State of Minnesota

# State Register

**Rules and Official Notices Edition** 



Published every Monday (Tuesday when Monday is a holiday) by the Department of Administration – Communications. Media Division

Monday 13 December 1999 Volume 24, Number 24 Pages 795-842

# **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, published weekly to fulfill the legislative mandate set forth in *Minnesota Statutes* § 14.46. The *State Register* contains:

- proposed, adopted, exempt, expedited emergency and withdrawn rules
   executive orders of the governor
- appointments proclamations and commendations commissioners' orders revenue notices
- official notices state grants and loans contracts for professional, technical and consulting services
- non-state public bids, contracts and grants certificates of assumed name, registration of insignia and marks

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PUBLISH	Deadline for both Adopted and Proposed	Commissioner's Orders, Revenue and Official Notices, State Grants, Professional-Technical-Consulting
DATE	RULES	Contracts, Non-State Bids and Public Contracts
Monday 13 December	Noon Wednesday 1 December	Noon Tuesday 7 December
Monday 20 December	Noon Wednesday 8 December	Noon Tuesday 14 December
Monday 27 December	Noon Wednesday 15 December	Noon Tuesday 21 December
Monday 3 January 2000	Noon Wednesday 22 December	Noon Tuesday 28 December
	DATE  Monday 13 December  Monday 20 December  Monday 27 December	PUBLISH Adopted and Proposed RULES  Monday 13 December Noon Wednesday 1 December Monday 20 December Noon Wednesday 8 December Monday 27 December Noon Wednesday 15 December

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Publication Number: 326630. (ISSN 0146-7751)

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### FOR LEGISLATIVE NEWS

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

Contact: Senate Public Information Office (651) 296-0504 Contact: House Information Office (651) 296-2146
Room 231 State Capitol, St. Paul, MN 55155 Room 175 State Office Building, St. Paul, MN 55155

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# Minnesota Rules: Amendments and Additions =

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

The *State Register* is the official source, and only complete listing, for all state agency rulemaking in its various stages. State agencies are required to publish notice of their rulemaking action in the *State Register*. Published every Monday, the *State Register* makes it easy to follow and participate in the important rulemaking process. Approximately 80 state agencies have the authority to issue rules. Each agency is assigned specific **Minnesota Rule** chapter numbers. Every odd-numbered year the **Minnesota Rules** are published. The current 1997 set is a 13-volume bound collection of all adopted rules in effect at the time. Supplements are published to update this set of rules. Generally speaking, proposed and adopted exempt rules do not appear in this set because of their short-term nature, but are published in the *State Register*.

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

When rules are first drafted, state agencies publish them as **Proposed Rules**, along with a notice of hearing, or a notice of intent to adopt rules without a hearing in the case of noncontroversial rules. This notice asks for comment on the rules as proposed. Proposed emergency rules and withdrawn proposed rules are also published in the *State Register*. After proposed rules have gone through the comment period, and have been rewritten into their final form, they again appear in the *State Register* as **Adopted Rules**. These final adopted rules are not printed in their entirety 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 most current edition of 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 issues #1-39; issues #40-51 inclusive; and issue 52 (or 53 in some years), cumulative for issues #1-52 (or 53). An annual subject matter index for rules was separately printed usually in August, but starting with Volume 19 now appears in the final issue of each volume. For copies or subscriptions to the *State Register*, contact Minnesota's Bookstore, 117 University Avenue, St. Paul, MN 55155 (651) 297-3000, or toll-free 1-800-657-3757.

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# Minnesota Rules: Amendments and Additions

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# State Register Pagination Error

## NOTE: Error in Numbering of Pages in the State Register

In *State Register*, 24 S.R. 775-774, Monday 6 December 1999, Volume 24 #23, pages were mistakenly numbered the same as the issue for Monday 29 November 1999. The correct pagination should have been 775-794. Duplicate numbered pages will be identified by their date as well as page number.

The issue for Monday 13 December 1999 will begin with the correct page, 795, that would have appeared for that issue.

# **Adopted Rules**

A rule becomes effective after the requirements of *Minnesota Statutes* §§14.05-14.28 have been met and five working days after the rule is published in the *State Register*, unless a later date is required by statutes or specified in the rule.

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

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

#### **Exempt Rules**

An exempt rule adopted under Minnesota Statutes §§ 14.386 or 14.388 is effective upon its publication in the State Register.

### **Emergency Expedited Rules**

Provisions for the Commissioner of Natural Resources to adopt emergency expedited Game and Fish Rules are specified in *Minnesota Statutes* §§ 84.027. The commissioner may adopt emergency expedited rules when conditions exist that do not allow the Commissioner to comply with the requirements for emergency rules. The Commissioner must submit the rule to the attorney general for review and must publish a notice of adoption that includes a copy of the rule and the emergency conditions. Emergency expedited rules are effective upon publication in the *State Register*, and may be effective up to seven days before publication under certain emergency conditions. Emergency expedited rules are effective for the period stated or up to 18 months.

# **Department of Commerce**

# **Adopted Permanent Rules Governing Valuation of Life Insurance Policies**

The rules proposed and published at *State Register*, Volume 24, Number 14, pages 477-516, October 4, 1999 (24 SR 477), are adopted as proposed.

# **Revenue Notices**

The Department of Revenue began issuing revenue notices in July of 1991. Revenue notices are statements of policy made by the department that provide interpretation, detail, or supplementary information concerning a particular statute, rule, or departmental practice. The authority to issue revenue notices is found in *Minnesota Statutes* § 270.0604.

# **Department of Revenue**

### Revenue Notice # 99-15: Year 2000 (Y2K)

The Department of Revenue is confident our computer systems will be Year 2000 (Y2K) ready before January 1, 2000. We expect taxpayers to ensure that their systems will also be ready. When considering a request for abatement of penalty due to a Y2K problem, the department will apply the following principles:

• Y2K problem is defined as the inability to collect or assemble the information necessary to file or pay taxes or to determine the amount due as a result of hardware or software problems related to the change-over to the year 2000.

- Requests for abatement of penalty must be specific and provide documentation.
- Y2K abatements are not automatically granted.
- The actions taken by the taxpayer if they were unable to file or determine the tax they owed must have been reasonable.
- Reasonable cause must be established under the existing abatement policies (see Revenue Notice # 97-01 Penalties Abatements General Policy). Issues that will be considered in establishing reasonable cause for Y2K problems include:
- The taxpayer must substantiate that they had a Y2K problem.
- The taxpayer must show that they took reasonable steps to prevent and fix the Y2K problem in a timely manner.
- Actions taken by the taxpayer to mitigate the problem will be considered. For example, making payment by check if payment by EFT is impossible.
- The person or entity who controls the hardware or software where the Y2K problem occurred the taxpayer, the tax preparer, or a third party.
- The taxpayer's filing history.
- The taxpayer must be incapable of complying, not just inconvenienced by compliance.

Jennifer L. Engh Assistant Commissioner for Tax Policy

Date: 13 December 1999

# **Official Notices**

Pursuant to Minnesota Statutes §§ 14.101, an agency must first solicit comments from the public on the subject matter of a possible rulemaking proposal under active consideration within the agency by publishing a notice in the State Register at least 60 days before publication of a notice to adopt or a notice of hearing, and within 60 days of the effective date of any new statutory grant of required rulemaking. The State Register also publishes other official notices of state agencies and non-state agencies, including notices of meetings and matters of public interest.

# **Department of Health**

# Public Hearing Regarding the Minnesota Department of Health Application to the Federal Department of Health and Human Services for Federal Fiscal Year 2000 Preventive Health and Health Services Block Grant Funding

The Minnesota Department of Health will sponsor a public hearing to obtain comments on a revised application for federal fiscal year 2000 Preventive Health and Health Services Block Grant funds. This revision incorporates reductions to the Minnesota Federal Fiscal Year 2000 grant award. The draft application for those funds is available for inspection upon request.

The public hearing will be conducted as part of a meeting of the State Preventive Health Advisory Committee held Monday, December 20, 1999 at the Minnesota Department of Health, Metro Square Building, 121 East Seventh Place, St. Paul, Minnesota. The public hearing and meeting will begin at 1:00 p.m. in the Lower Level Meeting Room 56. Any person or group may submit either written or oral comments at the meeting.

Written comments may be submitted by December 20, 1999 to the address below.

For further information contact:

Debra Burns, Section Manager Health Systems Development Minnesota Department of Health 121 E. Seventh Place P.O. Box 64975 St. Paul, Minnesota 55164-0975 (651) 296-8209

# **Department of Human Services:**

# Authorization List of All Health Services That Require Authorization as a Condition of MHCP Payment

The following is the current authorization list which replaces any other list published in the *State Register*. This authorization list is effective on or after January 10, 2000.

### **AUTHORIZATION LIST**

As authorized by *Minnesota Statutes*, section 256B.0625, subdivision 25, the following list includes all health services that require authorization as a condition of MHCP payment. The list is presented in sections: Dental Services, Vision Care Services, Medical Supplies and Equipment, Prosthetics and Orthotics, Hearing Aids, Drugs, Rehabilitative Services, and All Other Services. The criteria used to develop this list are as follows:

- A. The health service could be considered, under some circumstances, to be of questionable medical necessity.
- B. Use of the health service needs monitoring to control the expenditure of program funds.
- C. Less costly, appropriate alternatives to the health service are generally available.
- D. The health service is investigative.
- E. The health service is newly developed or modified.
- F. The health service is of a continuing nature and requires monitoring to prevent its continuation when it ceases to be beneficial.
- G. The health service is comparable to a service provided in a skilled nursing facility or hospital but is provided in a recipient's home.
- H. The health service could be considered cosmetic.

THIS LIST OF HEALTH SERVICES REQUIRING AUTHORIZATION IS PRESENTLY IN EFFECT. NEWLY ADDED CODES WILL REQUIRE AUTHORIZATION FOR SERVICES PROVIDED ON OR AFTER JANUARY 6, 2000.

Identifies any changes in coding or limits.

These newly added or changed codes will require Authorization for services provided on or after January 10, 2000.

### I. DENTAL SERVICES

In addition to the specific services and procedures listed in this section, the following dental services always require authorization:

- Surgical services, (except D7210, D7220, D7230, D7240, X7216 surgical extractions). For emergencies follow the after-the-fact authorization procedures.
- 2. Removable Resin base and Cast Metal Partials.

It is essential that requests submitted for authorization consideration be accompanied by adequate case information and appropriate diagnostic materials (i.e., x-rays, prosthesis information, teeth to be replaced, prognosis for remaining dentition, complete 6 point perio charting for cast metal partials).

### **RADIOGRAPHS**

### **Code** Description

(Prior authorization required only if provided more than once in a three-year period or for person under age 8)

D0210 Intraoral series (including bitewing)

D0330 Panoramic film

D0335 Panorex, includes bitewing and additional peripheral films

(Prior authorization required only if six in a 12-month period are exceeded)

D0230	Intraoral.	periapical.	each	additional fi	lm

D0240 Intraoral, occlusal film
D0250 Extraoral, first film

D0260 Extraoral, each additional film

(Prior authorization required only if any combination of up to four in a 12-month period is exceeded)

D0270 Bitewing, single film
D0272 Bitewing, two films
D0274 Bitewing, four films

◆ D0277 Vertical bitewings, seven or 8 films

### **TESTS AND LABORATORY EXAMINATIONS**

D0999 Unspecified diagnostic procedure, by report (When no medical procedure is being done in addition to the dental

procedure)

### **DENTAL PROPHYLAXIS**

(Prior authorization required only if provided more than once in a six-month period)

D1110 Prophylaxis adults
D1120 Prophylaxis, children

### **FLUORIDE**

D1204	Topical application of fluoride (excluding prophylaxis), adult
D1205	Topical application of fluoride (including prophylaxis), adult

### **CROWNS - SINGLE RESTORATIONS ONLY**

D2720	Crown - resin with high noble metal
D2721	Crown - resin with predominantly/base metal
D2722	Crown - resin with noble metal
D2740	Crown - porcelain/ceramic substrate
D2750	Crown - porcelain fused to high noble metal
D2751	Crown - porcelain fused to predominantly/base metal
D2752	Crown - porcelain fused to noble metal
<b>◆</b> D2780	Crown - 3/4 cast high noble metal
<b>◆</b> D2781	Crown -3/4 cast predominately base metal
<b>◆</b> D2782	Crown -3/4 cast noble metal
<b>◆</b> D2783	Crown - 3/4 porcelain/ceramic

<u>Code</u>	<u>Description</u>
D2790	Crown - full cast high noble metal
D2791	Crown - full cast predominantly base metal
D2792	Crown - full cast noble metal
D2810	Crown - 3/4 cast metallic

### **OTHER RESTORATIVE SERVICES**

D2952	Cast post and core in addition to crown
<b>◆</b> D2953	Each additional post-same tooth
D2960	Labial veneer (laminate)
D2961	Labial veneer (resin laminate)-laboratory
D2962	Labial veneer (porcelain laminate)-laboratory
D2999	Unspecified restorative procedure, by report

### OTHER ENDODONTIC PROCEDURES

D3460	Endodontic endosseous implant
D3960	Bleaching of discolored tooth
D3999	Unspecified endodontic procedure

### **SURGICAL SERVICES** (including usual post-operative services)

D4210	Gingivectomy or gingivoplasty - per quadrant
D4211	Gingivectomy or gingivoplasty - per tooth

### **PERIODONTICS**

D4220	Gingival curettage, surgical, per quadrant, by report
D4240	Gingival flap procedures, including root planning - per quadrant
<b>◆</b> D4245	Apically positioned flap
D4249	Crown lengthening - hard and soft tissue, by report
D4250	Mucogingival surgery - per quadrant
D4260	Osseous surgery, including flap entry and closure per quadrant
D4263	Bone replacement graft - first site in quadrant
D4264	Bone replacement graft - each additional site in quadrant
D4266	Guided tissue regeneration - resorbable barrier, per site, per tooth
D4267	Guided tissue regeneration - nonresorbable barrier, per site, per tooth (includes membrane removal)
<b>◆</b> D4268	Surgical revision procedure, per tooth
D4270	Pedicle soft tissue grafts
D4271	Free soft tissue grafts including donor site
D4273	Subepithelial connective tissue graft procedure (including donor site surgery)
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)

### **ADJUNCTIVE PERIODONTAL SERVICES**

D4320	Provisional splinting, intracoronal
D4321	Provisional splinting, extracoronal
D4341	Periodontal scaling, and root planning - per quadrant

<u>Code</u> <u>Do</u>	<u>escription</u>
-----------------------	-------------------

D4381 Localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, by

tooth, by report

### **OTHER**

D4910 Periodontal maintenance procedures (following active therapy)

D4999 Unspecified periodontal service (by report)

### PROSTHODONTICS, REMOVABLE DENTURES

D5110	Complete upper
D5120	Complete lower

### **PARTIAL DENTURES** (including six months post-delivery care)

D5211	Upper partial - resin base (including any conventional clasps, rests and teeth)
D5212	Lower partial - resin base (including any conventional clasps, rests and teeth)
D5213	Upper partial - cast metal base with resin saddles (including any conventional clasps, rests and teeth)
D5214	Lower partial - cast metal base with resin saddles (including any conventional clasps, rests and teeth)

### **OTHER PROSTHETIC SERVICES**

D5860	Overdenture complete, by report
D5861	Overdenture partial, by report
D5862	Precision attachment, by report
<b>◆</b> D5867	Replacement of replaceable part of semi-precision attachment
<b>◆</b> D5875	Modification of removable prosthesis following implant surgery
D5899	Unspecified removable prosthodontics procedure, by report

### **MAXILLOFACIAL PROSTHETICS**

D5951	Feeding aid
D5952	Speech aid prosthesis, pediatric
D5953	Speech aid prosthesis, adult
D5954	Palatal augmentation prosthesis
D5955	Palatal lift prosthesis, definitive
D5958	Palatal lift prosthesis, interim
D5959	Palatal lift prosthesis, modification
D5960	Speech aid prosthesis, modification
D5982	Surgical stent
D5983	Radiation carrier
D5984	Radiation shield
D5985	Radiation cone locator
D5986	Fluoride gel carrier

D5987 Commissure splint

### **IMPLANTS**

D6055	Implant connecting bar
<b>◆</b> D6056	Prefabricated abutment
<b>◆</b> D6057	Custom abutment

◆ D6058 Abutment supported porcelain/ceramic crown

<b>Code</b>	<u>Description</u>
<b>☞</b> D6059	Abutment supported porcelain fused to metal crown (high noble metal)
<b>☞</b> D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)
<b>☞</b> D6061	Abutment supported porcelain fused to metal crown (noble metal)
<b>☞</b> D6062	Abutment supported cast metal crown (high noble)
<b>☞</b> D6063	Abutment supported cast metal crown (predominately base metal)
<b>☞</b> D6064	Abutment supported cast metal crown (noble metal)
<b>☞</b> D6065	Implant supported porcelain/ceramic crown
<b>☞</b> D6066	Implant supported porcelain fused to metal crown
<b>◆</b> D6067	Implant supported metal crown
<b>◆</b> D6068	Abutment supported retainer for porcelain/ceramic FPD
<b>◆</b> D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)
<b>◆</b> D6070	Abutment supported retainer for porcelain fused to metal FPD (predominately base metal)
<b>◆</b> D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)
<b>◆</b> D6072	Abutment supported retainer for cast metal FPD (high noble metal)
<b>◆</b> D6073	Abutment supported retainer for cast metal FPD (predominately base metal)
<b>◆</b> D6074	Abutment supported retainer for cast metal FPD (noble metal)
<b>◆</b> D6075	Implant supported retainer for ceramic FPD
<b>◆</b> D6076	Implant supported retainer for porcelain fused to metal FPD
<b>◆</b> D6077	Implant supported retainer forcast metal FPD (titanium, titanium alloy, or high noble metal)
<b>◆</b> D6078	Implant/abutment supported fixed denture for completely edentulous arch
<b>◆</b> D6079	Implant/abutment supported fixed denture for partially edentulous arch
D6080	Implant maintenance procedures, including: removal of prosthesis, cleansing of prosthesis and abutment reinsertion of prosthesis.
D6095	Repair implant abutment, by report

### PROSTHODONTICS, FIXED BRIDGE PONTICS

(Only covered in situations where documented medical condition prohibits use of removable prostheses)

D6210	Pontic - cast high noble metal
D6211	Pontic - cast predominantly base metal
D6212	Pontic - cast noble metal
D6240	Pontic - porcelain fused to high noble metal
D6241	Pontic - porcelain fused to predominantly base metal
D6242	Pontic - porcelain fused to noble metal

<b>☞</b> D6245	Pontic-porcelain/ceramic
D6250	Pontic - resin with high noble metal
D6251	Pontic - resin with predominantly base metal
D6252	Pontic - resin with noble metal

### **RETAINERS**

D6545 Retainer - cast metal for acid etched fixed prosthesis

\*\*D6548 Retainer-porcelain ceramic-for resin bond fixed prosthesis

### **CROWNS**

C- 1-

(Only covered in situations where documented medical condition prohibits use of removable prostheses)

D6720	Crown - resin with high noble metal
D6721	Crown - resin with predominantly base metal
D6722	Crown - resin with noble metal
D6750	Crown - porcelain fused to high noble metal
D6751	Crown - porcelain fused to predominantly base metal

<u>Coae</u>	Description
D6752	Crown - porcelain fused to noble metal
D6780	Crown - 3/4 cast high noble metal

D-----

D6780 Crown - 3/4 cast high noble metal

Crown-3/4 cast predominately based metal

Crown-3/4 cast noble metal

Crown-3/4 cast noble metal

Crown-3/4 porcelain/ceramic

D6790 Crown - full cast high noble metal

D6791 Crown - full cast predominantly base metal

D6792 Crown - full cast noble metal

### **OTHER FIXED PROSTHETIC SERVICES**

D6920	Connector bar
D6940	Stress breaker
D6950	Precision attachment
D 6975	Coping metal

### **ORAL SURGERY EXTRACTION**

D7241 Removal of impacted tooth - completely bone, with unusual surgical complications

### **OTHER SURGICAL PROCEDURES**

D7272	Tooth transplantation
D7280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons (including orthodontic attachments)
D7281	Surgical exposure of impacted or unerupted tooth to aid eruption

D7290 Surgical repositioning of teeth

D7291 Transseptal fiberotomy

# REDUCTION OF DISLOCATION AND MANAGEMENT OF OTHER TEMPOROMANDIBULAR JOINT DYSFUNCTIONS

D7880 Occlusal orthotic appliance

D7899 Unspecified TMD therapy, by report

### LIMITED ORTHODONTIC TREATMENT

D8010	Limited orthodontic treatment of primary dentition
D8020	Limited orthodontic treatment of transitional dentition
D8030	Limited orthodontic treatment of adolescent dentition
D8040	Limited orthodontic treatment of adult dentition

### INTERCEPTIVE ORTHODONTIC TREATMENT

D8050	Interceptive orthodontic treatment of primary dentition
D8060	Interceptive orthodontic treatment of transitional dentition

### COMPREHENSIVE ORTHODONTIC TREATMENT

D8070	Comprehensive orthodontic treatment of transitional dentition
D8080	Comprehensive orthodontic treatment of adolescent dentition
D8090	Comprehensive orthodontic treatment of adult dentition

### MINOR TREATMENT TO CONTROL HARMFUL HABITS

<u>Code</u>	<b>Description</b>
D8210	Removal appliance therapy
D8220	Fixed or cemented appliance therapy

### TREATMENT OF THE PERMANENT DENTITION/OTHER ORTHODONTIC SERVICES

D8660	Pre-orthodontic treatment visit (PA required once every five years)
D8670	Periodic orthodontic treatment visit
D8680	Orthodontic retention
D8690	Orthodontic treatment
D8750	Post-treatment stabilization
X0515	Orthodontic full case study (PA required once every five years)
D8999	Unspecified orthodontic treatment

### **MISCELLANEOUS SERVICES**

D9940	Occlusal guards, by report
D9941	Fabrication of athletic mouth guards
D9951	Occlusal adjustment, limited
D9952	Occlusal adjustment, complete
<b>◆</b> D9971	Odontoplasty 1-2 teeth
<b>◆</b> D9972	External bleaching-per arch
<b>◆</b> D9973	External bleaching-per tooth
<b>◆</b> D9974	Internal bleaching-per tooth
D9999	Unspecified adjunctive procedure, by report - Inpatient anesthesia for dental services.

### II. VISION CARE SERVICES

### **CONTACT LENS TREATMENT SERVICES**

(All contact lens services and supplies must be prior authorized except for recipients with a diagnosis of Aphakia, Aniseikonia, Keratoconus, or Bandage lenses.)

<u>Code</u>	<u>Description</u>
92070	Fitting of contact lens for treatment of disease, including supply of lens
92310	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia
92325	Modification of contact lens (separate procedure), with medical supervision of adaptation
92391	Supply of contact lenses, except prosthesis for aphakia

### **VISION THERAPY SERVICES**

92065 Orthoptic and/or pleoptic training, with continuing medical direction and evaluation

### **MATERIAL CODES**

V2500	Contact Lens - for diagnosis other than Aphakia, Keratoconus, or Aniseikonia, or to Bandage Lenses.
to	When submitting invoices for one of these three diagnosis, be sure to specify the diagnosis on the claim
V2599	

### III. MEDICAL SUPPLIES AND EQUIPMENT; PROSTHESES AND ORTHOSES

### **Medical Equipment/Supplies**

Providers must get authorization for all procedure codes listed in the Equipment and Supplies code list, where authorization is indicated, and the following general areas:

- 1. All wheelchairs: When purchased, rented beyond three months, or for use in nursing facilities.
- 2. Maintenance of equipment.
- 3. Authorization is required for underpads and diapers if the recipient is under the age of four.
- 4. Repairs to equipment when combined parts and labor exceeds \$400.00. Specify who owns the equipment.
- 5. E1399 is the unspecified equipment code. This code is only to be used when there is no specific, descriptive HCPCS or DHS code assigned. Refer to equipment guide. Authorization required if more than \$100.00

### **Nutritional Products (enteral)**

1. All enteral nutrition products except those for treatment of phenylketonuria, hyperlysinemia, and maple syrup urine disease, require authorization after the first 30 days. See Physician Services chapter for coverage standards and the Authorization chapter for submission by FAX, I.T.S./FAX or mail.

### **Prostheses and Orthoses**

Providers must get authorization for the following:

1. Prostheses and orthoses when the purchase or projected cumulative rental cost exceeds \$3,000.

Code Description
Y5370 Wig

### IV. HEARING AIDS

Services in the following categories require authorization:

- 1. The purchase of a noncontract hearing aid, including pocket talkers. Indicate model number and manufacturer on form.
- 2. The provision of more than one hearing aid or hearing aid dispensing fee in a five-year period.
- 3. Purchase of a hearing aid when pure-tone average is less than 25 dB HL in an adult and less than 20 dB HL in a child.

### V. DRUGS

The following drugs require authorization through the FAX, I.T.S./ FAX or mail from. The following drugs require authorization from the first day of service, or as indicated. For authorization contact Care Delivery Management Incorporated (CDMI), M-F 8:00 am - 4:30 pm, metro: (612) 456-5275, outstate: 1-800-382-5275, fax; (612) 405-7459.

Alglucerase (Ceredase)

Botulinum Toxin Type A (Botox)

Demeclocycline (Declomycin)

Epoetin Alfa/Erythropoietin/EPO (Epogen and Procrit)

Filgrastim/G-CSF (Neupogen)

Granisetron (Kytril) [for more than 4 consecutive weeks of continuous treatment]

Interferon Alfa-n3 (Alferon N)
InterferonGamma-1b (Actimmune)

Lansoprazole (Prevacid) [for more than 8 consecutive weeks of continuous treatment]

Omeprazole (Prilosec) [for more than 8 consecutive weeks of continuous treatment]

Ondansetron (Zofran) [for more than 4 consecutive weeks of continuous treatment]

Sargramostim/GM-CSF (Leukine and Prokine)

Viagra

### **Code Description**

For services performed in physician office: (Authorization comes from physician)

J0205 Alglucerase

J0585 Botulinum Toxin Type A

J1626 Granisetron [for more than 4 consecutive weeks of continuous treatment]

J9215 Interferon Alfa-n3

J9216	Interferon Gami	ma -1b
J2405	Ondasetron	[for more than 4 consecutive weeks of continuous treatment]
J2820	Sargramostim/GM-CSF	

Authorization requests will not be accepted by CDMI for drugs which do not appear on the above list.

### VI. REHABILITATIVE SERVICES

### **OCCUPATIONAL THERAPY**

Any combination of the following codes that exceed six units requires authorization:

<u>Code</u>	<u>Description</u>
97003	Occupational therapy evaluation, initial
97004	Occupational therapy reevaluation, periodic

The following occupational therapy codes always require authorization:

<b>Code</b>	<u>Description</u>
X4511	Unlisted occupational therapy
97150	Occupational therapy group sessions
97750	Physical performance test, functional capacity

Occupational therapy code requiring authorization:

<u>Code</u>	<u>Description</u>
X5511	Occupational therapy supplies that exceed \$32.00 per calendar year

Any combination of the following codes that exceed 50 hours (200 units):

<b>Code</b>	<u>Description</u>
X4515	Occupational therapy, motor skills
X4524	Occupational therapy, preventive skills
X4526	Occupational therapy, therapeutic adaptions
97535	Self care home management training, (e.g., Activities of Daily Living [ADL's] compensatory training, meal preparation, safety procedures, and instruction in use of adaptive equipment)
97537	Community work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis)
97770	Sensory integrative or cognitive skills

### **PHYSICAL THERAPY**

Any combination of the following codes that exceed eight units:

<b>Code</b>	<u>Description</u>
97001	Physical therapy evaluation, initial
97002	Physical therapy evaluation, periodic

Any combination of the following codes that exceed 30 hours (120 units):

<b>Code</b>	<u>Description</u>
97032	Electrical stimulation
97033	Iontophoresis
97034	Contrast baths
97035	Ultrasound
97036	Hubbard tank
97110	Therapeutic procedure, exercises
97112	Therapeutic procedure, neuromuscular
97113	Therapeutic procedure, aquatic therapy
97116	Therapeutic procedure, gait training
97124	Massage
97140	Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions
97504	Orthotics fitting and training; upper and lower extremity
97520	Prosthetics, initial
97530	Therapeutic activities
97542	Wheelchair management propulsion training
97703	Checkout for orthotic/prosthetic use
X5515	PT wound care

Any combination of the following modalities that exceed 30 treatment sessions:

<b>Code</b>	<u>Description</u>
90901	Biofeedback training by any modality
97010	Hot or cold packs
97012	Traction
97014	Electric stimulation
<u>Code</u>	<u>Description</u>
97016	Vasopneumatic devices
97018	Paraffin bath
97020	Microwave
97022	Whirlpool
97024	Diathermy
97026	Infrared

Any combination of the following codes that exceed two treatment sessions:

<b>Code</b>	<u>Description</u>
95831	Muscle testing, manual extremity (excluding hand) or trunk, with report
95832	Hand, with or without comparison with normal side
95833	Total evaluation of body, excluding hands
95834	Total evaluation of body, including hands

Any combination of the following codes that exceed 12 treatment sessions:

<u>Code</u>	<u>Description</u>
95851	Range of motion measurements and report; each extremity (excluding hand) or each trunk section (spine)
95852	Range of motion measurements and report; - hand with comparison to normal side

The following codes always require authorization:

<u>Code</u>	<u>Description</u>
97039	Unlisted modality
97139	Unlisted therapeutic procedure
97150	Therapeutic procedures, group, two or more persons
97545	Work hardening/conditioning; initial 2 hours
97546	Work hardening, additional hour
97750	Physical performance test or measurement (functional capacity)
97799	Unlisted physical med/rehab service

### **SPEECH-LANGUAGE PATHOLOGY**

The following codes always require authorization:

<b>Code</b>	<u>Description</u>
92598	Modification of voice prosthetic or augmentative/ alternative communication device to support oral speech
92599	Unlisted otorhinolaryngological services

The following codes require authorization as listed:

<b>Code</b>	<u>Description</u>
V5362	Speech screening (articulation) that exceed four units.
V5363	Language screening (receptive or expressive) that exceed four units.
V5364	Dysphagia screening that exceed four units
92506	Medical evaluation of speech that exceed six units
92525	Evaluation of swallowing or oral function for feeding that exceed four units
92597	Evaluation for use and/or fitting of voice prosthetic or augmentative/alternative communication device to support oral speech that exceed eight units

Any combination of the following codes that exceed 50 hours (200 units):

<u>Code</u>	<u>Description</u>
92507	Individual speech, language and hearing treatment
92508	Group speech language or hearing treatment
92510	Aural rehab following cochlear implant
92526	Treatment of swallowing dysfunction and/or oral function for feeding

### VII.ALL OTHER SERVICES

The following health services require authorization:

- 1. All air ambulance transportation that originates or is to a destination outside of Minnesota.
- 2. ALS or BLS non emergency ambulance trips in excess of six trips per month.
- 3. Scheduled ground transportation provided outside of Minnesota.
- 4. Partial hospitalization programs.
- 5. Investigative health services and procedures
- 6. Procedures that may be considered cosmetic. If staged reconstructive surgery is being proposed for correction of a congenital anomaly the complete plan for future surgeries must be submitted with the first authorization.
- 7. All surgical or behavioral modification services aimed specifically at weight reduction.
- 8. Services provided outside of Minnesota. This requirement for prior authorization does not include services provided in a recipient's local trade area that would not require prior authorization if provided within Minnesota, emergency services, services needed because the recipient's health would be endangered if the recipient was required to return to Minnesota or services provided to children placed outside of Minnesota through the subsidized adoption assistance program under *Minnesota Statutes*, Section 256B.055, subdivision 1 or 2. Includes any transportation costs.

In addition, the following specific procedures and investigative procedures require authorization. There are four lists: Non-investigative services, no code list, investigative services (alpha), and investigative services (numeric).

### 1. Non-Investigative Services

<u>Code</u>	<u>Description</u>
A4301	Implantable access total system, catheter, port reservoir (venous, arterial or epidural), percutaneous access.
E0751	Implantable pulse generator
E0782	Infusion pump, implantable
E0783	Programmable infusion pump
E0784	External ambulatory pump, insulin
E0144	Enclosed, framed folding walker, wheeled, with posterior seat
<b>≈</b> E1900	Synthesized speech augmentative communication device with dynamic display.
<b>☞</b> G0160	Cryosurgical ablation of localized prostate cancer, primary treatment only (post operative irrigations and aspiration of sloughing tissue included)
<b>☞</b> G0166	External counterpulsation, per treatment session
J0585	Botulinum Toxin Type A
S0800	Laser in situ keratomileusis (lasik)
S0810	Photorefractive keratectomy (PRK)
G 1	
<u>Code</u>	<u>Description</u>
<b>◆</b> S2109	Autologous chondrocyte transplantation (preparation of autologous cultured chondrocytes)
K0454	Nonpowered pressure mattress
Q0134	Collagen implant material
<b>S</b> 2052	Transplantation of small intestine allograft
<b>◆</b> S2053	Transplantation of small intestine and liver allografts

<b>₹</b> S2204	Transmyocradial laser revascularization (a laser probe is used to create a channel through the heart muscle into the left vent.)					
<b>₹</b> S8035	Magnetic source imaging (only used for pre-operative)					
<b>≈</b> S8048	Isolated Limb perfusion					
<b>≈</b> S9085	Meniscal Allograft transplantation					
X0691*9	Day treatment, nervous and mental					
X5231*21	Face-to-face contact between the case manager and the client					
<b>Code</b>	<u>Description</u>					
X5232*21	Face-to-face contact between the case manager and the client's family, legal representative, primary caregiver, mental health providers, or other service providers, or other interested persons					
X5233*21	Telephone contact between the case manager and client, the client's mental health provider or other service providers, a client's family, legal representative, primary caregiver, or other interested persons (MA reimbursement limited to three hours per month)					
X5234*21	Contacts between the case manager and the case manager's clinical supervisor concerning the client					
X5235*21	Development, review, and revision of the client's ICSP or IFCSP, including the case manager's functional assessment of the client					
X5236 Time spent by the case manager traveling outside the county of financial responsibility to meet face-to-client or the client's family, legal representative, or primary caregiver when the client is a resident of treatment center, residential treatment facility, or an inpatient hospital located outside the county or responsibility (MA reimbursement limited to eight hours per day)						
X5237*2	Time spent by the case manager traveling within the county of financial responsibility to meet face-to-face with the client or the client's family, legal representative, or primary caregiver					
X5317*15	Cognitive remediation training (1 to 3 clients)					
X5318*15	Cognitive remediation training (4 to 9 clients)					
X5535*16	Neuropsychological rehabilitation (individual)					
X5536*17						
X5330	Partial hospitalization program - adult					
X5331	Partial hospitalization program - adolescent					
X5528*22	Crisis assistance in a family community support service program					
X5538*22	Individual skills training in a home-based mental health, therapeutic support of foster care, and family community support service program.					
X5539*22	Family skills training in a home-based mental health, therapeutic support of foster care, and family community support service program.					
X5540*22	Group skills training in a home-based mental health, therapeutic support of foster care, and family community support service program.					
X5541*22	Travel in a home-based mental health, therapeutic support of foster care and family community support service program					
X5641*2	Private duty nursing by RN					
X5642*2	Private duty nursing by LPN					
X7010	ICF-MR and DAC special needs - service (review by Long-term Care Division)					
X7020	ICF-MR and DAC special needs - equipment (review by Long-term Care Division)					
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less					
11921 6.1 to 20.0 sq cm						

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11922	each additional 20.0 sq cm					
11950	Subcutaneous injection of "filling" material (e.g., collagen); 1 cc or less					
11951	1.1 to 5 cc					
11952	5.1 to 10 cc					
11954	over 10 cc					
11450	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair					
11451	with complex repair					
11462	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair					
11463	with complex repair					
11470	Excision of skin and subuteaneous tissue for hidradenitis; perianal, perineal, or ubilical; with simple or intermediate repair					
11471	with complex repair					
15775	Punch graft for hair transplant; 1 to 15 punch grafts					
15776	more than 15 punch grafts					
<b>Code</b>	<u>Description</u>					
15780	Dermabrasion of skin					
15781	less than total face					
15782	regional					
15783	superficial, any site (e.g., tattoo removal)					
15786	Abrasion; single lesion					
15787	each additional four lesions or less					
15788	Chemical peel, facial; epidermal					
15789	facial; dermal					
15792	non-facial; epidermal					
15793	non-facial; dermal					
15810	Salabrasion; 20 sq. cm or less					
15811	over 20 sq. cm					
15820	Blepharoplasty, lower eyelid					
15821	with extensive herniated fat pad					
15822	Blepharoplasty, upper eyelid					
15823	with excessive skin weighing down lid					
15824	Rhytidectomy; forehead					
15825	neck with platysmal tightening (platysmal flap, "P-flap")					
15826	glabellar frown lines					
15828	cheek, chin and neck					
15831	Excision, excessive skin and subcutaneous tissue (including lipectomy), abdomen (abdominoplasty)					
15832	thigh					
15833	leg					
15834	hip					
15835	buttock					
15836	arm					

	Official Notices
15837	forearm or hand
15838	submental fat pad
15839	other area
15876	Suction assisted lipectomy, head and neck
15877	trunk
15878	Suction assisted lipectomy, upper extremity
15879	lower extremity
17106*24	Destruction of cutaneous vascular proliferative lesions (e.g. laser technique); less than 10 sq. cm
17107*24	10.0 - 50.0 sq. cm
17108*24	over 50.0 sq. cm
17380	Electrolysis epilation, each 1/2 hour
19140	Mastectomy for gynecomastia through circumareolar or other incision
19182	Subcutaneous mastectomy
19316	Mastopexy
19318	Reduction mammaplasty
19324	Mammaplasty, augmentation without prosthetic implant
19325	with prosthetic implant
19328	Removal of intact mammary implant
19355	Correction of inverted nipples
20550*25	Injection, tendon sheath, ligment, trigger point or ganglion cyst
20975	Electrical stimulation to bone healing invasive (operative)
21010	Arthrotomy, temporomandibular joint
21050	Condylectomy, temporomandibular joint (separate procedure)
21060	Meniscectomy, temporomandibular
21070	Coronoidectomy (separate procedure)
21085	Impression and custom preparation; oral surgical splint
21110	Application of interdental fixation device, includes removal
21137	Reduction forehead; contouring only
<b>Code</b>	<u>Description</u>
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall
21141	Reconstruction midface, Lefort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft
21142	two pieces, segment movement in any
21143	three or more pieces, segment movement in any direction, without bone graft
21145	Reconstruction midface, Lefort I; single piece, any direction, requiring bone grafts (includes obtaining autografts)
21146	Reconstruction midface, Lefort I; two pieces, any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted unilateral alveolar cleft)
21147	Reconstruction midface, Lefort I; three or more pieces, any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted bilateral alveolar cleft or multiple osteotomies)
21150	Reconstruction midface, Lefort II; anterior intrusion (e.g., Treacher-Collins syndrome)
21151	Reconstruction midface, Lefort II; any direction, requiring bone grafts (includes obtaining autografts)

### Official Notices = 21154 Reconstruction midface, Lefort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without Lefort I 21155 Reconstruction midface, Lefort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with Lefort I 21159 Reconstruction midface, Lefort III (extra and intracranial), with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); without Lefort I 21160 Reconstruction midface, Lefort III (extra and intracranial), with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); with Lefort I 21172 Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts) 21175 Reconstruction bifrontal, superior-lateral orbital rims and lower forehead, advancement or alternation (e.g. plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts) 21179 Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material) 21180 Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts) 21181 Removal by contouring of benign tumor of cranial bones (e.g., fibrous dysplasia), extracranial 21182 Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra-and extracranial excision of benign tumor of cranial bone (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40cm2 Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra-and extracranial excision of 21183 benign tumor of cranial bone (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 cm2, but less than 80 cm2 Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of 21184 benign tumor of cranial bone (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 cm2 21188 Reconstruction midface, osteotomies (other than Lefort type) and bone grafts (includes obtaining autografts) 21193 Reconstruction of mandibular ramus, horizontal, vertical, "c" or "l" osteotomy; without bone graft 21194 Reconstruction of mandibular ramus, horizontal, vertical, "c" or "l" osteotomy; with bone graft 21195 Reconstruction of mandibular ramus, sagittal split; without internal rigid fixation 21196 Reconstruction of mandibular ramus, sagittal split; with internal rigid fixation 21198 Osteotomy, mandible, segmental 21206 Osteotomy, maxilla, segmental (e.g., Wassmund or Schuchard) 21208 Osteoplasty, facial bones; augmentation (autograft, or prosthetic implant) 21209 Osteoplasty, facial bones; reduction 21240 Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)

<b>Code</b>	<u>Description</u>
21242	Arthroplasty, temporomandibular joint, with allograft
21243	Arthroplasty, temporomandibular joint with prosthetic joint replacement
21244	Reconstruction of mandible, extraoral, with transosteal bone plate
21245	Reconstruction of mandible or maxilla, subperiosteal implant, partial
21246	Reconstruction of mandible or maxilla, subperiosteal implant, complete
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (e.g., for hemifacial microsomia)
21248	Reconstruction of mandible or maxilla, endosteal implant, partial

	Official Notices
21249	Complete
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (e.g., microphthalmia)
21299	Unlisted craniofacial and maxillofacial procedure
21260	Periorbital osteotomies for orbital hypertelorism
21261	combined intra and extracranial approach
21263	with forehead advancement
21267	Orbit repositioning
21268	combined intra and extracranial approach
21270	Malar augmentation, prosthetic material
21275	Secondary revision of orbitocraniofacial reconstruction
21462*7	Open treatment of closed or open mandibular fracture, with interdental fixation
21485	Complicated manipulative treatment of TMJ dislocation, initial or subsequent
30120	Excision or surgical planing of skin of nose
30400	Rhinoplasty, primary
30410	Complete
30420	Including major septal repair
30430	Rhinoplasty, secondary
30435	Intermediate
30450	Major revision
32491	Removal of lung other than pneumonectomy; excision/pliction of emphysematous lung(s) (bullous or non bullous) for lung volume reduction. Sternal split or transthracic approach with or without any pleural.
32851	Lung transplant, single; without cardiopulmonary bypass
32852	with cardiopulmonary bypass
32853	double (bilateral sequential or en bloc); without cardiopulmonary bypass
32854	double (bilateral sequential or en bloc); with cardiopulmonary bypass
33140	Transmyocardial laser recvascularization (a laser probe is used to create a channel through the heart muscle int the left vent.)
33935	Heart-lung transplant with recipient cardiectomy, pneumonectomy
36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk
36469	face
36470	Injection of sclerosing solution; single vein
36471	multiple veins, same leg
36530	Insertion of implantable intravenous infusion pump
38240	Bone marrow transplant, allogenic
38241	Bone marrow transplant, autologous
42140	Uvulectomy, excision of uvula
42145	Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty)
43842	Gastroplasty, vertical-banded, for morbid obesity
43843	Gastroplasty, other than vertical-banded, for morbid obesity
43845	Gastroplasty, any method, for morbid obesity

43846	Gastric restrictive procedure, with gastric bypass for morbid obesity with short limb (less than 100 cm) Roux-e Y gastroenterostomy				
43847	Gastric restriction procedure, with gastric bypass for morbid obesity				
<b>Code</b>	<u>Description</u>				
43848	Revision of gastric restriction procedure for morbid obesity (separate procedure)				
43850	Revision of gastroduodenal anastomosis with reconstruction; without vagotomy				
43855	with vagotomy				
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction; without vagotomy				
43865	with vagotomy				
44130	Enteroenterostomy, anastomosis of intestine; with or without cutaneous enterostomy (separate procedure)				
47135	Liver transplant, with or without recipient hepatectomy				
47136	Liver allotransplantation, heterotoxic, partial or whole, from cadaver or living donor any age				
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islets				
48554	Transplantation of pancreatic allograft				
51715	Endoscopic injection of implant material into submucosal tissues of the urethra				
52510	Transurethral balloon dilation of prostatic urethra, any method				
54400	Insertion of penile prosthesis; non-inflatable, semi-rigid.				
54401	inflatable, self contained				
54405	Insertion of inflatable penile prosthesis				
54660	Insertion of testicular prosthesis				
55970	Intersex surgery; male to female				
55980	female to male				
61770	Stereotactic localization, or any method, including burr hole(s), with insertion of catheter(s) for brachytherapy (for Parkinsonism)				
61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cerebral; cortical				
61855	subcortical				
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes; cerebral; cortical				
61862	Twist drill, burr hole, craniotomy, or craniectomy for stereo tactic implantation of one neurostimulator array in subcortical site (e.g. thalamus, globus palliduis, subthalamic nucleus, preiventricular, periaqueductal gray)				
61865	subcortical				
61870	Craniectomy for implantation of neurostimulator electrodes, cerebellar; cortical				
61875	subcortical				
61885	Incision and subcutaneous placement of cranial neurostimulator pulse generator o receiver, direct or inductive coupling.				
61886	Incision and subcutaneous placement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to two or more electrode arrays.				
62350	Implantation, revision or repositioning of intrathecal or epidural catheter				
62351	Insertion or replacement, subarachnoid or epidural catheter, with resevoir and/or pump for intermittent or continuous infusion of drug, including laminectomy				
62360	Implantation or replacement of device for intrathecal or epidural drug				
62361	Implantation or replacement of device or intrathecal epidural drug				
63185	Laminectomy with rhizotomy; 1 or 2 segments				

	Official Notices
63190	Laminectomy with rhizotomy; more than 2 segments
63650	Percutaneous implantation of neurostimulator electrodes; epidural
63655	Laminectomy for implantation of neurostimulator electrodes
63685	Incision and subcutaneous placement of spinal neurostimulator pulse generator or receive, direct or inductive coupling
64553	Percutaneous implantation of neurostimulator electrodes; cranial nerve
64555	peripheral nerve
64560	autonomic nerve
64565	neuromuscular
64573	Incision for implantation of neurostimulator electrodes; cranial nerve
64575	peripheral nerve
64577	autonomic nerve
64580	neuromuscular
64590	Incision and subcutaneous placement of peripheral neurostimulator pulse generator or receiver, direct or inductive coupling
<b>Code</b>	Description
64612*8	Destruction by neurolytic agent (chemodenervation of muscle endplate); muscles enervated by facial nerve
64613*8	cervical spinal muscles
65760	Keratomileusis
65765	Keratophakia
65767	Epikeratoplasty
65770	Keratoprosthesis
65771	Radial keratotomy
65772	Corneal relaxing incision for correction of surgically induced astigmatism
65775	Corneal wedge resection for correction of surgically induced astigmatism
67345	Chemodenervation of extraocular muscle
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
67901	Repair blepharoptosis, frontalis muscle technique with suture
67902	frontalis muscle technique with fascial sling
67903	(tarso)levator resection or advancement, internal approach
67904	(tarso)levator resection or advancement, external approach
67906	superior rectus technique with fascial sling
67909	Reduction of overcorrection of ptosis
67911	Correction of lid retraction
69300	Otoplasty, protruding ear, with or without size reduction
69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone
69930	Cochlear implant
G0032	PET myocardial perfusion imaging, (following rest spect, 78464); single study, rest or stress (exercise and/or ppharmacologic).
G0033	PET myocardial perfusion imaging, (following rest spect, 78464); multiple studies, rest or stress (exercise and/or pharmacologic).

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G0034	PET myocardial perfusion imaging, (following rest spect, 78465); single study, rest or stress (exercise and/or pharmacologic).		
G0035	PET myocardial perfusion imaging, (following rest spect, 78465); multiple studies, rest or stress (exercise a pharmacologic).		
G0036	PET myocardial perfusion imaging, (following coronary angiography, 93510-93529); single study, rest or stress (exercise and/or pharmacologic).		
G0037	PET myocardial perfusion imaging. (Following coronary angiography, 93510-93529); multiple studies, rest or stress (exercise and/or pharmacologic).		
G0038	PET myocardial imaging, (following stress planar myocardial perfusion, 78460); single study, rest or stress (exercise and/or pharmaclolgic).		
G0039	PET myocardial perfusion imaging, (following stress planar myocardial perfusion, 78460); multiple studies, rest or stress (exercise and/or pharmacologic).		
G0040	PET mycardial perfusion imaging, (following stress echocardiogram, 93350); single study, rest or stress (exercise and/or pharmacologic).		
G0041	PET myocardial perfusion imaging, (following stress echocardiogram, 93350.)		
G0042	PET myocardial persusion (following stress ventriculogram, 78481 or 78483); single study, rest or stress (exercise and/or pharmacologic).		
G0043	PET myocardial perfusion imaging, (following stress ventriculogam, 78481 or 78483); multiple studies, rest or stress (exercises and/or pharmacologic).		
G0044	PET myocardial perfusion imaging, (following rest ECG, 93000); single study, rest or stress (exercise and/or pharmacologic).		
G0045	PET myocardial perfusion imaging (following rest ECG,93000); multile studies, rest or stress (exercise and/or pharmacologic).		
G0046	PET myocardial perfusion imaging, (following rest ECG, 93015); single study, rest or stress (exercise and/or ph macologic).		
G0047	PET myocardial perfusion imaging (following rest ECG, 93015); multiple studies, rest or stress (exercise and/or pharmacologic).		
G0125	PET lung imaging of solitary pulmonary nodules following CT (7125, 71260 or 71270)		
<b>Code</b>	<u>Description</u>		
G0126	PET lung imaging of solitary pulmonary nodules using 2 fluoro (FD6) following CT (71250, 71260, 71270) initial staging of pathologically diagnosed non-small cell lung cancer.		
75553	Cardiac MRI for morphology; with contrast material		
75554	Cardiac MRI for function, with or without morphology, complete study		
75555	Cardiac MRI for function, with or without morphology; limited study		
75556	Cardiac MRI for volocity flow mapping		
76070*26	Computerized tomograpy, bone density study.		
76075*27	Dual energy X-ray absorptiometry (DEXNA), bone density study.		
76076*28	Dual energy X-ray absorptiometry (DEXA), bone density study, one or more sites.		
76078	Radiographic absorptiometry (photodensitometry), one or more sites		
76093	MRI breast, unilateral, with or without contrast		
76094	MRI breast, bilateral, with or without contrast		
76390	Magnetic resonance spectroscopy (for magnetic resonance imaging, use appropriate MRI body site code)		
10370	ranguette resonance spectroscopy (tor magnetic resonance magning, use appropriate wird body site code)		

78350 78351 Bone density (bone mineral content) study; single photon absorptiometry

dual photon absorptiometry

	Official Notices
78459	MRI, positron emission tomography (PET), metabolic evaluation
78491	MRI, positron emission tomography (PET), perfusion; single study at rest or stress
78492	MRI, positron tomography (PET), perfusion; multiple studies at rest or stress
78494	Cardiac blood pool imaging, grated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing.
78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique.
78608	PET scan; metabolic evaluation
78609	Brain Imaging (PET) positron emission tomography
78807	Radionuclide localization of abscess (SPECT)
78810	Tumor imaging, positron emission tomography (PET), metabolic evaluation
90802*14	Interactive diagnostic assessment
90804*4	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, 20-30 minutes face to face with patient.
90805*4	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, 20-30 minutes face to face with patient; with medical evaluation and management services
90806*4,22	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in office or outpatient facility, 45-50 minutes face to face with patient
90807*4,22 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in office or output 45-50 minutes face to face with patient; with medical evaluation and management services	
90808*4,22	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in office or outpatient facility, 75-80 minutes face to face with patient;
90809*4,22	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in office or outpatient facility, 75-80 minutes face to face with the patient; with medical evaluation and management services
90810*14 Individual psychotherapy, interactive, using play equipment, physical devices, language interprete mechanisms of non-verbal communications, in an office or outpatient facility, 20-30 minutes face to patient	
90811*14	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication in an office or outpatient, facility, 20-30 minutes face to face with patient; with medical evaluation and management services
<b>Code</b>	<b>Description</b>
90812*14	psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, 45-50 minutes face to face with patient
90813*14	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication in an office or outpatient facility, 45-50 minutes face to face with patient, with medical evaluation and management services
90814*14	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non- verbal communication in an office or outpatient facility, 75-80 minutes face to face with patient
90815*14	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non- verbal communication, in an office or outpatient facility, 75-80 minutes face to face with patient with medical evaluation and management services
90816*29	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face to face with the patient;

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90817*29	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face to face with the patient; with medical evaluation and management services;
90818*29	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face to face with the patient;
90819*29	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face to face with the patient; with medical evaluation and management services;
90821*29	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face to face with the patient;
90822*29	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face to face with the patient; with medical evaluation and management services;
90823*29	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in aninpatient, partial hospital or residential care setting, approximately 20 to 30 minutes face to face with the patient;
90824*29	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient, partial hospital or residential care setting, approximately 20 to 30 minutes face to face with the patient; with medical evaluation and management services
90826*29	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient, partial hospital or residential care setting, approximately 45 to 50 minutes face to face with the patient;
<u>Code</u>	<u>Description</u>
90827*29	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient, partial hospital or residential care setting, approximately 45 to 50 minutes face to face with the patient; with medical evaluation and management services
90828*29	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient, partial hospital or residential care setting, approximately 75 to 80 minutes face to face with the patient;
90829*29	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient, partial hospital or residential care setting, approximately 75 to 80 minutes face to face with the patient; with medical evaluation and management services
90846*4,22	Family psychotherapy (without the patient present)
90847*4,22	Family psychotherapy (conjoint psychotherapy) (with patient present)
90853*14	Group therapy (other than of a multiple-family group)
90857*14	Interactive group psychotherapy
90875*4	Individual psychophysiological therapy incorporating biofeedback training by any modality (face to face) with the patient and, with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); 20-30 minutes
90899	Unlisted psychiatric service or procedure
95805*23	Multiple sleep latency testing
95807*23	Sleep study, 3 or more parameters
95808*23	Polysomnography; sleep staging with 1-3 additional parameters
95810*23	Polysomnography; sleep staging with 4 or more additional parameters.
97780*20	Acupuncture, one or more needles; without electrical stimulation
97781*20	Acupuncture, one or more needles; with electrical stimulation
98940*1	Chiropractic manipulative treatment (CMT); spinal, one to two regions

98941\*1 spinal, three to four regions

98942\*1 spinal, five regions

- \*1 For any combination of the CMT codes authorization is required for treatments in excess of 6 per month and 24 per calendar year.
  - \*2 All hours of private duty nursing provided in a hospital or facility certified as an ICF, SNF, or ICF-MR.
  - \*4 A. Authorization is required for more than twenty-six (26) hours (52 visits/units of 90804, 90805) or 90875 (when billed in one unit increments) and twenty (20) hours of 90806 or 90807 or 40 units of 90875 (when billed in two-unit increments) per calendar year. Note: The 90875 when billed as one unit and 90804 or 90805 combined decrements from the total 26 hours per calendar year. There is not a separate benefit level for each code. Likewise, 90875 when billed as two units and 90806 or 90807 combined decrement from the total 20 hours per calendar year. There is not a separate benefit level for each code.
    - B. In addition to the twenty hours of 90806 or 90807 allowed in A above, a recipient is entitled to six (6) X5531's which are discretionary visits and may be used in any frequency or in combination with any other psychotherapy which is subject to the PA requirement without requiring PA. For example, a provider may choose to provide a group therapy session (90853) and an individual therapy session (90806 or 90807 or X5531) during the same five (5) day calendar period. This would normally require PA if the 90806 or 90807 code was used. See F below. However, by using one of the six (6) X5531's the PA system can be bypassed. The purpose of these X5531s is to provide flexibility without the need for obtaining PA. Please utilize them carefully and thoughtfully.
    - C. PA is required when 90804 or 90805 or one unit of 90875 is provided in excess of once every five (5) calendar days.
    - D. PA is required either when more than three (3) hours of 90853 are provided within a five (5) calendar day period, or when more than seventy-eight (78) hours per calendar year has been reached.
    - E. PA is required for 90847 in excess of 26 hours per calendar year or when provided in excess of once every five (5) calendar days. (Note: 90846 must be used when the family member being treated is not present during the family therapy session. CPT 90846 is subject to the same P.A. requirements and limitations as those imposed on CPT 90847. Use of this code does not result in an additional benefit level but counts against the benefit level available for 90847.
    - F. PA is required when more than one type of psychotherapy (individual, group, or family) is provided within a five (5) calendar day period. However, 90804-90807 cannot be provided in excess of once every ten (10) calendar days without PA. (Note:90846 and 90847 are both considered to be family therapy.) For children under age 21, these restrictions do not apply. For children, there are no spacing requirements applied between individual and family psychotherapy. They are flexible with no spacing requirement applied between these services.
    - G. PA is required for 90806 or 90807 or two units of 90875 when provided in excess of once every ten (10) calendar days, and when 90804 or 90805 or one unit of 90875 and 90806 or 90807 or two units of 90875 are provided in excess of one every ten (10) calendar days. For children under age 21, these restrictions do not apply). The provision of these services for children will be subject to a weekly (5 day) spacing with PA needed after the basic benefit is used.

Calendar days are calculated by counting the first day after rendering a service as day one (1) and counting forward for a total of five (5) or ten (10) days as applicable. Additional services may not be provided until the sixth (6th) or eleventh (11th) day.

- \*7 Authorization is required if this code is used more than 30 days after documented fracture.
- \*8 Authorization is required for chemodenervation of any area.
- \*9 Authorization is required for day treatment in excess of 390 hours.
- \*14 Authorization is required for 90802, 90810-90814, 90857 when the thresholds of 90801,90806 or 90807, 90853 have been used. These codes will be included in the thresholds of codes 90801, 90806 or 90807, 90853. (The provider cannot bill both a 90806 or 90807 and 90810-90814. They must choose one or the other.)
- \*15 Authorization is required for cognitive remediation training (X5317, or X5318, or a combination of X5317 and X5318) in excess of 390 hours.
- \*16 Authorization is required for neuropsychological rehabilitation (X5535) prior to service initiation and for more than 20 hours.

- \*17 Authorization is required for neuropsychological rehabilitation (X5536) prior to service initiation and for more than 78 hours.
- \*19 Authorization is required for neuropsychological testing and assessment (96117) a) to exceed 7 hours (or 28 units) of CPT code 96117 services per calendar year. A maximum of 10 hours (or 40 units) may be approved with prior authorization for a single assessment; and/or if multiple assessments (i.e., re-evaluation) are requested and determined to be medically necessary, a maximum of 15 hours (or 60 units) of CPT code 96117 may be allowed with authorization for the calendar year.
- \*20 Acupuncture is covered for chronic pain. Authorization is required in excess of 10 sessions, and must be performed by an M.D or or a licensed acupuncturist employed and supervised by an M.D. or; provided through a hospital pain management program by an M.D. or a licensed acupuncturist who is supervised by M.D.
- \*21 A child under age 21 may exceed the payment limitation of 10 hours per calendar month of case management services (exclusive of out-of-county travel) with prior authorization.
- \*22 A child under age 21 eligible for home-based mental health, therapeutic support of foster care, family community support services may exceed the payment limitations for this package with authorization.
- \*23 Authorization is required for persons 18 years of age and under.
- \*24 Authorization is not required for port wine stain birthmarks.
- \*25 Authorization needed after three sessions, up to five injections per session within thirty days.
- \*26 Authorization is required after 1 per calendar year
- \*27 Authorization is required after 1 per calendar year.
- \*28 Authorization is required after 1 per calendar year.
- \*29 Codes 90816 through 90829 when provided in other than an inpatient place of service shall be subject to the same practice parameters and service coverage limitations as other outpatient, individual psychotherapy codes (90804 through 90815) unless authorized.

### 2. INVESTIGATIVE LIST ALPHA ORDER

### NO CODE ASSIGNED

Angel Wings Occluder

Angioplasty, Laser

Autograft skin culture and culture transplants for severe burns and patients with giant hairy nevus

Autologous Chondrocyte Implantation

Balloon transurethral divulsion of prostate gland

Bone grafts from animal sources

Bullectomoy (laser)

Caroid angioplasty with/without stenting

Cardiomyoplasty

Cold laser treatment

Coma stimulation

Cranial sacral therapy

Cryosurgical Ablation of Prostate

Contact Dissolution Therapy

Chronic electrostimulation of the pallidum for Parkinson's disease.

Diastasis Recti Abdominus repair

Electrostimulated Gracilis Neosphinctor

**Energy Emission Analysis** 

Fetal Tissue transplantation

Gravity lumbar reduction

Homeopathy & Homeopathic Gene Therapy Treatment Drugs

Homeopthic Medicine, Electrodiagnostic Machine

Knee Cartilage (Meniscus) Transplants including autologous chrondrocyte implementation

Impedance Cardiography

Impotence - Vascular Surgery

Nerve Expansion

Nephrectomy (Percutaneous)

Neurometric encephalogram

Omental Transposition to Spinal Cord

Perfusion- isolated limb

Photodynamic therapy

Phototherapeutic Keratectomy

Red blood cell substitutes

Scanning laser technologies for glaucoma testing and monitoring

Seismocardiogram

Tissue Engineering

Topographic Brain Mapping

Transmyocardial Laser Revasculization

Transurethral Cryosurgical removal of prostate

Ventricular reduction surgery

Vertebral Axial Compression

Vagal Nerve Stimulator using Neralcybernetics Prosthesis (NCP)

### **ALPHA ORDER**

Alpha- 1 Antitrypsin Deficiency Replacement Therapy - investigative except when used in patients satisfying the following criteria: (90799, 90784)

- 1. inherited alpha- 1 antrypsin deficiency;
- 2. nonsmoking;
- 3. forced expiratory volume (FEV1) should be less than 65% of the normal value;
- 4. patients waiting for lung transplantation.

Ambulatory blood pressure monitoring

Angioplasty Laser - 92982, 92984

Apheresis - For LDL

- Hypercholesterolemia: Familial type IIA homozygous form (P)

Apnea Appliance, Oral

Arthoscopy/Arthroscopic Surgery for treatment of TMJ (29800, 29804) - when used for diagnosis only

Artificial Heart Implant (CPT codes 33945, 33999)

Cervigram - (considered not medically necessary)

Cochlear Implantation - The procedure is considered clinically accepted therapy in perlingually and postlingually deaf adults and

children ages 2-17 years who cannot significantly benefit from a hearing aid. authorization is required. (69930, 69710 - 69711, L8614)

Cytoxan for Neurological Disorders - investigative except in patients with progressive MS who have failed standard therapy. (J9070 - J9092)

Epikeratophakia Lens (authorization required for eligible indications). (65760, 65765, 65767)

Fallopian Tube Catheterization (58345) - investigative except for restoring patency in proximal fallopian tube obstruction.

Gunderson Lyme Test - test is considered investigative.

Hair Analysis (82175, 83015, 83018)

Hyperhomocysteinemia

Immunoglobulin Therapy - investigative for the treatment of multiple sclerosis, chronic fatigue syndrome, and chronic sinus infections. Not considered investigative for acute inflammatory demyelinating polyneuropathy (Guillan Barre). (91560, 91561, 90799)

Infusion Pumps (implantable)

Impotence - surgical correction of organic impotence by either venous or arterial procedures is considered investigative. (37780 and 37790)

- A. Epidural access (CPT codes 63750, 63780)
  - 1. Administration of analysis for control of severe, intractable pain of the terminally ill secondary to malignancy;
  - 2. Control of spasticity with low dose morphine;
  - 3. Control of physically disabling spasticity of spinal origin (i.e., resulting from Multiple Sclerosis or spinal cord injury) with intrathecal baclofen (Lioresal )in patients who:
    - a. are refractive to various pharmacologic (i.e., oral baclofen) and exercise therapies, and
    - b. have a significant functional component that is expected to improve with this therapy.

Note: We will pay for services associated with infusion pumps only when the pump is FDA approved. These associated services include implantation surgery and hospitalization. Infusion pumps provided on an outpatient basis require prior authorization. Infusion pumps associated with inpatient services are covered as part of the DRG payment and cannot be billed separately.

Interleukin 2 - for malignant melonoma - considered investigative for all indications except renal cell carcinoma.

Intravaginal Conception (IVC)

Iontophoresis Devices for Hyperhidrosis

IV Vitamins and Minerals - investigative when administered in the office setting for allergies, candidiasis, chronic fatigue syndrome, Epstein-Barr virus, and multiple sclerosis.

Laser Assisted Uvulopalatpharyngoplasty (LAUP)

Laser Corneal Sculpturing

Lyme Borreliosis Antigen Testing

Lymphokine Activated Killer Cells (LAK)

Magnetic Source Imaging

Methyl Test - Butyl Ether (MTBE) (43265)

Photodynamic Therapy

Phototherapy Lights - investigative for Seasonal Affective Disorders

Platelet Derived Wound Healing Factor (PDWHF)

Posturography

Prolastin - see alpha- 1 antitrypsin deficiency for indications for coverage.

Promontory Test

Protropin

Quantitative Computed Tomography (Bone Mineralization Studies)

Rhinomanometry (92512)

Rotating Chair Test

Sclerotherapy - investigative as a stand-alone treatment for varicose veins of the lower extremities. Sclerotherapy used in conjunction with surgical ligation or stripping, up to four months postoperatively, is considered accepted medical practice. Authorization is required. (36468 - 36471)

Signal-Averaged ECG (93278)

Somatostatin Analog - investigative except for the treatment of metastatic carcinoid tumors and vasoactive intestinal peptide-secreting (VIP) tumors, and pancreatic fistulas.

Therastim

Thermography (93760 - 93762, )

Topographic Brain Mapping

Transcranial Doppler Ultrasound - investigative except when provided for the following indications:

- 1. detecting severe stenosis in the major basal intracranial arteries;
- 2. assessing patterns and extent of collateral circulation in patients with known regions of severe stenosis or occlusion;
- 3. evaluating and following patients with vasoconstriction of any cause especially after subarachnoid hemorrhage;
- 4. detecting arteriovenous malformations and studying their supply arteries and flow patterns;
- 5. assessing patients with suspected brain death.

Transurethral destruction of prostate tissue by microwave or thermography

Transurethral destruction of prostate tissue by radiofrequency thermography

Tubal Cannulation - investigative when used for performing assisted reproductive procedures and managing ectopic pregnancy. (58345)

Ultra Fast CT

Uterine Lavage for Preembryo Transfer

Variance Cardiography (93278)

Vascular Surgery for Impotence - surgical correction of organic impotence by either venous or arterial procedures

### 3. INVESTIGATIVE LIST NUMERIC ORDER

This list does not contain all procedures that are considered investigative because not all procedures have CPT/HCPCS codes. Refer to the alpha list for the complete list of investigative procedures.

Some of the codes listed end in "99". In these cases, the procedure listed following the code refers to the specific procedure that is considered investigative.

### **Code Description**

15780, 15783, 15786 - 15791 - Dermabrasion for Acne (considered cosmetic or investigative, depending on clinical stage of acne).

29800, 29804 - Arthoscopy/Arthroscopic Surgery for treatment of TMJ - when used for diagnosis only

33945, 33999 - Artificial Heart Implant

36520 - Therapeutic apheresis (plasma and or cell exchange). The use of apheresis is considered accepted medical practice for the following conditions when having failed conventional therapy:

Dermatologic

Pemphigus vulgaris: refractory (P)

Hematologic

ABO- incompatible bone marrow transplantation (P)

Coagulation factor inhibitors (hemophilia, nonhemophilia):failed conventional theray, significant hemorrhage, or planned elective surgery (P)

Hemophilia with factor VIIIc inhibitors: fail conventional therapy, significant hemorrhage, or planned elective surgery (P)

Hyperviscosity syndrome (P)

Leukemia: acute debulking or blast crisis (LE) Leukemia: chronic myelogenous (CML) (LE)

Leukemia: hairy-cell (LE)

Maternal fetal incompatibility: high risk of fetal demise, and early delivery or intrauterine transfusion is not possible (P)

Multiple myeloma; renal failure (P)

Postransfusion purpura (P)

Sickle-cell disease (E)

Thrombotic thrombocytopenic purpura (TTP) (P)

Thrombocystosis: sympotmatic or presurgical (T)

Waldenstrom's macroglobulinemia (P)

Metabolic Disease

Hypercholesterolemia: familial type IIA homozygous form (P) Hyperlipoproteinemia: familial type IIA homozygous form (P)

Refsum's disease (P)

Musculoskeletal and Connective tissue

Cryoglobulinemia: refractory (P)
Dermatomyositis: refractory (P)
Polymyositis: refractory (P)

Vasculitis: life threatening or organ threatening (P)

Neurologic

Chronic inflammatory demyelinating pollyradiculoneuropathy (CIPD) (P)

Eaton - Lambert syndrome (P)

Guillian-Barre syndrome: severe (P)

Myasthenia gravis (P)

Progressive systemic sclerosis (scleroderma): refactory (P)

Rena

Glomerulonephritis: rapidly progressive type, either idiopathic or secondary to vascullitis (P)

Miscellaneous

Cholestasis: with intractable pruritus (P)

Drug overdose/poisoning (P)

thyroid storm, thyroid hormone overdose

35081	for aneurysm	false aneurysm	and associated	occulsive disease	abdominal aorta
33001	ioi ancui ysiii,	raise anculysin,	and associated	occursive disease	., abuommai aorta

37788 Penile revascularization, artery, with or without vein graft

37790 Penile venous occlusive procedure (for impotence)

43265 Methyl Test - Butyl Ether (MTBE)

	— Official Notices					
<b>Code</b>	<u>Description</u>					
51785	Perrymeter					
58345	Fallopian Tube Catheterization					
58345	Tubal Cannulation - investigative when used for performing assisted reproductive procedures and managing ectopic pregnancy.					
61855	Twist drill or burr hole(s) for implantation of neurostimulator electrodes; subcortical					
61885	Incision and subcutaneous placement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling					
63750, 6	53780 - Infusion pumps - epidural access					
70541, 7	71555, 72159, 72198, 73225, 73725, 74185 - MRI for angiography					
71550	MRI of the chest, breast					
71555	MRI of chest					
75552	myocardium,					
76093	MRI breast, unilateral					
76094	MRI breast, bilateral					
85828	Sleep Studies, Home					
90880	Hypnotherapy for Anesthesia					
91560,9	Immunoglobulin Therapy - investigative for the treatment of multiple sclerosis, chronic fatigue syndrome, and demyelinating polyneuropathy. Not considered investigative for acute inflammatory demyelinating polyneuropathy (Guillan Barre).					
91660	Histamine Therapy - investigative except when used for treatment of cluster headaches.					
92512	Rhinomanometry					
92982, 9	92984 - Angioscopy, Laser					
92995, 9	93365 Tissue Type Plasminogen Activator (TPA) - investigative except when used as intravenous administration for cardiac thrombolysis during management of an evolving acute myocardial infarction.					
93278	Variance Cardiography					
93278	ECG, Variance Electrocardiography					
93278 -	Signal-Averaged ECG					
93760 -	93762, Thermography					
93784	Ambulatory blood pressure monitoring, uitilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording scanning analysis, interpretation and report					
93786	Recording only					
93788	Scanning analysis with report					
93790	Physician reveiw with interpretation and report					
95078	Provocation - Neutralization Testing (sublingual, intracutaneous or subcutaneous);					
J1660	Histamine Therapy - investigative except when used for treatment of cluster headaches.					
J9070	J9092 Cytoxan for Neurological Disorders - investigative except in patients with progressive MS who have failed standard therapy					

dard therapy.

Q0093, Q0094 - Colony-Stimulating Factors

## Office of the Ombudsman for Mental Health and Mental Retardation

#### **Notice of Meeting**

The Ombudsman for Mental Health and Mental Retardation Advisory Committee will hold a general meeting from 9:00 a.m. to 1:00 p.m. on Thursday, Dec. 16, 1999. The meeting will be held in Suite 420 of the Metro Square Building on 7th and Robert Street St. Paul.

# **Metropolitan Council**

# Public Hearing on Affordable and Life-cycle Housing Goals Agreements for Communities Initiating Participation in the Livable Communities Housing Incentives Account Program in 2000

The Metropolitan Council will hold a public hearing on affordable and life-cycle housing goals agreements for communities initiating participation in the Metropolitan Livable Communities Housing Incentives Account Program in 2000.

The public hearing will be held at 3 p.m., Wednesday, Jan. 12, 2000 in the Metropolitan Council Chambers, Mears Park Centre, 230 E. Fifth St., St. Paul. All interested persons are encouraged to attend the hearing and offer comments. People may register in advance to speak by calling 651-602-1418 or 651-291-0904 (TTY). Upon request, the Council will provide reasonable accommodations to persons with disabilities.

The procedure for the hearing will be as follows: 1) Persons will be called to speak in the order in which they have signed in. Those preregistered by phone will be called in first. 2) Individuals will be asked to limit their remarks to 5 minutes. 3) Designated representatives of groups or organizations will be asked to limit their comments to 10 minutes. 4) The chair of the hearing may limit the testimony by any person.

Written comments must be received by 5 p.m., Thursday, Jan. 27, 2000. They should be sent to Guy Peterson, Metropolitan Council, 230 E. Fifth Street, St. Paul, MN 55101. Comments may also be faxed to Mr. Peterson at 651-602-1442, be recorded on the Council's Public Comment Line at 651-602-1500, or sent electronically to: *data.center@metc.state.mn.us* 

Due to deadlines established for newly participating communities, a complete report of these housing goals will not be available before Dec. 31, 2000. Call the Council's Data Center at 651-602-1140 or 651-291-0904 (TTY) after Dec. 31, 2000, for a copy of the housing goals.

# **Minnesota Racing Commission**

#### **Public Advisory Committee**

The publication of this list is made to comply with *Minnesota Statutes* section 14.101 subdivision 2, which requires the publication of the membership of any rulemaking advisory committees once each year.

#### Minnesota Rules 7869-7899 Governing Pari-Mutuel Horse Racing

- Tom Metzen, Sr., President, Minnesota Horsemen's Benevolent and Protective Association
- · Eric Halstrom, Simulcasting Operations Manager, Canterbury Park Holding Corporation
- Ron Banks, President, Minnesota Harness Racing, Inc.
- Kelvin Childers, President, Minnesota Quarter Horse Racing Association
- Stephanie McCarthy, Executive Director, Minnesota Thoroughbred Association

# **State Grants & Loans**

In addition to requests by state agencies for technical/professional services (published in the State Contracts section), the *State Register* also publishes notices about grants and loans available through any agency or branch of state government. Although some grant and loan 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 and loan notices, and to provide financial estimates as well as sufficient time for interested parties to respond.

# **Minnesota Historical Society**

#### **Historic Preservation Grant Application Deadlines**

The application deadline for the Minnesota Historical Society's F.Y. 2000 federal Certified Local Government (CLG) matching grants program is 4:30 p.m., Friday, February 25, 2000. Cities with local historic preservation ordinances, commissions, and programs certified by the State Historic Preservation Office and the National Park Service are eligible applicants. It is anticipated that at least \$63,000 will be awarded.

There are six areas of eligible program activity for this grants cycle. They are: 1.) Survey; 2.) Evaluation; 3.) National Register Nomination Forms; 4.) Local Designation Forms; 5.) Comprehensive Planning; and 6.) Public Education. Projects that will receive special priority are those that: promote surveys in areas of known development activity in order to reduce project delays; promote continuing development of data for planning use; reflect the goals and strategies in the 1995 statewide preservation plan; result in local designations; and involve properties associated with the history of heretofore under-documented groups or communities (ethnic or racial minorities for example, but also other groups defining themselves as communities).

Instructions regarding the full range of eligible activities and information on the project selection process and selection criteria are found in the F.Y. 2000 CLG Grants Manual. To request a complete application package or for further information contact Mandy Skypala at (651) 296-5478, E-mail the Grants Office - *mandy.skypala@mnhs.org*, or write to the Grants Office, Minnesota Historical Society, 345 West Kellogg Blvd., Saint Paul, MN 55102-1906.

This program receives Federal funds from the National Park Service. Regulations of the U.S. Department of the Interior strictly prohibit unlawful discrimination in departmental Federally assisted programs on the basis of race, color, national origin, age, or disability. Any person who believes he or she has been discriminated against in any program, activity, or facility operated by a recipient of Federal assistance should write to: Director, Equal Opportunity Program, U.S. Department of the Interior, National Park Service, P.O. Box 37127, Washington, DC 20013-7127.

# **Department of Human Services**

# Notice of Funds Availability: Opportunity to Sponsor the Retired and Senior Volunteer Program in Ramsey, Dakota & Washington Counties

The Minnesota office of the Corporation for National Service, a federal agency, in collaboration with the Minnesota Board on Aging (MBA), a state agency, seek a qualifying non-profit public or private organization to assume sponsorship of the Greater Saint Paul Retired and Senior Volunteer Program (RSVP) operating in Ramsey, Dakota and Washington counties since 1972.

The Corporation for National Service is a federal government corporation that encourages Americans of all ages and backgrounds to engage in community based service. RSVP, one of three programs of the Corporation's National Senior Service Corps (the Senior Companion and Foster Grandparent programs are the other two), facilitates the engagement of people 55 and older in volunteer opportunities in local communities. A more complete description of RSVP is available from the Corporation for National Service. A project sponsor administers the recruitment, placement, and support of RSVP volunteers at community locations in the project area. Examples of current sponsors for the twenty-one RSVP projects operating in Minnesota include non-profit organizations and city and county governmental units.

RSVP operating procedures and policy are governed by federal legislation contained in the Domestic Volunteer Service Act of 1973 as amended. RSVP, as well as the Senior Companion and Foster Grandparent programs, operate in Minnesota with additional state support provided through the MBA. The Corporation for National Service will make the selection of a new sponsor for the three affected counties in consultation with the MBA.

Currently there are approximately 1,000 active RSVP volunteers serving at 200 different locations or "stations" in the three county area. The sponsor selected to assume operations will be expected to keep those Retired Senior Volunteers (RSVs) and stations enrolled in the program while seeking new volunteers and assignments in the future. A total of \$132,566 of federal and state

#### **State Grants & Loans**

funds are available to support this program in the three county area in 1999. The sponsor should plan to provide some matching funds, cash and/or in-kind.

A complete application and further instructions are available from the Corporation for National Service, Room 2480, 431 S. Seventh Street, Minneapolis, MN. 55415; telephone 612-334-4083. A public meeting for all prospective sponsors will be held Friday, January 7, 2000 in Saint Paul, starting at 1:00 p.m. at the Monroe Community Room, Monroe Elementary School, 810 Palace Ave., St. Paul (35 E south from St. Paul to Victoria Street; left on Victoria to Palace, school is on the left. #651-293-8690). Further information will be provided as will the opportunity for questions. Notification of intent to attend this meeting will be appreciated. Please call the Corporation for National Service to indicate your interest.

# Minnesota Job Skills Partnership

#### Correction to MJSP HealthCare and Human Services Training Grant Deadline

The deadline for submission of proposals for the MJSP Healthcare and Human Services Training Grant is 4:00 p.m. on January 24, 2000. 20 final copies must be submitted at this time for consideration at the next scheduled MJSP Board meeting on February 28, 2000. No proposals will be accepted after January 24, 2000.

#### **Board of Water and Soil Resources**

#### Announcement of Application Period for 2000 - 2001 Natural Resources Block Grants

The Board of Water and Soil Resources (BWSR) is accepting applications from counties for the 2000 - 2001 Natural Resources Block Grants. The Natural Resources Block Grant includes the following base grant components:

- Local Implementation of Comprehensive Water Plans;
- Local Administration of the Wetland Conservation Act;
- Local Administration of DNR Approved Shoreland Management Programs;
- · County Administration of the MPCA Feedlot Permit Program; and
- · County Administration of the MPCA Individual Sewage Treatment Systems (ISTS) Program.

The BWSR has \$6,432,768 available in 2000 and \$6,803,768 in 2001 for these grants. To be considered, applications must be received by the BWSR on or before February 1, 2000.

County Auditors have been notified of this application period. Any other local unit of government that wishes to be notified or obtain an Application must contact the BWSR by writing to the Executive Director at the following address:

Ronald Harnack Executive Director Board of Water and Soil Resources One West Water Street, Suite 200 Saint Paul, MN 55107

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 to 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. In accordance with *Minnesota Rules* Part 1230.1910, certified Targeted Group Businesses and individuals submitting proposals are prime contractors shall receive the equivalent of a 6% preference in the evaluation of their proposal. For information regarding certification, call the Materials Management Helpline (651) 296-2600 or [TTY (651) 297-5353 and ask for 296-2600].

# **Colleges and Universities, Minnesota State (MnSCU)**

# Request for Proposals for Architects/Engineers/Consultants to Be Selected as a PreApproved Consultant

The Minnesota State Colleges and Universities (MnSCU) is developing a Pre-Approved Consultant List to accelerate project delivery by expediting the selection and contracting of design and other professionals.

The Pre-Approved Consultant List is for MnSCU projects involving new construction, remodeling and studies. The total cost of construction for a new or remodeling project will be \$2 million or less and the fees associated with facility studies will be \$200,000 or less. The Pre-Approved Consultant List does does not replace the State Designer Selection Board process for construction projects greater than \$2 million and planning projects greater than \$200,000.

This Request for Proposal is open to all architects/engineers/consultants interested in becoming Pre-Approved. Pre-Approval does not guarantee that work will be authorized. To receive a Request for Proposal e-mail (e-mail preferred) or call:

Jan Welsh
Minnesota State College

Minnesota State Colleges and Universities

E.T.C. Building - Suite 300 1450 Energy Park Drive St. Paul, MN 55108

Phone: 651-649-5778; FAX: 651-649-5779

E-mail: jan.welsh@csu.mnscu.edu

An information meeting for questions/answers is scheduled for December 20, 1999 from 9:00 - 11:00 a.m. in the Fine Arts Auditorium (F-1265) at Normandale Community College located at 9700 France Avenue South in Bloomington, Minnesota.

Completed proposals are due by 3:00 p.m. on January 10, 2000.

# Colleges and Universities, Minnesota State (MnSCU)

#### **Request for Proposals for Network Connections**

The Information Technology Services Division of Minnesota State Colleges and Universities requests proposals to identify cost and procure high speed network connections from Minnesota State Colleges and University campuses (MnSCU) to Connecting Minnesota access points. Connecting Minnesota is a fiber optic backbone network being deployed under a public/private partner-ship between the State of Minnesota and ICS/UCN a Denver, Colorado based private company.

To request the complete Request for Proposal, contact Sarah Hanson at 651-917-4715 or sarah.hanson@csu.mnscu.edu

#### Proposals are due by January 31, 2000, 4:00 p.m.

FAX: 651-649-5770

Send proposals to:

Sarah Hanson Minnesota State Colleges and Universities 1450 Energy Park Drive, Suite 300 St. Paul, MN 55108

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

# Colleges and Universities, Minnesota State (MnSCU) Ridgewater College, Physical Education Department, Willmar MN Campus Bids Sought for Lockers

**NOTICE IS HEREBY GIVEN** that Ridgewater College wishes to solicit bids for the replacement of their locker room lockers. For bid specifications and directions contact:

Teren Novotny, Purchasing Clerk Ridgewater College 2101 15th Ave., N.W., Box 1097 Willmar, MN 56201 320-231-5118

Interested vendors should submit their bid by Tuesday, December 28, 1999 at 2:00 p.m.

# **Minnesota Historical Society**

#### Notice of Request for Bids for Printing Services – Minnesota In The Civil War

The Minnesota Historical Society (Society) is seeking bids from qualified firms and individuals for Printing Services for a case-bound, jacketed (5,000 cloth) book of photographs and text.

The Request for Bids is available by calling or writing Chris Bonnell, Contracting Officer, Minnesota Historical Society, 345 Kellogg Boulevard West, Saint Paul, MN 55102. Telephone (651) 297-5863 or e-mail chris.bonnell@mnhs.org

Bids must be received no later than 2:00 p.m., Local Time, Wednesday, January 5, 2000. No late bids will be accepted.

# **Department of Human Services**

# **Purchasing and Service Delivery Division**

## Notice of Availability of Contract for Independent Actuary to Review Managed Care Capitation Rates for the Medical Assistance (MA), General Assistance Medical Care (GAMC), and MinnesotaCare Programs

**NOTICE IS HEREBY GIVEN** that the Department of Human Services (DHS) is seeking proposals for professional services from recognized experts in actuarial science and managed care rate setting. The contract will be in effect from April 1, 2000 to March 31, 2001, renewable for up to four additional years at the discretion of the Department. One qualified contractor will be selected to assist DHS in the following matters:

- 1. Development of capitation rates for the MA, GAMC and MinnesotaCare programs;
- 2. Risk adjustment mechanisms;
- 3. General Purchasing Strategies.

In compliance with *Minnesota Statutes* §16C.08, the availability of this contracting opportunity is being offered to state employees. We will evaluate the responses of any state employee, along with other responses to this Request for Proposals.

The estimated cost of this contract for the first year should not exceed \$125,000. Detailed information is contained in a Request for Proposal which may be obtained by calling or

Jason Wiley Minnesota Department of Human Services 444 Lafayette Road St. Paul, Minnesota 55155-3853 Phone: (651) 215-0120

Mr. Wiley is the only person authorized to discuss the proposal requirements. The deadline for submitting a written response to this solicitation is 3:00 p.m. on January 9, 2000.

# **Department of Natural Resources The International Wolf Center**

# Request for Proposals for Children's Exhibits at the International Wolf Center-Ely, Minnesota

The International Wolf Center in cooperation with the Minnesota Department of Natural Resources, wishes to contract for the design, fabrication, and installation of interpretive children's exhibits for the International Wolf Center's educational facility in Ely, Minnesota.

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

#### A. Statement of Purpose

The mission of the International Wolf Center is to support the survival of the wolf around the world by teaching about its life, its association with other species and its dynamic relationships to humans.

This project will result in a hands-on, experiential exhibit area(s) for children that enhances their museum experience at the Center and conveys information about wolves consistent with the mission of the Center and appropriate to the age for which the exhibit is designed.

#### **B.** Goals and Objectives

**General Goals:** increase visitation to the facility, target children and family needs, involve Wolf Center staff and volunteers in the planning and creatively educate and engage children while they learn about wolves.

**Project Goals:** fulfill the bonding requirement to design, fabricate and install hands-on, experiential exhibits that children and their parents will enjoy and learn from, that enhance the visitor experience, and that are consistent with the Center's non-advocacy, educational mission supporting the survival of wolves.

#### **Exhibit Design Objectives:**

Exhibits will have the characteristics of an interpretive exhibit: They will provoke, relate, reveal and make a significant educational point.

Exhibits will offer a diversity of exhibit load types with some active and interactive components in a planned pattern.

Exhibits will be interactive where possible and appropriate but requiring low maintenance and repair.

Exhibits will attract, hold and communicate to visitors with a minimum of text.

A portion of the exhibits will be designed to be changeable and updated by staff.

The exhibits will be planned to be an integral part of the "Center experience" including the 6,000 square foot Wolves and Humans Exhibit, viewing areas for the resident pack of wolves, and the programs and presentations. These components should be reviewed to determine whether some children's exhibits can be incorporated. Planning should include consideration of to two additional traveling exhibit projects.

The exhibits will be placed either in the existing 600 square foot "kids room" (an irregular 9-sided shape) or an open 672 square foot area adjacent to the wolf viewing windows, or a combination of both.

#### C. Major tasks

- 1. Meet with Center staff and volunteers, and other resource people (Children's/Science Museum representatives) to develop and finalize specific exhibit objectives, themes, layout, time line and approaches (degree of sophistication/ interactivity/etc.). This should include at least one site visit to the Center's educational facility in Ely.
  - **2. Develop a floor plan** depicting elements of the exhibit.
  - 3. Incorporate a plan for lighting and electrical requirements which will need to be a part of the project.
  - 4. Develop an exhibit outline.
  - 5. Develop designs and concepts. Identify phases or additional displays or a-v components that may be added in the future.
  - 6. Develop and locate graphics.
  - 7. Write final exhibit text.
  - **8. Produce construction drawings** as necessary in order to fabricate the exhibits.

- 9. Install exhibits, electrical and lighting.
- 10. Provide evaluation tool for exhibits.
- 11. Make necessary modifications to exhibits and repair/replace any exhibit damaged as a result of workmanship or material failure within one year of installation.
  - 12. Responders may propose additional tasks or activities if they will substantially improve the results of the project.

#### **D. Project Contacts:**

Walter M. Medwid, International Wolf Center, Administrative Offices, 5930 Brooklyn Blvd., Minneapolis, MN 55429. (612) 560-7374; Fax: (612) 560-7368; Email: wmedwid@wolf.org The International Wolf Center Web Site is: http://www.wolf.org

#### **E. Submission of Proposals**

All proposals must be sent to and received by: January 7, 2000

Walter M. Medwid International Wolf Center 5930 Brooklyn Blvd. Minneapolis, MN 55429 Chuck French, Supervising

Chuck French, Supervising Architect State of Minnesota Department of Natural Resources BOE-Architecture 500 Lafayette Rd. St. Paul, MN 55155-4029

Submit 5 copies of proposals to the Wolf Center; one to Chuck French. Proposals are to be sealed in mailing envelopes or packages with the responder's name and address clearly written on the outside. Each copy of the proposal must be signed, in ink, by an authorized member of the firm. Prices and terms of the proposal as stated must be valid for the length of any resulting contract.

#### F. Project Costs

The Department has determined that the cost of the project will not exceed: \$155,250 for design/planning services, fabrication, installation and electrical/lighting.

#### G. Project Completion date:

The project will be completed in the following phases:

Phase 1-tasks 1 through 6-12 calendar weeks from notice to proceed

Phase 2-tasks 5 through 10-18 calendar weeks from acceptance of Phase 1

Phase 3-tasks 9 through 12 - 22 calendar weeks from acceptance of Phase 2

**NOTE:** if possible, the center would like some components fast-tracked and in place by July 1, 2000.

#### **H. Proposal Contents**

The following will be considered minimum contents of the proposal:

- 1. A restatement of the objectives and goals to demonstrate the responder's view of the nature of the project.
- 2. Identification and description of the deliverables to be provided by the responder.
- 3. An outline of the responder's background and experience with particular emphasis on local, state, and federal work. Identification of project personnel with details on training and work experience. Note training and work experience in interpretive exhibits and projects and the number of projects completed within the last four years. Change in personnel assigned to the project will not be permitted without the approval of the project manager.
- 4. A detailed cost and work plan that will identify the major tasks to be accomplished and be used as a scheduling tool, as well as the basis for invoicing.
- 5. Identification of the level of the Wolf Center or DNR's participation in the project as well as any other services to be provided by the Center or department.
- 6. Examples of work to include slide or photo of interpretive exhibit(s) accompanied by examples of exhibit objectives and an example of exhibit copy.

# **Department of Transportation**

# **Program Support Division/Office of Bridges and Structures**

#### Request for Proposal to Develop a LRFD Bridge Manual

The Minnesota Department of Transportation (Mn/DOT) is requesting proposals to develop a Mn/DOT Load Resistance Factor Design (LRFD) Bridge Design Manual. LRFD is a new design methodology developed by the American Association of State Highway and Transportation Officials (AASHTO) and has recently been adopted nationally. This manual will be used by Mn/DOT's Office of Bridges and Structures and by County and Municipal transportation agencies as the primary specification for the design of bridges. The manual will also provide general guidance as to Mn/DOT policies, guidelines, etc., necessary for the production of bridge plans.

To receive a copy of the complete Request for Proposal, prospective responders will be required to submit a written request either by direct mail or fax, to the address indicated below through December 27, 1999. After December 27, 1999, prospective responders will be required to pickup the Request for Proposal in person from our offices.

Complete Requests for Proposal may be obtained from:

David B. Baker
Agreement Administrator
Minnesota Department of Transportation
Seventh Floor North
395 John Ireland Boulevard, Mail Stop 680
St. Paul, MN 55155-1899
Fax (651) 282-5127

The responses to the Request for Proposals must be received by 2:00 PM CST January 5, 2000, according to the time and date stamp on the Consultant Services Unit receptionist's desk, 7th floor north - Transportation Building. Late Submittals will not be considered. The successful responders will be required to submit acceptable evidence of compliance with worker's compensation insurance coverage requirements prior to execution of the contract.

This request does not obligate the Minnesota Department of Transportation to complete the work contemplated in this notice, and the Department reserves the right to cancel this solicitation at any time. All expenses incurred by submitting contractors responding to this notice will be borne by the responder. All proposals will become public information after contract is awarded, under the Minnesota Data Practices Act, and will remain the property of the Minnesota Department of Transportation.

# **Non-State Public Bids, Contracts & Grants**

The *State Register* also serves as a central marketplace for contracts let out on bid by the public sector. The *State Register* meets state and federal guidelines for statewide circulation of public notices. Any tax-supported institution or government jurisdiction may advertise contracts and requests for proposals from the private sector. It is recommended that contracts and RFPs include the following: 1) name of contact person; 2) institution name, address, and telephone number; 3) brief description of 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 Council**

# Notice of Request for Proposals for Communication and Meeting Facilitation Services – East Area Master Planning and Facility Planning, Rosemount and Empire WWTP Service Area – MCES Project Number 970200

The Metropolitan Council is requesting communications and meeting facilitation services for East Area Master Planning and Facility Planning for the present and future service areas currently being served by the Rosemount and Empire Wastewater Treatment Plants. Services will include developing and implementing a communications plan and public participation program for wastewater treatment facility planning. Activities will include working with and building consensus among various project and

## Non-State Public Bids, Contracts & Grants

community teams, developing communications data bases, written communications, facilitating public meetings, providing input for a project website and other communications tools.

Receive letters of interest January 10, 2000
Issue Request for Proposals January 2000
Receive Proposals February 2000
Evaluate and Rank Proposals February 2000
Metropolitan Council authorization March 2000
Contract negotiated, executed, NTP March 2000

All firms interested in being considered for this project and desiring to receive a RFP package are invited to submit a Letter of Interest to:

Jan Bevins, Senior Administrative Assistant, Contracts and Procurement Unit

Metropolitan Council Environmental Services

230 East Fifth Street Mears Park Centre

St. Paul, MN 55101

Inquiries should be directed to Pauline Langsdorf at 651-602-1805.

*Minnesota Statutes*, Sections 473.144 and 363.073, and *Minnesota Rules*, Parts 5000.3400 to 5000.3600 will be incorporated into any contract based upon the Proposal or any modifications to it. If a contract for the project is awarded in excess of \$100,000, the requirements of *Minnesota Rules* 5000.3530 will be applicable.

# **Metropolitan Council**

### Notice of Request for Proposals (RFP) for Design and Construction Support Services

The Metropolitan Council is requesting proposals for design and construction support services for the design and construction of I-35W and Lake Street Transit Station. This Work has a Disadvantaged Business Enterprise (DBE) goal of 10%.

A Tentative schedule for consultant selection is:

Issue Request for Proposals

Preproposal Conference

Receive Proposals

Evaluate and Rank Proposals

Complete Negotiation With Selected Consultant

Metropolitan Council authorization

Contract negotiated, executed, NTP

December 6, 1999

December 21, 1999

January 13, 2000

January 27, 2000

February 27, 2000

February 24, 2000

February 28, 2000

RFP documents will be available December 13, 1999. All firms interested in being considered for this project and desiring to receive a RFP package are invited to submit a letter of Interest to:

Jan Bevins, Senior Administrative Assistant, Contracts and Procurement Unit

Metropolitan Council Environmental Services

230 East Fifth Street Mears Park Centre St. Paul. MN 55101

Inquiries regarding this project, including requests to examine the RFP documents, should be directed to Joseph Edwards at 612-349-7676.

*Minnesota Statutes*, Sections 473.144 and 363.073, and *Minnesota Rules*, Parts 5000.3400 to 5000.3600 will be incorporated into any contract based upon the Proposals or any modifications to it. If a contract for the project is awarded in excess of \$100,000, the requirements of *Minnesota Rules* 5000.3530 will be applicable.

#### ■ Non-State Public Bids, Contracts & Grants

# **University of Minnesota**

#### Notice of Bid Information Service (BIS) Available for All Potential Vendors

The University of Minnesota offers 24 hour/day, 7 day/week access to all Request for Bids/Proposals through its web based Bid Information Services (BIS). Subscriptions to BIS are \$75/year. Visit our web site at *bidinfo.umn.edu* or call the BIS Coordinator at 612-625-5534.

Requests for Bids/Proposals are available to the public at no charge each business day from 8:00 a.m. to 4:30 p.m. in Purchasing Services lobby, Suite 560, 1300 S. 2nd Street, Mpls., MN 55454.

# **Certificates of Assumed Name; Registration of Insignia and Marks**

Minnesota Statutes Chapter 333 requires the filing of an assumed name with the Secretary of State. This filing does not protect a users exclusive right to that name. The filing is required as a consumer protection, in order to enable consumers to be able to identify the true owner of a business. For more information, or to register an assumed name, insignia or mark, contact the Office of the Secretary of State, Business Services Division, (651) 297-1455.

#### **Certificate of Assumed Name**

First Run: File # 0230148 - Air Ride Taxi Airport Service (First Run)

- 1. The exact assumed name under which the business is or will be conducted is: Air Ride Taxi Airport Service
- 2. The address of the principal place of business is: 565 Aldine Street #41, St. Paul, MN 55104
- 3. The names and complete street addresses of all persons conducting business under the above Assumed Name are:
  - Beyene Tekie, 565 Aldine St. #41, St. Paul, MN 55104
  - Abel Gebreselassie, 930 Watson, St. Paul, MN 55102
  - Esayas Sium, 175 Charles Ave., #338, St. Paul, MN 55103
  - Goitom W. Slezion, 1552 Woodbridge St. #107, St. Paul, MN 55117

I certify that I am authorized to sign this certificate and that I understand that by signing this certificate, I am subject to the penalties of perjury as set forth in Minnesota Statutes section 609.48 as if I had signed this certificate under oath.

Dated: 02 December 1999

Beyene Tekie, (612) 325-1636, partner



Department of Administration

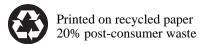
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