kinetic ultraviolet method (MD/DO)	~~19.00~~ 19.10
84455-00	colorimetric or fluorometric	~~17.00~~ 19.00
84460-00	Transaminase, glutamic pyruvic (SGPT), blood; timed kinetic ultraviolet method	22.00
84478-00	Triglycerides, blood	~~14.90~~ 15.90
84479-00	Triiodothyronine (t-3), resin uptake	~~21.00~~ 22.00
84480-00	Triiodothyronine, true, RIA	~~50.00~~ 53.60
84520-00	Urea nitrogen, blood (BUN); quantitative	~~13.00~~ 14.00
84550-00	Uric acid; blood, chemical	~~15.00~~ 17.00
84555-00	uricase, ultraviolet method	~~16.00~~ 15.10
84560-00	Uric acid, urine	~~21.00~~ 25.00
84585-00	Vanillylmandelic acid (VMA), urine	~~60.00~~ 59.60
84590-00	Vitamin A, blood;	~~30.50~~ 37.40
84595-00	including carotene	78.60
84630-00	Zinc, quantitative; blood	~~24.10~~ 22.90
84695-00	Gentamicin	48.75
84702-00	Gonadotropin, chorionic; quantitative	~~33.75~~ 40.40
84703-00	qualitative	~~21.00~~ 22.50

Subp. 5. **Hematology.** The following codes, service descriptions, and maximum fees apply to hematology procedures.

85000-00	Bleeding time; Duke	$ ~~9.50~~ 12.00
85002-00	Ivy or template	~~23.80~~ 30.00
85007-00	Blood count; manual differential WBC count (includes RBC morphology and platelet estimation)	~~12.50~~ 14.00
85009-00	differential WBC count, buffy coat	~~20.90~~ 21.30
85012-00	eosinophil count, direct	~~15.00~~ 16.00
85014-00	hematocrit	~~9.00~~ 10.00
85018-00	hemoglobin, colorimetric	~~10.00~~ 11.00
85021-00	hemogram, automated (RBC, WBC, Hgb, Hct, and indexes only)	~~20.00~~ 21.00
85022-00	hemogram, automated, and manual differential WBC count (CBC)	~~26.00~~ 27.00
85023-00	hemogram and platelet count, automated, and manual differential WBC count (CBC)	32.50
85024-00	hemogram and platelet count, automated, and automated partial differential WBC count (CBC)	28.00
85025-00	hemogram and platelet count, automated, and automated complete differential WBC count (CBC)	~~22.70~~ 22.00
85027-00	hemogram, and platelet count, automated	~~16.50~~ 22.00
85029-00	Additional automated hemogram indices (e.g., red cell distribution width (RDW), mean platelet volume (MPV), red blood cell histogram, platelet histogram, white blood cell histogram); ~~1-3~~ one to three indices	~~11.25~~ 8.00

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Code	Service	Maximum Fee
85030-00	four or more indices	12.00
85031-00	hemogram, manual, complete CBC (RBC, WBC, Hgb, Hct, differential and indexes)	~~24.50~~ 24.00
85041-00	red blood cell (RBC) only	~~8.10~~ 10.00
85044-00	reticulocyte count	~~14.90~~ 15.80
85048-00	White blood cell (WBC)	~~10.00~~ 11.00
85060-00	Blood smear, peripheral, interpretation by physician with written report	~~54.50~~ 58.50
85095-00	Bone marrow smear and/or cell block; aspiration only	~~91.50~~ 95.95
85097-00	Bone marrow smear and/or cell block; smear interpretation only	~~101.50~~ 97.00
85100-00	aspiration, staining, and interpretation	~~84.70~~ 165.00
85102-00	Bone marrow needle biopsy	~~100.00~~ 151.00
85103-00	staining and interpretation	~~145.00~~ 155.00
~~85105-00~~	~~interpretation only~~	~~91.50~~
85109-00	staining and preparation only	80.20
85240-00	factor VII (AHG), one stage factor VIII (AHG), one stage	~~83.40~~ 89.20
~~85291-00~~	~~factor XII (fibrin stabilizing), screen solubility~~	~~35.00~~
~~85300-00~~	~~Clotting inhibitors or anticoagulants; antithrombin III, except antigen assay~~	~~101.00~~
~~85302-00~~	~~protein C assay~~	~~59.30~~
85341-00	Clotting inhibitors or anticoagulants; PTT inhibition test	~~15.00~~ 16.00
~~85368-00~~	~~Fibrin degradation (split) products (FDP) (FSP); protamine paracoagulation (PPP)~~	~~12.00~~
85362-00	Fibrin degradation (split) products (FDP) (FSP); agglutination, slide	39.50
85376-00	Fibrinogen; thrombin with plasma dilution	~~28.75~~ 35.50
85530-00	Heparin-protamine tolerance test	16.00
85535-00	Iron stain (RBC or bone marrow smears)	~~40.10~~ 42.90
85540-00	Leukocyte alkaline phosphatase with count	~~40.00~~ 41.25
85544-00	Lupus erythematosus (LE) cell prep	~~24.00~~ 27.50
85548-00	Morphology of red blood cells only	~~28.00~~ 30.00
85575-00	Platelet; adhesiveness (in vivo)	19.00
85580-00	~~Platelet;~~ count (Rees-Ecker)	~~15.00~~ 16.00
85585-00	estimation on smear only	~~11.00~~ 9.00
85590-00	phase microscopy	22.50
85595-00	electronic technique	~~13.25~~ 14.00
85610-00	Prothrombin time	~~14.00~~ 15.00
85618-00	Prothrombin-Proconvertin, P&P (Owren)	~~19.00~~ 20.15
~~85630-00~~	~~Red blood cell size (Price-Jones)~~	~~7.80~~
85650-00	Sedimentation rate (ESR); Wintrobe type	~~11.00~~ 12.00
85651-00	Westergren type	~~11.00~~ 12.00
85660-00	Sickling of RBC, reduction, slide method	~~11.00~~ 10.00
85670-00	Thrombin time; plasma	14.30
85730-00	Thromboplastin time, partial; plasma or whole blood	~~20.00~~ 22.00
85732-00	substitution, plasma	17.50

Subp. 6. **Immunology.** The following codes, service descriptions, and maximum fees apply to immunology procedures.

86000-00	Agglutinins; febrile, each antigen	$ ~~19.00~~ 32.40
~~86004-00~~	~~warm~~	~~21.50~~
86006-00	Antibody, qualitative, not otherwise specified; first antigen, slide or tube	~~18.00~~ 17.00
86008-00	Antibody, quantitative titer, not otherwise specified; first antigen	~~24.00~~ 31.10
86009-00	each additional antigen	15.00
86012-00	Antibody absorption, cold auto absorption; per serum	~~18.00~~ 20.00
86013-00	differential	10.00

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Code	Service	Maximum Fee
86016-00	Antibodies, RBC, saline; high protein and antihuman globulin technique	~~37.50~~ 30.60
86018-00	enzyme technique, including antihuman globulin	~~14.00~~ 15.00
86024-00	Antibody identification; RBC antibodies (~~8-10~~ eight to ten cell panel); standard technique	~~26.00~~ 26.50
~~86026-00~~	~~RBC antibodies (8-10 cell panel), with enzyme technique including antihuman globulin~~	~~74.30~~
86028-00	saline or high protein, each (Rh, AB, etc.)	43.25
86031-00	Antihuman globulin test; direct~~, 1-3~~ (Coombs) one to three dilutins ~~()~~	~~16.50~~ 17.00
86032-00	indirect, qualitative	~~28.50~~ 30.50
86033-00	indirect, titer (broad, gamma or nongamma each)	~~10.00~~ 10.50
86034-00	enzyme technique, qualitative	5.00
86038-00	Antinuclear antibodies (ANA), RIA	~~40.00~~ 34.00
86060-00	Antistreptolysin O; titer	~~25.25~~ 26.00
86063-00	screen	15.00
86066-00	Antitrypsin, alpha-1; Pi (protest inhibitor) typing	~~65.20~~ 69.80
86067-00	other method (specify)	~~39.50~~ 46.50
86068-00	Blood crossmatch, complete standard technique, includes typing and antibody screening of recipient and donor; first unit	~~65.00~~ 69.50
86069-00	each additional unit	~~43.00~~ 46.00
86080-00	Blood typing; ABO only	~~11.75~~ 12.00
86082-00	ABO and Rho(D)	~~23.00~~ 24.60
86095-00	Blood typing, RBC, antigens other than ABO or Rho(D); antiglobulin technique, each antigen	22.50
86096-00	direct, slide or tube, including Rh subtypes, each antigen	~~13.50~~ 15.00
86100-00	Blood typing; Rho(D) only	~~15.00~~ 12.00
86105-00	Rh genotyping, complete	~~9.50~~ 10.50
86115-00	anti-Rh immunoglobulin testing (RhoGAM type)	70.00
86128-00	Collection, processing and storage of predeposited autologous whole blood or components	191.60
86140-00	C-reactive protein	~~15.00~~ 22.70
86149-00	Carcinoembryonic antigen (CEA); gel diffusion	51.00
86151-00	Carcinoembryonic antigen (CEA); RIA or EIA	60.00
86158-00	Complement; C'1 esterase	~~57.00~~ 58.75
86162-00	total (CH 50)	~~53.00~~ 61.30
86163-00	~~Complement;~~ C'3 esterase	30.00
86164-00	C'4 esterase	35.25
86171-00	Complement fixation tests, each (~~for example~~ e.g., cat scratch fever, coccidioidomycosis, histoplasmosis, psittacosis, rubella, streptococcus MG, syphilis)	~~17.00~~ 18.00
86215-00	Deoxyribonuclease, antibody	56.10
86225-00	Deoxyribonucleic acid (DNA) antibody	~~39.00~~ 43.00
86229-00	Enzyme immunoassay for chemical constituent	~~36.60~~ 48.00
86235-00	Antibody to specific nuclear antigen, any method, each	~~57.00~~ 66.25
86244-00	Fetoprotein, alpha-1, RIA or EIA	~~50.00~~ 54.00
86255-00	Fluorescent antibody; screen	~~33.00~~ 35.90
86256-00	titer	~~40.00~~ 43.00
86265-00	Frozen blood, preparation for freezing, each unit, including processing and collection	~~54.10~~ 102.00
~~86277-00~~	~~Growth hormone, human (HGH), antibody, RIA~~	~~31.00~~
86280-00	Hemagglutination inhibition tests (HAI), each (~~for example~~ e.g., rubella, viral)	~~19.00~~ 22.00
86282-00	Hemolysins and agglutinins, auto, screen, each	~~22.50~~ 23.00
~~86283-00~~	~~incubated with glucose (i.e., ATP)~~	~~41.00~~
86287-00	Hepatitis B surface antigen (HBsAg) Australian antigen, HAA, RIA, or EIA	~~28.00~~ 25.00
86288-00	Hepatitis B core antigen (HBcAg), RIA	~~26.00~~ 27.50
86289-00	Hepatitis B core antibody; RIA (HBcAg)	~~35.30~~ 37.80
86290-00	IgM antibody (e.g., RIA, EIA, RPHA)	57.60
86291-00	Hepatitis B surface antibody	~~26.00~~ 25.90
86293-00	Hepatitis ~~B~~ Be antigen	~~33.00~~ 24.65

Code	Service	Maximum Fee
86295-00	Hepatitis Be antibody (HBeAb) (e.g., RIA, EIA)	37.50
86296-00	Hepatitis A antibody	~~37.80~~ 40.40
~~86298-00~~	~~IgG antibody~~	~~30.00~~
86299-00	IgM antibody	~~38.20~~ 40.90
86300-00	Heterophile antibodies; screening (includes monotype test), slide or tube	~~15.25~~ 17.00
86305-00	quantitative titer	~~22.00~~ 25.00
86310-00	plus titers after absorption with beef cells and guinea pig kidney	~~38.20~~ 35.50
86312-00	HIV (HTLV-III) antibody detection; immunoassay	~~24.00~~ 27.40
86316-00	Immunoassay for tumor antigen (i.e., prostate specific antigen, cancer antigen)	~~53.00~~ 62.00
86317-00	Immunoassay for infectious agent antigen or antibody, each	~~16.70~~ 18.00
86320-00	Immunoelectrophoresis; serum, each	~~70.70~~ 75.60
86325-00	other fluids (e.g., urine) with concentration, each specimen	~~70.70~~ 75.60
86329-00	Immunodiffusion; quantitative, each IgA, IgG, IgM, ceruloplasmin, transferrin, alpha-2, macroglobulin, complement fractions, alpha-1 antitrypsin, or other (specify)	~~42.65~~ 40.60
86335-00	Immunoglobulin typing (Gc, Gm, Inv), each	18.00
~~86353-00~~	~~Lymphocyte transformation, spontaneous blastogenesis or phytomitogen (phytohemoglutination, PHA) or other mitogen culture (MC) (i.e., tuberculin, candida)~~	~~178.00~~
86357-00	Insulin antibodies, RIA	~~133.60~~ 143.00
86376-00	Microsomal antibody (thyroid); RIA	37.00
86377-00	other method (specify)	~~51.50~~ 55.10
86382-00	Neutralization test, viral	~~9.50~~ 22.30
86403-00	Particle agglutination, rapid test for infectious agent, each antigen	~~16.70~~ 18.00
86405-00	Precipitin test for blood (species identification)	11.63
86421-00	Radioallergosorbent test, in vitro testing for allergen-specific IgE (i.e., RAST, MAST, FAST, IP, PRIST, etc.); up to five tests	~~29.00~~ 33.00
86422-00	six or more tests	~~15.50~~ 15.20
86423-00	Radioimmunosorbent test IgE, quantitative	~~35.00~~ 37.00
86430-00	Rheumatoid factor, latex fixation	~~19.50~~ 20.00
86455-00	Skin test; anergy testing, + one or more antigens	~~10.00~~ 15.90
86490-00	coccidioidomycosis	20.15
86510-00	histoplasmosis	16.00
86540-00	mumps	~~13.00~~ 23.70
86580-00	Skin test; tuberculosis or intradermal	~~10.00~~ 11.00
86585-00	tuberculosis, tine test	~~9.00~~ 10.00
86590-00	Streptokinase, antibody	~~16.00~~ 28.25
86592-00	Syphilis, test; qualitative	~~13.00~~ 13.70
86593-00	quantitative	~~12.00~~ 13.00
86594-00	Thyroid autoantibodies	~~50.40~~ 65.00
86600-00	Toxoplasmosis, dye test	~~27.00~~ 27.80
86650-00	Treponema antibodies, fluorescent, absorbed	~~42.60~~ 44.00
86800-00	Thyroglobulin antibody, RIA	~~40.65~~ 42.00
86812-00	Tissue typing; HLA typing, A, B, or C (~~for example~~ e.g., A10, B7, B27), single antigen	~~69.30~~ 74.20
86813-00	HLA typing, A, B, and/or C (i.e., A10, B7, B27), multiple antigens	~~309.00~~ 296.00
86817-00	HLA typing, DR, multiple antigens	400.00

Subp. 7. **Microbiology.** The following codes, service descriptions, and maximum fees apply to microbiology procedures.

87015-00	Concentration (any type), for parasites, ova, or tubercle bacillus (TB, AFB)	~~$22.00~~ 21.00
87040-00	Culture, bacterial, definitive; blood (includes anaerobic screen)	~~31.50~~ 39.60
87045-00	stool	~~30.50~~ 35.00
87060-00	throat or nose	~~14.00~~ 15.00

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Code	Service	Maximum Fee
87070-00	any other source	~~25.00~~ 30.00
87072-00	Culture or direct bacterial identification method, each organism, by commercial kit, any source except urine	~~14.50~~ 15.00
87075-00	Culture, bacterial, any source; anaerobic (isolation)	~~30.50~~ 33.00
87081-00	Culture, bacterial, screening only, for single organisms	~~15.00~~ 16.00
87082-00	Culture, presumptive, pathogenic organisms, screening only, by commercial kit (specify type); for single organisms	15.00
87083-00	multiple organisms	~~10.00~~ 9.00
87084-00	with colony estimation from density chart	~~10.50~~ 17.75
~~87085-00~~	~~with colony count~~	~~25.00~~
87086-00	Culture, bacterial, urine; quantitative, colony count	20.00
87087-00	commercial kit	~~12.00~~ 13.50
87088-00	identification, in addition to quantitative or commercial kit	~~23.00~~ 25.00
87101-00	Culture, fungi, isolation; skin	~~18.00~~ 21.00
87102-00	other source (except blood)	~~13.50~~ 14.25
87103-00	blood	~~55.00~~ 58.90
87106-00	Culture, fungi, definitive identification of each fungus	~~29.80~~ 31.90
87109-00	Culture, mycoplasma, any source	~~45.50~~ 47.00
87110-00	Culture, Chlamydia	~~35.50~~ 32.50
87116-00	Culture, tubercle or other acid-fast bacilli (~~for example~~ e.g., TB, AFB, mycobacteria); source, isolation only	~~35.00~~ 41.45
87117-00	concentration plus isolation	~~39.30~~ 42.10
87118-00	Culture, mycobacteria, definitive identification of each organism	~~19.50~~ 35.00
87140-00	Culture, typing; fluorescent method, each antiserum	~~14.50~~ 15.50
87147-00	Serologic method, agglutination grouping, per antiserum	20.00
~~87151-00~~	~~serologic method, speciation~~	~~12.00~~
87158-00	other methods	27.00
87163-00	Culture, any source, additional identification methods required	~~27.00~~ 32.50
87164-00	Dark field examination, any source (~~for example~~ e.g., penile, vaginal, oral, skin); includes specimen collection	~~9.00~~ 10.00
87174-00	Endotoxin, bacterial (pyrogens); chemical	~~40.00~~ 30.00
87176-00	homogenization, tissue, for culture	42.10
87177-00	Ova and parasites, direct smears, concentration and identification	~~29.00~~ 31.00
87181-00	Sensitivity studies, antibiotic; agar diffusion method, each antibiotic	~~16.00~~ 18.00
87184-00	disc method, each plate (12 or less discs)	19.50
87186-00	microtiter, minimum inhibitory concentration (MIC), 8 or less any number of antibiotics	~~25.20~~ 26.50
87188-00	macrotube dilution method, each antibiotic	~~43.70~~ 21.00
87205-00	Smear, primary source, with interpretation; routine stain for bacteria, fungi, or cell types	~~15.80~~ 16.90
87206-00	fluorescent and/or acid fast stain for bacteria, fungi, or cell types	30.00
87207-00	special stain for inclusion bodies or intracellular parasites (~~for example~~ e.g., malaria, kala-azar, herpes)	~~29.00~~ 31.00
87208-00	direct or concentrated, dry, for ova and parasites	~~13.00~~ 15.00
87210-00	wet mount with simple stain for bacteria, fungi, ova, and/or parasites	~~13.50~~ 14.75
87211-00	wet and dry mount, for ova and parasites	~~16.00~~ 18.40
87220-00	Tissue examination for fungi (~~for example~~ e.g., KOH slide)	~~13.11~~ 14.00
87230-00	Toxin or antitoxin assay, tissue culture (i.e., Clostridium difficile toxin)	~~55.40~~ 59.30
87250-00	Virus identification; inoculation of embryonated eggs, or small animal, includes observation and dissection	~~43.40~~ 51.00
87252-00	tissue culture inoculation and observation	~~60.40~~ 54.60
87253-00	tissue culture, additional studies (i.e., hemadsorption, neutralization) each isolate	~~25.00~~ 41.00

Subp. 8. **Anatomic pathology.** The following codes, service descriptions, and maximum fees apply to anatomic pathology procedures.

Code	Service	Maximum Fee
	Cytopathology	
88104-00	Cytopathology, fluids, washings or brushings, with centrifugation except cervical or vaginal; smears and interpretation	$ ~~30.80~~ 33.00
88106-00	filter method only with interpretation	~~34.30~~ 50.00
88107-00	smears and filter preparation with interpretation	~~30.00~~ 34.70
~~88108-00~~	~~concentration technique, smears and interpretation (e.g., Saccomanno technique)~~	~~29.00~~
88130-00	Sex chromatin identification; Barr bodies	~~17.75~~ 18.50
88150-00	Cytopathology, smears, cervical or vaginal (e.g., Papanicolaou), up to ~~3~~ three smears; screen by technical under physician supervision	~~17.00~~ 18.00
88151-00	requiring interpretation by physician	~~22.00~~ 21.25
88155-00	with definitive hormonal evaluation (e.g., maturation index, karyopyknotic index, estrogenic index)	~~13.50~~ 21.00
88160-00	Cytopathology, any other source; screening and interpretation	~~30.50~~ 29.75
~~88161-00~~	~~preparation, screening, and interpretation~~	~~31.00~~
88170-00	Fine needle aspiration with or without preparation of smears; superficial tissue (e.g., thyroid, breast, prostate)	~~97.00~~ 93.30
88172-00	Evaluation of fine needle aspirate with or without preparation of smears; immediate cytohistologic study to determine adequacy of specimen(s)	~~35.00~~ 56.00
88173-00	interpretation and report	~~97.10~~ 85.50
88262-00	Chromosome analysis; count 15-20 cells, ~~2~~ two karyotypes, with banding	~~599.60~~ 546.90
88267-00	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, one karyotope, with banding	~~577.50~~ 608.80

Subp. 9. **Surgical pathology.** The following codes, service descriptions, and maximum fees apply to surgical pathology procedures. The services listed include accession, handling, and reporting. Only one of the codes listed (88300-00 to 88307-00) should be used in reporting specimens (single or multiple) that are removed during a single surgical procedure.

88300-00	Surgical pathology, gross examination only	$ ~~32.50~~ 30.65
88302-00	Surgical pathology, gross and microscopic; examination of presumptively normal tissue, for identification and record purposes	~~40.00~~ 42.00
88304-00	Surgical pathology, gross and microscopic; diagnostic examination of presumptively abnormal tissue; uncomplicated specimen	~~43.80~~ 48.50
88305-00	single complicated or multiple uncomplicated specimen(s), without complex dissection	~~77.85~~ 89.00
88307-00	single complicated specimen requiring complex dissection or multiple complicated specimens	128.90
88311-00	Decalcification procedure (list separately in addition to code for surgical pathology examination)	~~26.00~~ 22.66
88312-00	Special stains; Group I stains for microorganisms	~~25.00~~ 28.30
88313-00	Group II, all other, (e.g., iron, trichrome), except immunocytochemistry and immunoperoxidase stains, each	~~23.80~~ 26.00
88321-00	Consultation and report on referred slides prepared elsewhere	~~30.00~~ 36.00
88325-00	Consultation, comprehensive, with review of records and specimens, with report on referred material	~~51.50~~ 69.40
88331-00	with frozen section(s); single specimen	~~100.00~~ 103.00
88332-00	Consultation during surgery; each additional tissue block with frozen section(s)	~~42.00~~ 45.00
88342-00	Immunocytochemistry (including tissue immunoperoxidase), each antibody	~~102.10~~ 120.00
88348-00	Electron microscopy; diagnostic	355.00

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Subp. 10. **Miscellaneous.** The following codes, service descriptions, and maximum fees apply to miscellaneous pathology and laboratory services.

Code	Service	Maximum Fee
89050-00	Cell count, miscellaneous body fluids (e.g., CSF, joint fluid), except blood	$ 23.00
89051-00	~~Cell count, miscellaneous body fluids (e.g. CSF, joint fluid), except blood,~~ with differential count	~~$ 16.60~~ 16.30
89060-00	Crystal identification by compensated polarizing lens analysis, synovial fluid	16.00
89125-00	Fat stain, feces, urine, or sputum	~~26.20~~ 28.00
89190-00	Nasal smear for eosinophils	~~13.00~~ 14.00
89205-00	Occult blood, any source except feces	~~10.00~~ 10.90
89300-00	Semen analysis; presence and/or motility of sperm, including Huhner test	~~32.00~~ 34.00
89310-00	motility and count	~~20.00~~ 33.85
89320-00	Semen analysis; complete (volume count, motility and differential)	~~41.00~~ 45.00
89325-00	Sperm antibodies	~~180.00~~ 192.60
~~89330-00~~	~~Sperm evaluation; cervical mucus penetration test, with or without spinnbarkheit test~~	~~37.00~~
89329-00	Sperm evaluation; hamster penetration test	343.60
89350-00	Sputum, obtaining specimen, aerosol induced technique (separate procedure)	65.30

5221.2500 DENTISTS.

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

Subp. 2. **Diagnostic.** The following codes, service descriptions, and maximum fees apply to diagnostic services.

Restorative

02140-00	Amalgam; one surface, permanent	$ ~~30.00~~ 33.00
02150-00	two surfaces, permanent	~~43.00~~ 46.00
02160-00	three surfaces, permanent	~~56.00~~ 59.00
02161-00	four or more surfaces, permanent	~~66.00~~ 71.00

Acrylic or Plastic Restorations

02330-00	Resin; one surface, anterior	$ ~~40.00~~ 45.00
02331-00	two surfaces, anterior	~~58.00~~ 64.00
02332-00	three surfaces, anterior	~~77.00~~ 84.00
02335-00	four or more surfaces or (involving incisal angle)	~~75.00~~ 85.00

Inlay Restorations

02530-00	Inlay - metallic; three surfaces	$ 385.00
02540-00	Onlay - metallic; per tooth (in addition to inlay)	$ ~~390.00~~ 405.00

Crowns - Single Restoration Only

02740-00	Crown; porcelain/ceramic substrate	$ 425.00
02750-00	porcelain fused to high noble metal	~~395.00~~ 420.00
02751-00	porcelain fused to predominantly base metal	~~380.00~~ 395.00
02752-00	porcelain fused to noble metal	~~380.00~~ 400.00
02790-00	full cast high noble metal	~~375.00~~ 400.00
02791-00	full cast predominantly base metal	~~325.00~~ 335.00
02792-00	full cast noble metal	~~338.00~~ 366.00
02810-00	3/4 cast metallic	~~400.00~~ 375.00
~~02815-00~~	~~Incision and drainage of abscess; intraoral~~	~~80.00~~
02824-00	Removal of tooth; bony impaction presenting unusual difficulties and circumstances	~~175.00~~ 200.00
02825-00	Removal of tooth, soft tissue impaction	105.00
02826-00	partial bony impaction	~~125.00~~ 135.00
02827-00	complete bony impaction	~~150.00~~ 155.00
02829-00	Apicoectomy; performed as separate surgical procedure (per root)	~~200.00~~ 275.00
02830-00	stainless steel	~~85.00~~ 90.00
02832-00	Alveolectomy/alveoloplasty, per quadrant (in conjunction with extractions)	90.00
02848-00	Osseous surgery; per quadrant	~~400.00~~ 405.00

Code	Service	Maximum Fee
	Other Restorative Services	
02910-00	Recement inlays	$ ~~29.00~~ 36.00
02920-00	Recement crowns	~~28.00~~ 30.00
02940-00	Sedative fillings	~~25.00~~ 28.00
02950-00	Crown buildups, including any pins	~~85.00~~ 90.00
~~02960-00~~	~~Labial veneer (laminate); chairside~~	~~175.00~~
	Endodontics	
03110-00	Pulp cap; direct (excluding final restoration)	$ ~~20.00~~ 24.00
03120-00	indirect (excluding final restoration)	~~15.00~~ 17.00
03220-00	Therapeutic pulpotomy	~~45.00~~ 50.00
	Root Canal Therapy	
03310-00	One canal (excludes final restoration)	$ ~~203.00~~ 220.00
03320-00	Two canals (excludes final restoration)	~~250.00~~ 260.00
03330-00	Three canals (excludes final restoration)	~~340.00~~ 375.00
	Periapical Services	
03410-00	Apicoectomy; (per tooth) first root	$ ~~225.00~~ 250.00
03430-00	Retrograde filling; per root	~~100.00~~ 95.00
	Other Endodontic Procedures	
03950-00	Canal preparation and fitting of preformed dowel or post	$ ~~85.00~~ 70.00
~~03960-00~~	~~Bleaching of discolored tooth~~	~~60.00~~
	Prosthodontics, Removable Complete Dentures - Including Routine Postdelivery Care	
05110-00	Complete upper	$ ~~500.00~~ 550.00
05120-00	Complete lower	~~500.00~~ 525.00
05130-00	Immediate upper	~~550.00~~ 605.00
05140-00	Immediate lower	~~650.00~~ 605.00
	Partial Dentures - Including Routine Postdelivery Care	
05213-00	Upper partial, predominately base cast base with acrylic saddles (including any conventional clasps and rests)	$ 670.00
05214-00	Lower partial, predominately base cast base with acrylic saddles (including any conventional clasps and rests)	625.00
05215-00	Upper partial; high noble cast base with acrylic saddles (including any conventional clasps and rests)	$ ~~620.00~~ 660.00
05216-00	Lower; high noble cast base with acrylic saddles (including any conventional clasps and rests) ~~(DDS)~~	~~615.00~~ 650.00
	Adjustments to Dentures	
05410-00	Adjust complete denture; upper	$ 20.00
~~05421-00~~	~~Adjust partial denture; upper~~	~~25.00~~
05422-00	lower	~~23.00~~ 24.00
	Repairs to Dentures	
05610-00	Repair acrylic saddle or base	$ ~~50.00~~ 54.00
05620-00	Repair cast framework	~~50.00~~ 55.00
05640-00	Replace broken teeth; per tooth	~~48.00~~ 40.00
05650-00	Add tooth to existing partial denture	~~70.00~~ 65.00
05660-00	Add clasp to existing partial denture	120.00

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Code	Service	Maximum Fee
	Denture Relining	
05750-00	Relining complete upper denture (laboratory)	$ ~~153.00~~ 170.00
05760-00	Relining upper partial denture (laboratory)	~~176.00~~ 175.00
	Other Removable Prosthetic Services	
05820-00	Temporary (partial stayplate), denture upper	$ ~~160.00~~ 180.00
05850-00	Tissue conditioning; per denture unit	~~35.00~~ 30.00
	Bridge Pontics	
06210-00	Pontic; cast high noble metal	$ ~~375.00~~ 395.00
06212-00	Pontic; cast noble metal	~~395.00~~ 350.00
06240-00	porcelain fused to high noble metal	~~390.00~~ 415.00
06241-00	porcelain fused to predominantly base metal	~~375.00~~ 380.00
06242-00	porcelain fused to noble metal	~~360.00~~ 400.00
	Retainers	
06545-00	Cast metal retainer for acid etch bridge	$ ~~150.00~~ 168.50
	Prosthodontics, Fixed	
06640-00	Replace broken facing with acrylic	$ ~~80.00~~ 95.00
	Bridge Retainers — Crowns	
06750-00	Crown; porcelain fused to high noble metal	$ ~~395.00~~ 425.00
06751-00	porcelain fused to predominantly base metal	~~375.00~~ 390.00
06752-00	porcelain fused to noble metal	~~375.00~~ 400.00
06790-00	full cast high noble metal	~~365.00~~ 385.00
~~06791-00~~	~~full cast predominantly base metal~~	~~340.00~~
06792-00	full cast noble metal	~~390.00~~ 395.00
06801-00	Diagnostic exam and DXL	25.00
06802-00	Prevention	~~27.00~~ 30.00
06803-00	Restorative	~~55.00~~ 58.00
06804-00	Endodontics	~~325.00~~ 333.00
06808-00	Dental oral surgery	~~45.00~~ 50.00
	Other Fixed Prosthetic Services	
06930-00	Recement bridge	$ ~~45.00~~ 50.00
	Oral Surgery Extractions — Includes Local Anesthesia and Routine Postoperative Care	
07110-00	Single tooth	$ ~~39.00~~ 41.00
07120-00	Each additional tooth	~~35.00~~ 40.00
	Surgical Extractions - Includes Local Anesthesia and Routine Postoperative Care	
07210-00	Surgical removal of tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	$ ~~85.00~~ 90.00
07220-00	Removal of impacted tooth; soft tissue	~~105.00~~ 110.00
07230-00	Removal of the impacted tooth; partially bony	~~130.00~~ 141.00
07240-00	Removal of impacted tooth; completely bony	~~154.00~~ 165.00
07241-00	Removal of impacted tooth; completely bony, with unusual surgical complications	~~175.00~~ 200.00
07250-00	Surgical removal of residual tooth roots	~~85.00~~ 87.00
	Other Surgical Procedures	
07280-00	Surgical exposure of impacted or unerupted tooth for orthodontic reasons (including orthodontic attachments)	$ ~~150.00~~ 170.00
07281-00	Surgical exposure of impacted or unerupted tooth to aid eruption	~~125.00~~ 115.00
07286-00	Biopsy of oral tissue; soft	~~100.00~~ 125.00
	Alveoloplasty - Surgical Preparation of Ridge For Dentures	
07310-00	Alveoloplasty (per quadrant) in conjunction with extractions	$ 75.00

Code	Service	Maximum Fee
	Surgical Incision	
07510-00	Incision and drainage of abscess~~,~~; intraoral soft tissue	$ ~~40.00~~ 55.00
07520-00	extraoral soft tissue	75.00
	Other Repair Procedures	
07960-00	Frenulectomy	$ ~~100.00~~ 105.00
	Interceptive Orthodontic Treatment	
08360-00	Removable appliance therapy	$ 650.00
08370-00	Fixed appliance therapy	660.00
	Other Orthodontic Devices	
08750-00	Posttreatment stabilization	$ 100.00
	Adjunctive General Services Unclassified Treatment	
09110-00	Palliative (emergency) treatment of dental pain; minor procedures	$ ~~25.00~~ 30.00
	Anesthesia	
09210-00	Local anesthesia not in conjunction with operative or surgical procedures	$ ~~10.00~~ 12.00
~~09211-00~~	~~Regional block anesthesia~~	~~8.00~~
09220-00	General; first 30 minutes	~~105.00~~ 120.00
09230-00	Analgesia	~~12.00~~ 15.00
	Professional Consultation	
09310-00	Consultation; per session	$ 35.00
09420-00	Hospital call	50.00
09430-00	Office visit during regularly scheduled office hours	~~18.00~~ 20.00
~~09440-00~~	~~Office visit after regularly scheduled hours~~	~~30.00~~
	Drugs	
09610-00	Therapeutic drug injection, by report	$ 15.00
09630-00	Other drugs and/or medicaments	15.00
	Miscellaneous Services	
09910-00	Application of desensitizing medicaments	$ ~~15.00~~ 18.00
	Surgery	
21110-00	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal	$ ~~420.00~~ 450.00
21200-00	Osteotomy (e.g., for prognathism, micrognathism, apertognathism or for reconstruction); mandible, total or horizontal	~~3,250.00~~ 3,500.00
~~21203-00~~	~~mandibular ramus (osteotomy)~~	~~3,800.00~~
~~21240-00~~	~~Arthroplasty, temporomandibular joint, with or without autograft~~	~~2,800.00~~
40808-00	Biopsy, vestibule of mouth	~~95.00~~ 120.00
40819-00	Excision of frenum, labial or buccal (frenumectomy, frenulectomy, ~~frebectomy~~ frenectomy)	~~106.00~~ 145.00
41825-00	Excision of lesion tumor, dentoalveolar structures; without repair	~~205.00~~ 190.00

5221.2600 OPTOMETRISTS.

Subpart 1. **Scope.** The codes, service descriptions, and maximum fees in this part apply to a provider licensed as a doctor of optometry, and to procedures performed within the scope of practice in accordance with Minnesota Statutes, sections 148.52 to 148.62.

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Code	Service	Maximum Fee
06501-00	Single vision eyeglass lenses (one lens)	$ ~~46.00~~ 49.50
06502-00	Bifocal eyeglass lenses (one lens)	~~70.00~~ 57.50
06503-00	Trifocal eyeglass lenses (one lens)	~~69.00~~ 77.50
~~06504-00~~	~~Lenticular eyeglass lenses (one lens)~~	~~21.00~~
06506-00	Eyeglass frames	~~79.95~~ 85.00
06510-00	Tinting for lenses	~~14.00~~ 15.00
06587-00	Contact lenses, soft (one lens)	80.00
06588-00	Contact lenses, hard (one lens)	~~80.00~~ 86.00
06589-00	Dispensing fee; single vision lenses	20.00
06590-00	bifocal lenses	~~34.00~~ 25.80
06591-00	trifocal lenses	26.00
~~06593-00~~	~~frames for lenses~~	~~10.00~~
06636-00	Eyeglass lenses (prosthesis)	58.00
06654-00	Surgical dressings	100.00
09213-00	Eye refraction	~~27.00~~ 32.00

5221.2650 OPTICIANS.

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

Subp. 2. **Basic optician services.** The following codes, service descriptions, and maximum fees apply to basic optician services and supplies.

06501-00	Single vision eyeglass lenses (one lens)	$ ~~51.00~~ 52.50
06502-00	Bifocal eyeglass lenses (one lens)	~~62.00~~ 65.00
06503-00	Trifocal eyeglass lenses (one lens)	~~75.00~~ 68.50
06506-00	Eyeglass frames	~~90.00~~ 96.00
06510-00	Tinting for lenses	13.50
06587-00	Contact lenses, soft (one lens)	~~75.00~~ 64.50
06588-00	Contact lenses, hard (one lens)	~~64.50~~ 84.00
~~06590-00~~	~~Dispensing fee; bifocal lenses~~	~~65.40~~
~~06593-00~~	~~frames for lenses~~	~~64.05~~
06635-00	Contact lenses (prosthesis)	98.00
06636-00	Eyeglass lenses (prosthesis)	92.00

5221.2750 SPEECH PATHOLOGISTS.

The following codes, service descriptions, and maximum fees apply to speech pathologists holding a certificate of clinical competency (CCC-SP) or to speech pathologists in their clinical fellowship year (CFY) as certified by the American Speech, Language, and Hearing Association.

92506-00	Medical evaluation speech, language, and/or hearing problems	$ ~~28.50~~ 100.00
92507-00	Speech, language, or hearing therapy, with continuing medical supervision; individual	~~34.00~~ 97.14
92508-00	group	40.00

5221.2800 PHYSICAL THERAPISTS AND OCCUPATIONAL THERAPISTS.

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

Subp. 2. **Definitions.** The terms defined in this subpart have the meanings given to them when used in subpart 4 unless the context clearly indicates a different meaning.

A. "Therapeutic exercise" (code 97110-00) means instructing a patient in exercises and directly supervising the exercises. Exercising done subsequently by the patient without a therapist present and supervising will not be covered by code 97110.

B. "Neuromuscular re-education" (code 97112-00) means provision of direct services to a patient who has neuromuscular impairment and is undergoing recovery or regeneration. Examples would be surgery, trauma to neuromuscular system, cerebral vascular accident, and systemic neurological disease.

C. "Functional activities" (code 97114-00) means the development and instruction in specific activities for persons who are handicapped or debilitated by neuromusculoskeletal dysfunction. This applies to counseling and instructions in body mechanics and work-related activities.

D. "Gait training" (code 97116-00) means teaching individuals with neurological or musculoskeletal disorders to ambulate with or without an assistive device.

E. "Pool therapy" or "Hubbard tank with therapeutic exercises" (code 97240-00) means a supervised service in a pool or Hubbard tank, to neurologically or musculoskeletally impaired individuals. It does not apply to relatively normal individuals who exercise, swim laps, or relax in a hot tub or Jacuzzi.

F. "Activities of daily living" (ADL's) (code 97540-00) means services provided to impaired individuals, for example, how to get in and out of a tub; how to make a bed; how prepare a meal in a kitchen. It does not apply to instructions or counseling in body mechanics given to a patient.

G. "Testing for strength, dexterity, or stamina" (code 97720-00) means detailed testing of a patient with neuromusculoskeletal dysfunction.

H. "Kinetic activities" (code 97530-00) means services when there are neuromusculoskeletal dysfunction which limit the patient's performing the activities that are ordinarily prescribed under therepeutic exercise.

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

Subp. 4. **Physical therapy and occupational therapy services.** The following codes, service descriptions, and maximum fees apply to physical and occupational therapy procedures when performed within the physical or occupational therapist's scope of practice in an independent clinic, or a doctor's office.

Code	Service	Maximum Fee
	Modalities	
97010-00	Physical medicine treatment to one area; hot or cold packs	$ ~~18.75~~ 19.00
97012-00	traction, mechanical	~~17.50~~ 19.75
97014-00	electrical stimulation (unattended)	~~16.00~~ 17.00
97016-00	vasopneumatic devices	16.00
97018-00	paraffin bath	20.00
97020-00	microwave	~~15.00~~ 17.00
97022-00	whirlpool	20.00
97024-00	diathermy	~~16.00~~ 20.00
97026-00	infrared	~~7.50~~ 29.50
97028-00	ultraviolet	~~18.00~~ 22.00
	Procedures	
97110-00	Physical medicine treatment to one area, initial 30 minutes, each visit; therapeutic exercises	$ ~~28.00~~ 29.00
97112-00	neuromuscular re-education	25.00
97114-00	functional activities	~~23.50~~ 24.00
97116-00	gait training	24.00
97118-00	electrical stimulation (manual)	~~17.50~~ 18.00
97120-00	iontophoresis	~~23.00~~ 25.00
97122-00	traction, manual	~~18.00~~ 20.00
97124-00	massage	~~19.00~~ 21.50
97126-00	contrast baths	~~20.00~~ 22.00
97128-00	ultrasound	~~19.50~~ 20.00
97145-00	Physical medicine treatment to one area, each additional 15 minutes	~~13.67~~ 15.00
97220-00	Hubbard tank; initial 30 minutes, each visit	50.00
97240-00	Pool therapy or Hubbard tank with therapeutic exercises: initial 30 minutes, each visit	~~36.00~~ 38.00
~~97241-00~~	~~each additional 15 minutes, up to one hour~~	~~9.50~~
97500-00	Orthotics training (dynamic bracing, splinting), upper/lower extremities; initial 30 minutes, each visit	~~25.00~~ 34.00
97501-00	each additional 15 minutes	18.00
97530-00	Kinetic activities to increase coordination, strength and/or range of motion, one area (any two extremities or trunk); initial 30 minutes, each visit	~~32.00~~ 31.00
97531-00	each additional 15 minutes	~~15.50~~ 16.00

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Code	Service	Maximum Fee
97540-00	Activities of daily living (ADL) and diversional activities; initial 30 minutes, each visit	30.00
97541-00	each additional 15 minutes	23.00
	Tests and Measurements	
97700-00	Office visit, including one of the following tests, measurements, or evaluation with report: initial 30 minutes a. Orthotic check-out; b. Prosthetic check-out; c. Activities of daily living check-out; d. Follow-up evaluation for testing for strength, dexterity, or stamina	$ ~~29.50~~ 30.00
97701-00	each additional 15 minutes	~~22.00~~ 33.00
97720-00	Initial evaluation for testing for strength, dexterity, or stamina; initial 30 minutes, each visit	~~33.21~~ 34.00
97721-00	each additional 15 minutes	22.00
97752-00	Muscle testing with torque curves during isometric and isokinetic exercise mechanized or computerized evaluations with printout ~~(e.g., by use of cybex or similar type machine); for extremities~~	~~70.00~~ 62.50
97753-00	for trunk/back	~~125.00~~ 139.80

5221.2900 CHIROPRACTORS.

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

Subp. 1b. **Chiropractor instructions.**

A. Use code 09542-00 to report a second or additional manipulation/adjustment if more than one primary area of injury; for example, if there are separate and distinct injuries to more than one part of the body.

B. Conjunctive therapy modalities must be used in conjunction with adjustment or manipulation.

Subp. 2. **Medicine.** The following codes, service descriptions, and maximum fees apply to medical services.

	Examinations - Includes History and Diagnosis, Office	
09520-00	New patient; brief examination	$ ~~27.00~~ 30.00
09521-00	intermediate examination	40.00
09522-00	extensive examination	60.00
09530-00	Established patient; brief examination	25.00
09531-00	intermediate examination	40.00
09532-00	extensive examination	65.00
	Chiropractic Visit With Manipulation/Adjustment	
09540-00	Visit with manipulation/adjustment, initial; office	$ ~~20.00~~ 22.00
09541-00	subsequent; office	~~22.00~~ 23.00
09542-00	Each additional manipulation/ adjustment on same day; office, home, or nursing home	~~12.00~~ 14.50
	Home/Nursing Home Visits	
09550-00	Chiropractic visit with manipulation/adjustment	$ 50.00
09556-00	Visit with cast application to one area; (e.g., long leg, thoracolumbar lumbosacral, or full-body corset type)	~~30.00~~ 12.00
09557-00	Medical conference by chiropractor regarding medical management with patient or relative, guardian, or other; up to 25 minutes	~~50.00~~ 65.00
	Conjunctive Therapy/Modality - Office, Home, or Nursing Home	
09560-00	Application of hot pack	$ ~~11.00~~ 12.00
09561-00	Application of cold pack	~~11.00~~ 12.00
09562-00	Diathermy	12.00
09563-00	Electrical stimulation, includes: muscle stimulation, low volt therapy, sine wave therapy, stimulation of peripheral nerve, galvanic	12.00
09564-00	Intersegmental motorized mobilization	14.00
09565-00	Muscle stimulation, manual	~~12.00~~ 13.00
09566-00	Ultrasound therapy	12.00

Code	Service	Maximum Fee
09567-00	Traction	13.00
09568-00	Acupressure, manual or mechanical	~~13.00~~ 14.00
09569-00	Acupuncture	15.00
09570-00	Whirlpool	~~10.00~~ 21.00
09572-00	Infrared - heat lamp	~~7.00~~ 8.00
09573-00	Ultraviolet	20.00
09574-00	Trigger point therapy	14.00
09591-00	Nutritional supplement	~~16.00~~ 17.97
~~09592-00~~	~~Exercise consultation or instruction~~	~~10.00~~

Subp. 3. **Radiology.** The following codes, service descriptions, and maximum fees apply to radiology services, and include both the technical and professional (interpretive) components of the service.

	Chest	
71010-00	Radiologic examination, chest; single view, frontal	$ 30.00
71100-00	Radiologic examination, ribs, unilateral; two views	50.00
	Spine and Pelvis	
72010-00	Radiologic examination, spine, entire, survey study (14 x 36, anteroposterior and lateral)	$ ~~75.00~~ 65.00
72020-00	Radiologic examination, spine; single view, (specify level)	35.00
72040-00	Radiologic examination, spine, cervical; limited	~~45.00~~ 48.00
72070-00	Radiologic examination, spine; thoracic	56.00
72072-00	thoracic, anteroposterior and lateral, including swimmer's view of the cervico-thoracic junction	50.00
72074-00	thoracic, complete, including obliques, minimum of four views	45.00
72080-00	thoracic, limited (anteroposterior and lateral)	60.00
72090-00	scoliosis study, comprehensive	40.00
72100-00	Radiologic examination, spine; lumbosacral; limited (anteroposterior and lateral)	~~58.00~~ 60.00
~~72110-00~~	~~complete, with oblique views~~	~~80.00~~
72114-00	complete, including bending views	~~110.00~~ 108.00
72120-00	bending views only, minimum of four views	80.00
72170-00	Radiologic examination, pelvis; limited (minimum two views)	50.00
	Upper Extremities	
73020-00	Radiologic examination, shoulder; limited (one projection)	$ 30.00
73030-00	complete, minimum of two views	~~54.00~~ 50.00
73070-00	Radiologic examination, elbow; limited (anteroposterior and lateral)	40.00
73100-00	Radiologic examination, wrist; limited (anteroposterior and lateral)	40.00
73120-00	Radiologic examination, hand	~~33.00~~ 39.00
73140-00	Radiologic examination, finger or fingers, minimum of two views	35.00
	Lower Extremities	
73500-00	Radiologic examination, hip; limited (one view)	$ 30.00
73560-00	Radiologic examination, knee; anteroposterior and lateral views	~~44.00~~ 48.00
73562-00	anteroposterior and lateral, with oblique(s), minimum of three views	~~52.50~~ 50.00
73564-00	complete, including oblique(s), and/or tunnel, and/or patellar, and/or standing views	70.00
73600-00	Radiologic examination, ankle; limited (two views)	~~47.00~~ 40.00
73610-00	Radiologic examination, ankle; comprehensive (minimum of three views)	~~56.00~~ 45.00
73620-00	Radiologic examination; foot; anteroposterior and lateral views	~~40.00~~ 32.00
73630-00	complete, minimum of three views	50.00

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Code	Service	Maximum Fee
	Miscellaneous	
76140-00	Consultation on x-ray examination made elsewhere, written report	$ 25.00

Subp. 4. **Laboratory.** The following codes, service descriptions, and maximum fees apply to laboratory procedures. Automated, standard chemistry profiles include the following tests.

	~~Automated Multichannel Test~~	
~~80019-00~~	~~Automated multichannel tests; 19 or more clinical chemistry tests (indicate instrument use and number of tests performed)~~	~~$ 58.40~~
	~~Urinalysis~~ Laboratory Codes	
~~81000-00~~	~~Urinalysis; routine (pH, specific gravity, protein tests for reducing substances such as glucose), with microscopy~~	~~$ 12.00~~
81002-00	Urinalysis; routine, without microscopy	$ 12.00
~~81015-00~~	~~Urinalysis; microscopic only~~	~~12.00~~

5221.3000 PODIATRISTS.

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

Subp. 3. **Medicine.** The following codes, service descriptions, and maximum fees apply to medical services.

	Surgery	
10060-00	Incision and drainage of abscess (e.g., carbuncle, suppurative hidradenitis, and other cutaneous or subcutaneous abscesses); simple	$ ~~44.00~~ 40.00
10100*00	Incision and drainage of onychia or paronychia; single or simple	~~52.00~~ 53.00
10101*00	multiple or complicated	~~77.00~~ 65.00
10160*00	Puncture aspiration of abscess, hematoma, bulla, or cyst	45.00
11000*00	Debridement of extensive eczematous or infected skin; up to ten percent of body surface	~~23.00~~ 28.00
11040-00	Debridement; skin, partial thickness	~~50.00~~ 54.00
11041-00	skin, full thickness	25.00
11050*00	Paring or curettement of benign lesion with or without chemical cauterization; single lesion	~~25.00~~ 26.00
11051*00	Paring or curettement of benign lesion with or without chemical cauterization (such as verrucae or clavi); two to four lesions	~~22.00~~ 23.00
11052-00	more than four lesions	~~30.00~~ 43.00
11420-00	Excision, benign lesion, except skin tag (unless listed elsewhere), hands, feet; lesion diameter up to 0.5 centimeter	~~79.00~~ 80.00
11421-00	lesion diameter 0.6 - 1.0 centimeters	125.00
11422-00	lesion diameter 1.1 - 2.0 centimeters	136.00
	Nails	
11700*00	Debridement of nails, manual; five or less	$ ~~20.00~~ 24.00
11701-00	each additional, five or less	12.00
11710*00	Debridement of nails, electric grinder; five or less	~~27.00~~ 26.00
11711-00	each additional, five or less	10.30
11730*00	Avulsion of nail plate, partial or complete simple; single	~~75.00~~ 72.00
11750-00	Excision of nail and nail matrix, partial or complete, for permanent removal	~~200.00~~ 220.00
11900*00	Injection, intralesional; up to and including seven lesions	~~30.00~~ 37.00
	Other Procedures	
17100*00	Destruction by any method of benign skin lesions on any area other than the face, including local anesthesia; one lesion	$ ~~23.00~~ 30.00
17110*00	Destruction by any method of flat (plane, juvenile) warts or molluscum contagiosum, milia, up to 15 lesions	~~47.00~~ 50.00
17340*00	Cryotherapy (CO_2 slush, liquid $N2_2$)	31.00
20550*00	Injection, tendon sheath, ligament, trigger points or ganglion cyst	~~41.00~~ 40.00

Code	Service	Maximum Fee
20600*00	Arthrocentesis, aspiration and/or injection; small joint, bursa or ganglion cyst (e.g., fingers, toes)	~~50.00~~ 46.00
20605*00	intermediate joint, bursa or ganglion cyst (e.g., wrist, ankle)	~~55.00~~ 60.00
28080-00	Excision of Morton neuroma, single, each	~~460.00~~ 515.00
28124-00	Partial excision (craterization, saucerization, or diaphysectomy) of bone (e.g., for osteomyelitis), phalanx of toe	~~375.00~~ 400.00
28153-00	Resection, head of phalanx, toe	~~375.00~~ 400.00
28285-00	Hammertoe operation; one toe (e.g., interphalangeal fusion, filleting, phalangectomy) (separate procedure)	~~425.00~~ 450.00
~~28290-00~~	~~Hallux valgus (bunion) correction, with or without sesamoidectomy; simple exostechtomy Silver type procedure)~~	~~615.00~~
28292-00	Hallux valgus (bunion) correction, with or without sesamoidectomy; Keller, McBride, or Mayo type procedure	~~865.00~~ 900.00
28296-00	with metatarsal osteotomy (e.g., Mitchell, Chevron, or concentric type procedures)	1,050.00
28308-00	Osteotomy, metatarsal, base or shaft, single, with or without lengthening, for shortening or angular correction; other than first metatarsal	605.00
29405-00	Application of short leg cast (below knee to toes)	150.00
29425-00	~~Application of short leg cast (below knee to toes);~~ walking or ambulatory type	~~148.00~~ 150.00
29540-00	Strapping; ankle	~~20.00~~ 24.00
29550-00	toes	23.00
29580-00	Unna boot	45.00
36415*00	Routine venipuncture for collection of specimens	10.00
64450-00	Injection, anesthetic agent; other peripheral nerve or branch	~~36.00~~ 36.49
	Radiology	
73600-00	Radiologic examination, ankle; anteroposterior and lateral views	$ 40.00
73610-00	complete, minimum of three views	64.00
73620-00	Radiologic examination, foot; anteroposterior and lateral views	40.00
73630-00	complete, minimum of three views	55.00
73650-00	Radiologic examination; calcaneus, minimum of two views	36.00
73660-00	toe or toes, minimum of two views	34.60
76000-00	Fluoroscopy (separate procedure), up to one hour physician time	40.00
	Pathology and Laboratory	
80002-00	Automated multichannel test; one or two clinical chemistry test(s)	$ 10.00
80012-00	12 clinical chemistry tests	40.00
80019-00	19 or more clinical chemistry tests (indicate instrument used and number of tests performed)	15.00
81000-00	Urinalysis; routine (pH, specific gravity, protein, tests for reducing substances such as glucose), with microscopy	13.00
81002-00	routine, without microscopy	15.00
82947-00	Glucose; except urine (e.g., blood, spinal fluid, joint fluid)	15.00
82948-00	blood, stick test	15.00
85000-00	Bleeding time; Duke	8.00
85007-00	Blood count; manual differential WBC (includes RBC morphology and platelet estimation)	12.00
85018-00	hemoglobin, colorimetric	8.00
85345-00	Coagulation time; Lee and White	7.50
85610-00	Prothrombin time	15.00
87070-00	Culture, bacterial, definitive; any other source	25.00
87101-00	Culture, fungi, isolation; skin	20.00

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Code	Service	Maximum Fee
87184-00	Sensitivity studies, antibiotic; disk method, per plate (12 or less disks)	22.00
88302-00	Surgical pathology, gross and microscopic examination of presumptively normal tissue(s), for identification and record purposes	40.00
88304-00	Surgical pathology, gross and microscopic examination of presumptively abnormal tissue(s); uncomplicated specimen	50.00
	Patient Visits	
90000-00	New patient; brief service	$ ~~28.00~~ 30.00
90010-00	limited service	~~35.00~~ 36.00
90015-00	intermediate service	~~39.00~~ 40.00
90017-00	extended service	44.50
90020-00	comprehensive service	~~37.00~~ 38.00
90030-00	Established patient; minimal service	~~17.50~~ 18.00
90040-00	brief service	~~22.00~~ 24.00
90050-00	limited service	25.00
90060-00	intermediate services	~~30.00~~ 29.00
90070-00	extended service	~~35.00~~ 40.00
90080-00	comprehensive service	~~50.00~~ 45.00
	Home Medical Services	
90115-00	Home medical service, new patient; intermediate service	$ 27.00
90140-00	Home medical service, established patient; brief service	$ 40.00
90150-00	Home medical service, established patient; limited service	45.00
90160-00	intermediate service	~~35.00~~ 33.00
	Hospital Medical Services	
90200-00	Initial hospital care; brief history and examination, initiation of diagnostic and treatment programs, and preparation of hospital records	$ ~~58.00~~ 70.00
90215-00	Intermediate history and examination, initiation of diagnostic and treatment programs, and preparation of hospital records	~~40.00~~ 50.00
	Skilled Nursing, Intermediate Care, and Long-Term Care Facilities	
90300-00	Initial care, skilled nursing, intermediate care, or long-term care facility; brief history and physical examination, initiation of diagnostic and treatment programs, and preparation of medical records	$ 17.00
90315-00	intermediate history and physical examination, initiation of diagnostic and treatment programs, and preparation of medical records	~~35.00~~ 37.00
90340-00	Subsequent care, skilled nursing, intermediate care or long-term care facility; brief service	17.00
90350-00	~~Subsequent care, skilled nursing, intermediate care or long-term care facility;~~ limited service	17.00
90360-00	intermediate service	25.00
	Nursing Home, Boarding Home, Domiciliary, or Custodial Care Medical Services	
90400-00	Nursing home, boarding home, domiciliary, or custodial care medical service, new patient; brief service	$ ~~17.00~~ 17.44
90410-00	limited service	~~20.00~~ 21.00
~~90415-00~~	~~intermediate service~~	~~40.00~~
90450-00	Nursing home, boarding home, domiciliary, or custodial care medical service, established patient; limited service	~~15.00~~ 18.56
90460-00	intermediate service	40.00
	Consultations	
90600-00	Initial consultation; limited	~~55.00~~ $ 52.00
	Therapeutic Injections	
90782-00	Therapeutic injection of medication (specify); subcutaneous or intramuscular	$ 25.00

Code	Service	Maximum Fee
	Noninvasive Vascular Diagnostic Studies	
93910-00	Noninvasive studies of lower extremity arteries (e.g., segmental blood pressure measurements, continuous Wave Doppler analog wave form analysis, evocative pressure response to exercise or reactive hyperemia, photoplethysmography or pulse volume digit wave form analysis, flow velocity signals)	$ 90.00
	Neurology and Neuromuscular Procedures	
95851-00	Range of motion measurements and report (separate procedure); each extremity, excluding hand	$ 45.00
	Physical Medicine	
97022-00	Physical medicine treatment to one area; whirlpool	$ 22.00
97116-00	Physical medicine treatment to one area, initial 30 minutes, each visit; gait training	6.00
97118-00	electrical stimulation (manual)	26.50
97120-00	iontophoresis	24.00
97128-00	ultrasound	17.00
97700-00	Office visit, including one of the following tests or measurements, with report: a. Orthotic "check-out"; b. Prosthetic "check-out"; c. Activities of daily living "check-out"; initial 30 minutes, each visit	25.37
	Special Services and Reports	
99000-00	Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory	$ 10.00
99025-00	Initial (new patient) visit when starred (*) surgical procedure constitutes major service at that visit	25.00

5221.3150 LICENSED CONSULTING PSYCHOLOGISTS AND RULE 29 FACILITIES.

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

Subp. 2. **Psychological services.** The following codes, service descriptions, and maximum fees apply to psychological services performed by persons meeting the requirements of the Minnesota Board of Psychology as a licensed consulting psychologist (LCP).

~~06043-00~~	~~Independent behavior and/or other analysts, counselors, and other therapists~~	~~$ 75.00~~
06046-00	Independent social worker services	~~75.00~~ $ 80.00
09046-00	Initial office visit with evaluation and history; one hour	85.00
09048-00	Initial inpatient hospital visit, including history and evaluation; per hour	~~90.00~~ 105.00
09050-00	Initial consultation; one hour	~~85.00~~ 90.00
09051-00	Consultation; follow-up, per 15 minutes	27.50
09061-00	Psychological testing; one hour	~~80.00~~ 75.00
09062-00	Follow-up office visit; 15 minutes	30.00
09064-00	Biofeedback; per hour	80.00
09065-00	per one-half hour	~~50.00~~ 30.00
09066-00	Psychotherapy (inpatient, outpatient, office or home)	~~80.00~~ 85.00
09067-00	Psychotherapy, group (maximum ten persons per group); per session	45.00
09068-00	Psychotherapy, individual (one-half hour inpatient, outpatient, office, or home)	~~42.50~~ 45.00
09070-00	Family members psychotherapy, conjoint~~,~~ (two or more members, family group, evaluation and therapy per hour)	~~80.00~~ 84.00

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5221.3160 SOCIAL WORKERS.

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

Subp. 2. **Social worker services.** The following codes, service descriptions, and maximum fees apply to social worker services performed by persons meeting the requirements of the board of social work.

Code	Service	Maximum Fee
~~06043-00~~	~~Independent behavior and/or other analysts, counselors, and other therapists~~	~~$ 80.00~~
06046-00	Independent social worker services	~~73.00~~ $ 80.00

5221.3200 HOSPITAL; SEMIPRIVATE ROOM CHARGES.

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

Subp. 2. **Group 1.** The following hospitals make up group 1:

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

Service	Maximum Fee
Group 1 semiprivate room charge for one day	$ ~~315.20~~ 410.00

Subp. 3. **Group 2.** The following hospitals make up group 2:

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

Service	Maximum Fee
Group 2 semiprivate room charge for one day	$ ~~235.00~~ 290.71

Subp. 4. **Group 3.** The following hospitals make up group 3:

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

Service	Maximum Fee
Group 3 semiprivate room charge for one day	$ ~~415.10~~ 340.05

Subp. 5. **Group 4.** The following hospitals make up group 4:

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

Service	Maximum Fee
Group 4 semiprivate room charge for one day	$ ~~215.80~~ 285.15

5221.3500 EFFECTIVE DATE.

This chapter is effective October 1, ~~1989~~ 1990, and applies to all health care services or supplies governed by this chapter provided on and after October 1, ~~1989~~ 1990.

Department of Labor and Industry

Adopted Permanent Rules Relating to Reimbursement for Copies of Workers' Compensation Medical Records

The rules proposed and published at *State Register*, Volume 14, Number 51, pages 2938-2939, June 18, 1990 (14 SR 2938) are adopted with the following modifications:

Rules as Adopted

5219.0300 REASONABLE REIMBURSEMENT ALLOWANCE.

Subpart 1. **First copy of appropriate record.** For the first copy of the appropriate record as defined in part 5221.0100, subpart 1a, ~~(proposed at 14 S.R. 2412, April 9, 1990)~~ when provided by the health care provider to the payer as defined in part 5221.0100, subpart 11, to substantiate the service being billed, a charge not to exceed 75 cents per page is reasonable. This amount applies whether the record is provided with the billing, under separate cover, or in response to a request by the payer for an appropriate record which has not been submitted with the bill.

Pollution Control Agency

Adopted Permanent Rules Relating to Household Hazardous Waste

The rules proposed and published at *State Register*, Volume 14, Number 43, pages 2489-2493, April 23, 1990 (14 SR 2489) are adopted with the following modifications:

Rules as Adopted

7045.0120 EXEMPT WASTES.

The following wastes may be stored, labeled, transported, treated, processed, and disposed of without complying with the requirements of this chapter:

A. ~~household waste and collected household hazardous waste to the extent that the requirements in part 7045.0310 are met~~ collected household hazardous waste, to the extent that the requirements in part 7045.0310 are met, and household waste;

7045.0310 SPECIAL REQUIREMENTS FOR WASTE COLLECTED AS RESULT OF HOUSEHOLD HAZARDOUS WASTE MANAGEMENT PROGRAM.

Subpart 1. **Applicability.** ~~A person~~ An operator who establishes or operates all or part of a household hazardous waste management program is only required to comply with the requirements in this part with respect to collected household hazardous waste. "Household hazardous waste management program" means:

Subp. 2. **Notification.** ~~A person~~ An operator who intends to establish or operate all or part of a household hazardous waste management program shall ensure that the information required in items A to K is submitted to the commissioner at least 30 days before initiating the household hazardous waste management program. This notification is not required for collection sites for which a permit is required under part 7001.0520.

The notification shall provide a complete description of the program including, as applicable:

A. the name, address, and telephone number of ~~persons~~ operators establishing the program;

F. the amount of time the ~~person~~ operator intends to store collected waste at individual collection sites;

K. the name and address of all waste transporters and the facilities which will treat or dispose of the waste.

~~Persons~~ Operators who submit a notification and subsequently change any aspect of the program as described in the notification must submit, within 30 days of making the change, an amended notification to the commissioner fully describing the program changes.

Subp. 3. **Management requirements.** ~~A person~~ An operator who establishes or operates all or part of a household hazardous waste management program shall ensure that collected waste is managed in compliance with the hazardous waste generator requirements in parts 7045.0205 to 7045.0304, except as modified in items A to H.

A. The ~~person~~ operator need not comply with the disclosure and management plan requirements of parts 7045.0220, 7045.0230, and 7045.0240 to 7045.0249.

B. The ~~person~~ operator need not obtain a generator identification number as required in part 7045.0221, unless or until the ~~person~~ operator transports or offers for transport household hazardous waste for off-site treatment, storage, or disposal at a permitted hazardous waste facility.

C. The ~~person~~ operator need not meet the personnel training, preparedness, prevention, and contingency planning requirements of part 7045.0292, subpart 1, item H.

D. The ~~person~~ operator may only transport or offer for transport household hazardous waste for off-site activities to a facility that either has a hazardous waste permit or has obtained the commissioner's approval under subpart 6.

E. If the ~~person~~ operator transports or offers for transport household hazardous waste for off-site activities at a facility that has obtained the commissioner's approval under subpart 6, the ~~person~~ operator:

F. If the ~~person~~ operator intends to store household hazardous waste for more than 90 days after the accumulation start date as provided in part 7045.0292, the ~~person~~ operator must obtain the approval of the commissioner as set out in subpart 6, but no facility permit is required unless the ~~person~~ operator treats or disposes of the waste on-site.

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G. The ~~person~~ operator need not comply with the record keeping requirements of part 7045.0294, subparts 2 and 3.

H. The ~~person~~ operator need not comply with the annual reporting requirements of part 7045.0296.

Subp. 4. **Additional requirements.** In addition to the requirements in subpart 3, ~~a person~~ an operator who establishes or operates all or part of a household hazardous waste management program, shall also comply with the requirements for personnel training, ignitable, reactive, or incompatible wastes, preparedness and prevention, arrangements with local authorities for emergencies, contingency planning, emergency procedures, and postemergency procedures in parts 7045.0454, subparts 1 to 3; 7045.0456, subparts 1 and 2; 7045.0462; 7045.0464; 7045.0468; 7045.0470; and 7045.0572, respectively.

Subp. 5. **Transportation requirements.** ~~A person~~ An operator or other persons who ~~transports~~ transport waste collected as a result of a household hazardous waste management program shall transport collected waste in compliance with the requirements in items A to C.

A. A transporter may not accept household hazardous waste from any ~~person~~ operator who establishes or operates all or part of a household hazardous waste management program unless the waste is accompanied by either a manifest signed by the generator according to parts 7045.0205 to 7045.0304 or a shipping paper prepared according to subpart 3, item E, subitem (1).

D. An operator who transports waste for hire in Minnesota must obtain for-hire operating authority from the Minnesota Transportation Regulation Board as required by Minnesota Statutes, chapter 221.

Subp. 6. **Storage of collected wastes.** ~~A person~~ An operator who stores household hazardous waste for more than 90 days must comply with the requirements of items A to E.

A. No ~~person~~ operator may store household hazardous waste for more than 90 days after the accumulation start date as provided in part 7045.0292, without the approval of the commissioner. A ~~person~~ operator may request approval from the commissioner to store household hazardous waste for more than 90 days.

B. ~~A person~~ An operator intending to store household hazardous waste for more than 90 days must submit a request for approval to the commissioner at least 30 days before initiating a household hazardous waste program. The commissioner shall approve the request if the commissioner determines that, based on the information contained in the request, the storage and management practices employed at the storage facility will appropriately protect human health and the environment from any adverse effects associated with the household hazardous waste.

C. If the commissioner approves a request, the ~~person~~ operator shall manage the waste in compliance with the applicable standards in part 7045.0526 for the use and management of containers, but no hazardous waste facility permit is required unless the ~~person~~ operator treats or disposes of the waste on-site.

D. If the commissioner does not approve a request, the ~~person~~ operator must transport or arrange to transport the household hazardous waste for off-site activities at a facility that either has a hazardous waste permit or has obtained the commissioner's approval under this subpart. ~~Persons~~ Operators who store household hazardous waste for more than 90 days without the commissioner's approval are in violation of this chapter.

E. If the ~~person~~ operator has not submitted a request as required under item B, or if the commissioner does not approve a request, the commissioner may still grant a storage extension if household hazardous waste must remain on-site for longer than 90 days due to unforeseen, temporary, and uncontrollable circumstances as provided in part 7045.0292, subpart 3.

Secretary of State

Adopted Permanent Rules Relating to Format of Ballot Pages for Punch Card Systems

The rules proposed and published at *State Register*, Volume 15, Number 2, pages 44-45, July 9, 1990 (15 SR 44) are adopted as proposed.

Official Notices

Pursuant to the provisions of Minnesota Statutes § 14.10, an agency, in preparing proposed rules, may seek information or opinion from sources outside the agency. Notices of intent to solicit outside opinion must be published in the *State Register* and all interested persons afforded the opportunity to submit data or views on the subject, either orally or in writing.

The *State Register* also publishes other official notices of state agencies, notices of meetings, and matters of public interest.

Minnesota Historical Society

Notice of Request for Comments for Development of Standards for Storage of All Government Records in Optical Disk

The Minnesota Legislature has instructed the State Records Disposition Panel to "develop standards for storage of all government records in optical disk" by January 1, 1991. To accomplish this task, the panel is asking for ideas and comments on the possible nature and content of such standards. Panel members also would like to learn about optical disk applications that have been implemented or are contemplated in Minnesota state and local government operations. The Records Disposal Panel consists of the Attorney General, the Minnesota Historical Society, and the State Auditor (for local records) or the Legislative Auditor (for state records). The Department of Administration, which has records management and information policy responsibilities, is involved in records scheduling and is lending expertise to the panel in its consideration of standards. The provision to develop standards, enacted in the 1990 legislative session, added a section to *Minnesota Statutes* 138.17. Direct comments and questions to Sue Holbert, State Archivist, Minnesota Historical Society, 1500 Mississippi St., St. Paul, MN 55101; (612) 296-6980 or IN-WATS 1-800-652-9747 by October 10.

Department of Labor and Industry

Labor Standards Division

Notice of Prevailing Wage Determinations for Highway/Heavy and Commercial Projects

On October 1, 1990 the commissioner will certify prevailing wage rates for highway/heavy and commercial construction projects in the following Minnesota counties: **Blue Earth, Brown, Cottonwood, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, Jackson, Lac Qui Parle, Le Sueur, Lincoln, Lyon, Martin, Mower, Murray, Nicollet, Nobles, Olmsted, Pipestone, Redwood, Renville, Rice, Rock, Sibley, Steele, Wabasha, Waseca, Watonwan, Winona, Yellow Medicine.**

Copies of the determined wage rates for Minnesota counties may be obtained by writing the Minnesota Department of Labor and Industry, Prevailing Wage Section, 443 Lafayette Road, St. Paul, Minnesota 55155, or calling (612) 296-6452. The charges for the cost of copying and mailing are $1.00 for the first copy and $.50 for any additional copies. Please note that the cost for one county varies according to the number of pages per county.

Ken Peterson, Commissioner
Department of Labor and Industry

Department of Labor and Industry

Labor Standards Division

Notice of Correction to Prevailing Wage Rates

The prevailing wage rate certified April 1, 1990 for labor classifications 404—**Carpenter** in Rice and Steele county for Commercial construction project has been corrected.

Copies of the corrected certifications may be obtained by contacting the Minnesota Department of Labor and Industry, Prevailing Wage Section, 443 Lafayette Road, St. Paul, Minnesota 55155, or calling (612) 296-6452.

Ken Peterson, Commissioner
Department of Labor and Industry

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Department of Natural Resources

Opinions Sought About Possible Revisions to the Rules for the Lower St. Croix National Scenic Riverway

NOTICE IS HEREBY GIVEN that the Department of Natural Resources (DNR) is seeking information or opinions from sources outside the agency in preparing to propose revisions of the rules governing the minimum standards and criteria for the management and development of the Lower St. Croix National Scenic Riverway in Minnesota. These standards and criteria are authorized by *Minnesota Statutes* section 104.25 (1988) (reworded and recodified by *Minnesota Laws 1990*, Ch. 391, Art. 6, Sec. 40 to *Minnesota Statutes* section 103F.351). The rules are set forth at *Minnesota Rules*, parts 6105.0351-6105.0550. The DNR is considering amending sections of the existing rules in accordance with its responsibilities under *Minnesota Statutes* section 104.25 (1988) and *Minnesota Rules*, parts 6105.0351-6105.0550, to protect and preserve the Lower St. Croix National Scenic Riverway, to further the purposes of the Minnesota Lower St. Croix River Act, and to establish guidelines and specify standards for local zoning ordinances applicable to the riverway.

The DNR invites information and comments concerning revisions to these rules. Opinions or comments on the Lower St. Croix River Master Plan or on riverway and district boundaries are beyond the scope of this notice.

Interested or affected persons or groups may submit information, comments or views on the subject matter of concern orally or in writing to:

Thomas W. Balcom
NR Planning and Review Services
Office of Planning
Minnesota Department of Natural Resources
500 Lafayette Road
St. Paul, MN 55155-4010

Oral statements will be received during regular business hours over the telephone at (612) 296-4796.

All statements of information or comment will be accepted through November 23, 1990. All written material received by the Department of Natural Resources will become part of the rulemaking record in the event that amendments are adopted.

Dated: 14 September 1990

Joseph N. Alexander, Commissioner
Department of Natural Resources

Department of Revenue

Local Government Services Division

Notice of Intent to Solicit Outside Opinion Regarding Proposed Amendments to Rules Governing Valuation and Assessment of Electric, Gas Distribution and Pipeline Companies (Utility Companies)

NOTICE IS HEREBY GIVEN that the State Department of Revenue is seeking information or opinions from sources outside the agency in preparing to promulgate revised rules governing the valuation and assessment of utility companies. The promulgation of these rules is authorized by *Minnesota Statutes* section 270.06(14), which permits the agency to make rules and regulations for the administration and enforcement of the property tax law.

The State Department of Revenue requests information and comments concerning the subject matter of these revised rules. Interested or affected persons or groups may submit statements of information or comment orally or in writing. Written statements should be addressed to:

Ronald Cook
Local Government Services Division
Minnesota Department of Revenue
Mail Station 3340
St. Paul, Minnesota 55146-3340

Oral statements will be received during regular business hours over the telephone at (612) 296-0392 and in person at:

Department of Revenue Building
Seventh Floor Local Government Services Division
10 River Park Plaza
St. Paul, Minnesota 55146

All statements of information and comment shall be accepted until October 15, 1990. Any written material received by the State Department of Revenue shall become part of the record in the event that the rules are promulgated.

Michael P. Wandmacher, Director
Local Government Services Division

Department of Trade and Economic Development

Community Development Division

Performance Evaluation Report Available to the Public on the 1990 Small Cities Development Program

NOTICE IS HEREBY GIVEN that the 1990 Small Cities Development Program (SCDP) Performance Evaluation Report (PER) is available for public review and comment. Section 104(a)(2)(D) and (E) of the Housing and Community Development Act requires the state to make the mandatory PER available to the public prior to its submission to the U.S. Department of Housing and Urban Development. The PER consists of a listing of all of the funded SCDP projects, including proposed and accomplished goals. Inquiries about the PER should be directed to:

Mike Auger
Minnesota Department of Trade and Economic Development
900 American Center Building
150 East Kellogg Boulevard
St. Paul, MN 55101
612/296-2394

State Contracts and Advertised Bids

Pursuant to the provisions of Minn. Stat. § 14.10, an agency must make reasonable effort to publicize the availability of any services contract or professional and technical services contract which has an estimated cost of over $2,000.

Commodities contracts with an estimated value of $15,000 or more are listed under the Materials Management Division, Department of Administration. All bids are open for 7-10 days before bidding deadline. For bid specifics, time lines, and other general information, contact the appropriate buyers whose initials appear in parentheses next to the commodity for bid, by calling (612) 296-6152.

Awards of contracts and advertised bids for commodities and printing, as well as awards of professional, technical and consulting contracts, appear in the midweek STATE REGISTER Contracts Supplement, published every Thursday. Call (612) 296-0931 for subscription information.

Materials Management Division—Department of Administration:

Contracts and Requisitions Open for Bid

Call 296-2600 for information on a specific bid, or to request a specific bid.

Commodity: Upgrade weigh-in motion systems
Contact: John Bauer 296-2621
Bid due date at 2pm: September 26
Agency: Transportation Department
Deliver to: St. Paul
Requisition #: 79000-11929

Commodity: Air cleaner maintenance
Contact: Pamela Anderson 296-1053
Bid due date at 4:30pm: September 27
Agency: Correctional Facility
Deliver to: Stillwater
Requisition #: 78620-00355

Commodity: Boxes for record storage-corrugated
Contact: Norma Cameron 296-3779
Bid due date at 2pm: September 28
Agency: Central Stores-Administration Department
Deliver to: St. Paul
Requisition #: Price contract

Commodity: Design of a display and information center
Contact: John Bauer 296-2621
Bid due date at 4:30pm: September 28
Agency: Anoka-Ramsey Community College
Deliver to: Coon Rapids
Requisition #: 27152-46762 (RFP)

Commodity: Unleaded gasoline: No. 1 & 2 regular diesel fuel
Contact: Dale Meyer 296-3773
Bid due date at 2pm: September 28
Agency: Transportation Department
Deliver to: Sauk Centre
Requisition #: Price contract

Commodity: Waste containers & transfer equipment
Contact: Norma Cameron 296-3779
Bid due date at 2pm: September 28
Agency: Various
Deliver to: Various
Requisition #: Price contract

Commodity: Security fencing
Contact: Pamela Anderson 296-1053
Bid due date at 2pm: October 1
Agency: Transportation Department
Deliver to: Various
Requisition #: 79000-06232

Commodity: Printed double window envelopes
Contact: Norma Cameron 296-3779
Bid due date at 2pm: October 1
Agency: Human Services Department
Deliver to: Arden Hills
Requisition #: Price contract

Commodity: Meat for November delivery
Contact: Linda Parkos 296-3725
Bid due date at 4:30pm: October 19
Agency: Correctional Facility
Deliver to: St. Cloud
Requisition #: 78830-10591

Commodity: 80286 computer
Contact: Bernadette Vogel 296-3778
Bid due date at 2pm: September 28
Agency: Fond Du Lac Community College
Deliver to: Cloquet
Requisition #: 27163-63100

Commodity: Waterwell and water supply system
Contact: Pamela Anderson 296-1053
Bid due date at 4:30pm: September 28
Agency: Transportation Department
Deliver to: Carlton
Requisition #: 79000-11766

Commodity: Security uniforms
Contact: Linda Parkos 296-3725
Bid due date at 2pm: September 28
Agency: Military Affairs Department
Deliver to: St. Paul
Requisition #: 01000-06431

Commodity: Dust collector
Contact: Steve Burgstahler 296-3775
Bid due date at 2pm: October 2
Agency: Correction Facility
Deliver to: Faribault
Requisition #: 02310-18355

Commodity: IBM Model 85
Contact: Bernadette Vogel 296-3778
Bid due date at 2pm: October 2
Agency: State University
Deliver to: Winona
Requisition #: 26074-13610

Department of Administration: Print Communications Division

Printing vendors for the following printing contracts must review contract specifications in printing buyers office at 117 University Avenue, Room 134-B, St. Paul, MN.

Printing vendors NOTE: Other printing contracts can be found in the Materials Management Division listing above, and in the Professional, Technical & Consulting Contracts section immediately following this section.

Commodity: "You Can Make A Big Impression" (brochure), 100M 7¼"x8½" 1-fold to 3⅝"x8½", 2-color, screens and 4-sided bleed, negs available, 2-sided
Contact: Printing Buyer's Office
Bids are due: September 28
Agency: Public Safety Department
Deliver to: St. Paul
Requisition #: 11477

Professional, Technical & Consulting Contracts

Department of Administration procedures require that notice of any consultant services contract or professional and technical services contract which has an estimated cost of over $10,000 be printed in the *State Register*. These procedures also require that the following information be included in the notice: name of contact person, agency name and address, description of project and tasks, cost estimate, and final submission date of completed contract proposal. Certain quasi-state agencies are exempted from some of the provisions of this statute.

Department of Health

Health Resources Division

Notice of Request for Proposal for Medical Review Physician Consultant

The Minnesota Department of Health (MDH) is requesting proposals from qualified physicians as Medical Review Physician consultant to the Office of Health Facility Complaints of the Resources Division in matters related to the issuance of fines involving deaths of residents/clients in Long Term Care Facilities throughout the State of Minnesota, whenever abuse/neglect contributed to the death. The contract commences November 1, 1990 and concludes November 1, 1991.

Interested physicians will submit formal proposals according to the procedures required by the Minnesota Department of Administration. Maximum contract amounts and hourly rates will be discussed in the "Request for Proposal" (RFP) issued by the MDH. The deadline for submission of proposals is 2:30 p.m., October 8, 1990. To obtain a copy of the RFP for professional Services Contracts, contact Arnold A. Rosenthal at the following address:

Arnold A. Rosenthal
Office of Health Facility Complaints
Minnesota Department of Health
393 North Dunlap
P.O. Box 64970
St. Paul, Minnesota 55164-0970
(612) 643-2523

Department of Human Services

Request for Proposals for Medicare Certified Home Health Agencies to Provide Services to Low Income Persons With HIV Infection

I. Introduction

The Minnesota Department of Human Services, Health Care Management Division is soliciting proposals from qualified Medicare certified Home Health Agencies to provide Home and Community Based Services to low income persons with HIV Infection. Specific services funded through this award include;

A. Homemaker/home health aide services,

B. Home intravenous drug therapy, including prescription drugs administered as a part of therapy,

C. Routine diagnostic tests administered in the home.

The primary goal of the use of these grant funds is to provide the most cost effective and appropriate services possible in the least restrictive setting.

This request for proposal does not obligate the State to complete the project, and the State reserves the right to cancel the solicitation if it is considered to be in its best interest.

II. Qualifications of Respondents

Respondents must be a Medicare certified Home Health Agency (HHA), and Priority will be given to those HHA's who can demonstrate experience and expertise in providing services to low income persons with HIV infection. Additionally, respondents must be able to demonstrate an ability to work with current HIV Case Management programs and other service providers to insure a coordinated, cohesive, non-duplicative, and appropriate array of services and also to insure that the needs identified in the plan of care for each individual are addressed. It is the Department's intent to request proposals for the provision of these home and community based services from public and non-profit entities that have a demonstrated track record in the provision of home and community based services.

III. Scope of the Project

Identification and outreach activities for eligible clients covered under these grant funds will be concentrated on persons who are HIV infected and considered to be low income (200% of the federal poverty guideline). Persons needing Home and Community Based Services with incomes above 200% of poverty may be eligible for services based on a sliding fee scale and the availability of grant funds. The Department in cooperation with the successful bidders, will insure that a client is not eligible for Medicare, General Assistance Medical Care, Medicaid, or other third party insurers. Persons with coverage that requires substantial copayments or deductibles may be eligible to have their copayments or deductibles covered under this grant if they meet all of the other requirements for eligibility. Prior to the provision of any services awarded through this grant the clients needs for services must be assessed by the contractor and a care plan developed by the contractor to substantiate the client's need for the services covered under this grant.

A. Duration of the Project

This project will be initiated upon selection of proposal(s). The project will continue until the end of the grant period, ***June 30, 1992***, or until all the grant, $94,000, has been expended, whichever comes first.

B. Tasks to be Performed

Services will be authorized on a client's behalf based on certification by a physician that a client is HIV+, and medically or chronically dependent. Clients with low income will be given priority for accessing services funded by these grant funds. The philosophy governing the use of these grant funds will be to provide the most cost effective and appropriate services possible in the least restrictive setting and to provide the services to those clients who would otherwise require hospitalization or would find it necessary to extend a hospitalization in the absence of the availability of these funds. It is the Department's intention that these grant funds only be used as a last resort and that the services funded through this grant not duplicate other services that would be readily available to meet the identified needs of the client. To this end the contractor will be expected to perform the following tasks:

1. **Provision of homemaker/home health aid services,** home intravenous drug therapy (including prescription drugs administered as part of therapy), and routine diagnostic tests administered in the home; as prescribed by the clients physician. All services prescribed by a physician must be medically necessary and appropriate and a rationale provided as to how the prescribed service will meet the circumstances specified in the definition of "medically dependent" or "chronically dependent".

2. **Design and implementation of a plan** which addresses ongoing availability of needed services through volunteer or county funded services or changes in income or benefit status of the individual client. Contractors must be able to document attempts to access alternative funding and/or services every sixty (60) days.

3. Home and community based services will be assessed by the contractor and a care plan will be developed for each referred client. This assessment and care plan will substantiate the client's need for the services covered under this grant. Care plans will be routinely reviewed no less than once every sixty (60) days, and updated to insure that all services remain medically necessary.

4. Design and implementation of a plan which provides the department with weekly utilization of grant funds. Contractor must specify method of billing e.g. frequency of visits, per diem costs, cost estimates for each service and method for collecting copayments costs from clients above the 200% federal poverty guideline. Contractor must also design plan to provide any change in financial or health benefit status of an individual client to the Department.

5. Design and implementation of plan which insures that contractor will work to insure coordination of care for those clients who have case manager assigned and funded through the Department or other revenue sources, e.g. Department of Health. The contractor will be expected to cooperate and collaborate with the other case managers to insure the coordination of home and community based services, other home care services, medical services and social services. Case management is considered to be an integral and inseparable function of HHA service. Case management will not be a separately reimburseable service. However, the reimbursement provided for the home and community based services themselves will be deemed to include case management as a component of the home and community based service itself. It will be the contractors' responsibility to insure that this coordination takes place.

6. Development of an appropriate written Plan of Care for each client. The plan of care must be developed by a registered nurse or public health nurse and be based on the client's physicians' order and the home and community based services funded through this grant must be coordinated with other medical and social service providers. The physician ordering the particular home and community based service will be required to agree to and sign off on the Plan of Care.

7. Conduct assessment to determine the specific level of need that the client has for home and community based services. The assessment process will be performed by a registered nurse. The Department will consider this assessment to constitute part of the particular home and community based service for which the assessment is being performed. The assessment will be expected to identify all services including other home care, medical and social services required to meet a clients' needs. The assessment will also determine the exact level, frequency or duration of need of the home and community based service. The Plan of Care must be reviewed and updated no longer than every sixty (60) days, at the time of review and/or revision of the plan of care, the client's physician must be informed of the client's progress or lack thereof. Any revision in the plan of care must be authorized by the client's physician.

C. Maximum Expenditure

The Department will not accept any bids that exceed a total cost of $94,000. The Department intends to contract exclusively with private non-profit or public agencies that are certified under the Medicare program as Home Health Agencies unless such agencies are unable to provide the necessary services, meet the requisite bidder specifications or fail to be the "lowest responsible bidder".

IV. Proposal Contents

The following will be considered minimum contents of the contractors proposal:

A. An outline of the contractor's background and experience in conducting home and community based services, and specifically home and community based services to persons who are low income and who are HIV infected.

B. A restatement of the objectives and tasks of the project to illustrate the contractor's understanding of the proposal.

C. Identification of all personnel including subcontractors who will perform each task, their training and experience. No change in personnel assigned to this project will be permitted without approval by the Department's project manager. Responder's must assure that they do not employ and will not employ any current State employees for this project.

D. A detailed work plan which identifies in specific terms all the tasks to be performed with timelines and cost estimates for each task.

E. An outline of the responders past and current coordination and collaborative efforts with other social service and medical services providers in the provision of services for HIV infected individuals.

F. Statement of intent which addresses the use of overall agency dollars (e.g. CSSA funds), the mission of contractor in the provision of home health services, and the intent to minimize duplication of funds available to provide these specific array of services to individuals who are HIV infected.

V. Evaluation

All proposals received by the deadline will be evaluated. An oral interview may be part of the selection process. Factors upon which the proposals will be judged include:

1. Expressed understanding of the project objectives and scope.

2. Qualifications and experience of both agency and personnel.

3. Proposed plan for delivery of all components of specific home and community based service, and compliance with the stated requirements of this RFP.

4. Project management capabilities and experience.

5. Project work plan and timetable.

6. Cost of the home and community based service as presented in itemized budget and cost reimbursement statements/ methodologies.

7. Specification of proposed service area.

Evaluation and selection will be completed by ***November 12, 1990.*** Results will be sent by mail to all responders.

VI. Six (6) copies of each proposal must be sent to and received by MaryAlice Mowry at the following address by 4 p.m., October 22, 1990.

Minnesota Department of Human Services
Health Care Management Division
AIDS Policy Consultant
444 Lafayette Road, 6th Floor
St. Paul, Minnesota 55155-3848

Questions Regarding This Notice Or Proposal Contents Should Be Directed To MaryAlice Mowry At 612-297-3344.

State University Board

Academic Affairs

Request for Proposal for Consultant Services to Coordinate the Expansion of Minnesota SURE Access

The Minnesota State University System seeks a consultant to coordinate the expansion of Minnesota SURE Access, a referral service utilizing an electronic catalogue of faculty, facilities, and other resources of the seven state universities. The purpose of the expansion is to add the resources of Minnesota's Technical and Community Colleges to the electronic catalogue and make the system operational within those systems. Anticipated completion of the expansion is March 1991.

The consultant will manage the process of developing and implementing the expanded system and will be responsible for convening and chairing an intersystem task force; becoming acquainted with the institutions in each system; becoming knowledgeable about other data base projects; and consulting with technical experts to select appropriate technologies. Total amount of the contract is $25,000, including expenses.

Proposals should address previous experience as it relates to this project and the responsibilities described above.

Please direct questions and proposals to:

Cynthia L. Crist
Assistant Vice Chancellor for Academic Affairs
Minnesota State University System
555 Park Street
St. Paul, MN 55103
(612) 296-6870

Proposals must be received by 4:30 p.m., Friday, October 5, 1990.

Non-State Public Contracts

The *State Register* also serves as a central marketplace for contracts let out on bid by the public sector. The *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 project and tasks; 4) cost estimate; and 5) final submission date of completed contract proposal. Allow at least three weeks from publication date (four weeks from date article is submitted for publication). Surveys show that subscribers are interested in hearing about contracts for estimates as low as $1,000. Contact the editor for further details.

Metropolitan Waste Control Commission

Public Notice for Prequalification for Engineering Services

NOTICE IS HEREBY GIVEN that the Metropolitan Waste Control Commission is soliciting prequalifications for engineering services for the System-Wide Space Needs Analysis Project, MWCC Project Number 875390. The project will evaluate the Commission's space needs at its various facilities throughout the 7-county metro area.

Firms interested in being considered for this project are invited to submit a letter requesting a Pre-Qualification Submittal package. All completed, Pre-Qualification Submittal packages must be submitted by October 1, 1990.

All inquiries and submittals are to be addressed to Mr. Harold P. Voth, Project Manager, Metropolitan Waste Control Commission, Mears Park Centre, 230 East Fifth Street, St. Paul, Minnesota 55101, (612) 229-2171.

By Order of the
Metropolitan Waste Control Commission

Mr. Gordon O. Voss
Chief Administrator

State Grants

In addition to requests by state agencies for technical/professional services (published in the State Contracts section), the *State Register* also publishes notices about grant funds available through any agency or branch of state government. Although some grant programs specifically require printing in a statewide publication such as the *State Register*, there is no requirement for publication in the *State Register* itself.

Agencies are encouraged to publish grant notices, and to provide financial estimates as well as sufficient time for interested parties to respond.

Department of Health

Announcement of Public Review and Comment for Application for the Preventive Health and Health Services Block Grant for Federal Fiscal Year 1991

The Minnesota Department of Health has prepared an application for the Preventive Health and Health Services Block Grant for Federal Fiscal Year 1991. The following is a financial summary of the activities funded in the application:

State Public Health Objective	Amount
I. To reduce the occurrence and severity of chronic disease.	$494,967
A. Health Behavior, Development and Education	
B. Chronic Disease Epidemiology	
C. Radiation Control	
II. To reduce the incidence of acute disease.	$995,973
A. Acute Disease Epidemiology	
B. EMS Regional Projects	
C. Poison Information Centers	

III. To increase the effectiveness and efficiency of Minnesota's public health infrastructure. $553,039

A. Community Development

B. Public Health Nursing

C. Community and Environmental Services

IV. General Support $284,654

A. Rape Prevention

B. Indirect Cost

The Department invites public review and comment. Copies of the application are available upon request. Requests should be sent to David Hovet, Director, Section of Financial Management, Minnesota Department of Health, P.O. Box 9441, Minneapolis, Minnesota 55440.

Announcements

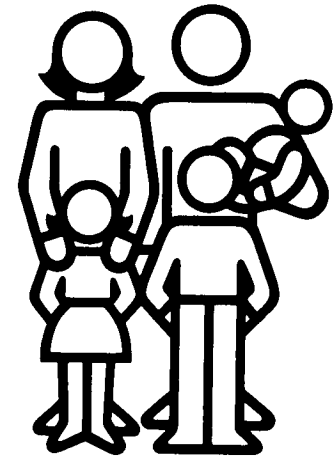
Governor's Appointments: Governor Rudy Perpich announced the following appointments to state boards and commissions: **Steven Bloom,** Roseville, was appointed to the *Social Work Licensing Board;* **John G. Bergstrom,** M.D., St. Cloud, was appointed to the *Ombudsman Committee for Mental Health and Mental Retardation* and to the committee's *Medical Review Subcommittee;* **Carl Hanson,** M.D., Minneapolis, was appointed as the new chair of the *Medical Review Subcommittee;* **Thomas Dwyer,** Coon Rapids, was appointed to the *Super-Speed Train Commission.* The Governor also announced four new appointments to the *Task Force on Lesbian and Gay Minnesotans.* Appointed are: **M. Kayt Sunwood,** Duluth; **Angukcuaq (Richard La Fortune),** Minneapolis; **Ann Viitala,** Minneapolis; and **John R. Wright,** Eagan. The task force is a response to the Governor's 1988 *Task Force on Prejudice and Violence,* which found that sexual orientation was the third most common reason for violent hate crimes against Minnesotans. It will conduct hearings and gather information about violence and discrimination against Minnesota's lesbian and gay population.

Tree Stock Available: Orders for tree planting stock to be shipped the spring of 1991 are now being accepted by the Minnesota Department of Natural Resources (DNR) Forestry Division. Orders will be accepted until March 20, 1991, or until supplies are exhausted. Orders for tree seedlings to be planted in 15 southeastern Minnesota counties will be accepted until Feb. 15, 1991. Tree seedlings are sold for the purposes of reforestation, erosion control (such as windbreaks or shelterbelts), soil and water conservation, or for permanent food and cover for wildlife. The trees may not be planted for ornamental purposes, resold, or given away with roots attached. Order cancellation or substitutions will not be permitted 30 days beyond receipt of the original order or after March 1, 1991, whichever comes first. The minimum order is 500 seedlings, although the orders may include a variety of species in 100-seedling lots. Prices for seedlings are: **Conifer seedlings**...$ 85/1000...$ 45/500...$12/100; **Deciduous seedlings**...$150/1000...$ 78/500...$20/100; **Conifer transplants**...$200/1000...$105/500...$26/100; **Four season wildlife food packet:** $150/500-seedling packet. **Conifer seedling** species available this year are: white pine, Norway pine, jack pine, scotch pine, white spruce, Colorado spurce, Norway spruce, black spruce, white cedar, red cedar and balsam fir. **Deciduous seedling** species available this year are: green ash, white ash, silver maple, black walnut, red oak, white oak, assorted oak (a mix of red, pin, bur and white), Siouxland poplar, caragana (shrub), ginnala maple (shrub) and wild plum (shrub). **Conifer transplants** available are: Norway pine, Colorado spruce and white spruce. **The four season wildlife food packet** includes a 500-tree mixture of wild plum, ginnala maple, juneberry, dogwood, chokecherry, contoneaster, Nanking cherry and crabapple. Price lists and order forms can be obtained from DNR Forestry offices, Agricultural Stabilization and Conservation Service offices, Soil Conservation Service offices, county Extension Service offices, or by contacting DNR Forestry, P.O. Box 95NC, Willow River, MN 55795 (218) 372-3183, or DNR Forestry, 500 Lafayette Road, St. Paul, MN 55155-4044, (612) 296-4480.

Grants to Reduce Landfill Use: The Metropolitan Council is again offering grants for recycling, composting, waste reduction and other activities in the seven-county Metropolitan Area that reduce landfill use. Four types of grants are available for fiscal year 1991—capital assistance, technology and research, education and technical assistance, and residential recycling bins. Grant funds come from a surcharge on waste dumped at Metro Area landfills. A total of $1.6 million in grants is available. Capital assistance grants help purchase machinery or equipment—like wood chippers or equipment to separate recyclable materials—that aid composting and recycling efforts, or that remove toxics from waste for disposal. Metropolitan counties and municipalities are eligible project sponsors. Private businesses and other organizations can apply with a local government as a sponsor.

The program requires a minimum cash match of 50 percent for equipment or machinery purchases only. The maximum grant for a single project is $150,000. Technology and research grants partially underwrite the cost of conducting research or for developing or adapting new technologies that reduce landfill use or detoxify waste. This grant program is open to businesses, nonprofit agencies, public institutions, local governments, school districts, trade organizations and solid waste management districts with Metro Area projects. The maximum grant request is $150,000; grants cover no more than half the total project cost. Education and technical assistance grants fund efforts to provide education and technical assistance programs and services to the public and private sectors. Possible projects range from designing computer software to aid collection of recyclable materials to implementing a waste reduction education campaign. Grant requests are limited to no more than 75 percent of the total cost of the project. The maximum amount is $50,000. Residential recycling bins grants provide funds for cities and townships to purchase residential recycling bins. Grants provide a maximum 50 percent match. A single project may not exceed $5 per household in grant funds. Guidelines and application materials for the four grant programs are available from the Council by calling Victoria Reinhardt at 291-6536 or Sunny Jo Emerson at 291-6499. Proposal submissions are due by Nov. 26, 1990, and May 30, 1991, for all programs with an added deadline of Feb. 1, 1991, for the education and technical assistance grants.

Human Services Laws and Rules



Human Services Laws 1989

An extract from the statutes. Includes legislative amendments and additions from the most recent session. Code No. 2-56. $29.95.

Human Services Rules 1989

Rules governing assistance programs, eligibility grant amounts, AFDC and residence requirements. MN Rules Chapter 9500-9580. Code No. 3-95. $34.95.

3 ring binder. 2" capacity. 1 required for each of above listed publications. Code No. 10-21. $4.25.

TO ORDER: Send to Minnesota's Bookstore, 117 University Avenue, St. Paul, MN 55155. Call (612) 297-3000, or toll-free in Minnesota: 1-800-652-9747. Minnesota residents please include 6% sales tax. On all orders, add $2.00 per order for postage and handling. Prepayment is required. Please include daytime phone. VISA/MasterCard and American Express orders accepted over phone and through mail. ***Prices are subject to change.*** FAX: (612) 296-2265.

Publication editors: As a public service, please reprint this ad in your publication as is, reduced, enlarged, or redesigned to suit your format. Thank you.

Woodworking for Wildlife

Woodworking for Wildlife, delightfully written and carefully illustrated with a variety of game bird and mammal box designs. Includes important information on the placement of nests in proper habitat areas and maintenance requirements. Diagrams, 48 pp. Code #9-14, $3.95.

Minnesota's Favorite Winter Birds Poster, 22" x 17", full color. Code #9-2, $5.00.

Mammals of Minnesota, discusses wild mammals that inhabit Minnesota today, or in the recent past. Tells how to identify them, their distribution in the state, and their natural history. U of M Press, 1977, illustrated, index, bibliography, paperbound, 290 pp. Code #19-35, $16.95.

Bird Portraits in Color, a total of 295 species of birds are depicted through magnificent illustrations, reproduced in seven-color lithography, accompanied by authoritative information about birds' activities, habitats, songs, and other characteristcs, U of M Press, 1980, index, 92 color plates, hardbound. Code #19-41, $12.95.

TO ORDER: Send to Minnesota's Bookstore, 117 University Avenue, St. Paul, MN 55155. Call (612) 297-3000, or toll-free in Minnesota: 1-800-652-9747. Minnesota residents please include 6% sales tax. On all orders, add $2.00 per order for postage and handling. Prepayment is required. Please include daytime phone. VISA/MasterCard and American Express orders accepted over phone and through mail. ***Prices are subject to change.*** FAX: (612) 296-2265.

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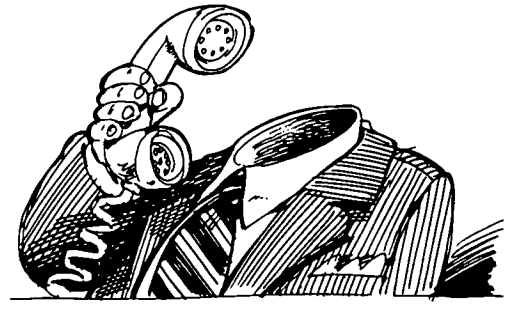
Ever called this guy?

1989-1990 State of Minnesota Telephone Director. Get a direct line to the persons you want to speak to. Contains names, numbers, and agencies in the executive, legislative and judicial branches of state government. Four sections give listings alphabetically by name, agency, Minnesota region, plus an index for cross referencing. Over 250 pages, paperback, 8½"x11". Code #1-87, $11.95.

Minnesota Guidebook to State Agency Services. A treasure of information that cuts red tape and gets you **RESULTS** from Minnesota state government. This important resource helps you through applications, fees, licenses, reports, history, recreation and travel. It describes agencies in detail and how they can assist you, giving addresses, phones and contact people. Stock #1-4, $15.00 plus tax.



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Minnesota's Bookstore

Publications, Services, Subscriptions

Order Form on Back—For Information, Call 297-3000

NEW PUBLICATIONS:

1990 Minnesota Session Laws. Two volume set includes laws passed during the 1990 session and the 1989 Special Session. Stock #18-6, $40.00 + $2.40 tax.

Community Waste Education Manual. Practical guide helps communities develop waste education campaigns with organizing volunteers, planning a budget, working with media and more. Includes camera-ready art and copy for media and publication needs. Stock #5-7, $22.95 + $1.38 tax.

School District Profile 1988-89. Comparative enrollment, staffing and financial data on Minnesota's school districts, evaluation of the statistical content with commentary on trends and patterns. Stock #5-3, $5.00 + 30¢ tax.

The School Book 1990-91. Comprehensive guide to elementary schools in the Twin Cities: school addresses/phone, staffing information, and MTC bus connections at schools. Lists class size, student/teacher ratio, grading and curriculum. 554 pages. Stock #40-9, $12.95 + 78¢ tax.

Chemical Dependency Programs Directory 1989. Features comprehensive listings for programs ranging from Prevention/Intervention Services to a wide range of Treatment Services. Each type of program includes an alphabetical listing of facilities and brief narrative description of programming provided. Stock No. 1-12, $15.00 plus tax.

Process Parenting—Breaking the Addictive Cycle. A training manual that provides parent education and treatment techniques for professionals who work with recovering chemically dependent parents or dysfunctional families. Stock No. 5-4, $15.00 plus tax.

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