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- proposed, adopted, exempt, expedited emergency and withdrawn rules
- 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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Expedited Emergency Rules

Provisions exist for the Commissioners of some state agencies to 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. Specific Minnesota Statutes citations accompanying these emergency expedited rules detail the agency’s rulemaking authority.

Board of Animal Health

Adopted Permanent Rules Relating to Anthrax Vaccine Prescriptions

The rules proposed and published at State Register, Volume 26, Number 27, pages 836-837, December 24, 2001 (26 SR 836), are adopted as proposed.

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.

Campaign Finance and Public Disclosure Board

Notice of 2002 Election Year Campaign Expenditure Limits

In accordance with Minnesota Statutes § 10A.255, the following are election year campaign expenditure limits for 2002 by office sought: Governor-Lt. Governor, $2,188,090; Attorney General, $364,690; Secretary of State, State Auditor (each), $182,350; State Senator, $54,740; State Representative, $27,380.

Minnesota Comprehensive Health Association

Notice of Meeting of the Actuarial Committee

NOTICE IS HEREBY GIVEN that a meeting of the Minnesota Comprehensive Health Association’s (MCHA) Actuarial Committee, originally scheduled for March 6, 2002, and published in the February 18th edition of the State Register, has been cancelled. The new date for the Actuarial Committee meeting will be Thursday, March 7, 2002, 9:00 a.m., at the Minnesota Comprehensive Health Association Office, 5775 Wayzata Blvd., Suite 910, St. Louis Park.

For additional information, please call Lynn Gruber at (952) 593-9609.
Minnesota Comprehensive Health Association

Notice of Meeting of the Board of Directors

NOTICE IS HEREBY GIVEN that a meeting of the Minnesota Comprehensive Health Association’s (MCHA) Board of Directors will be held at 1:00 p.m., on Wednesday, March 13, 2002, at Medica, 5601 Smetana Drive, Conference Room #300, Minnetonka, MN.

For additional information, please call Lynn Gruber at (952) 593-9609.

Minnesota State Rehabilitation Council

Meeting Dates 2002

The State Rehabilitation Council will meet on the following dates at the designated location. For more information on locations not listed please contact the Minnesota Department of Economic Security at: phone: 1-800-328-9095; (651) 296-5616. TTY: 1-800-657-3973; (651) 296-3900.

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Minnesota Historical Society

State Review Board Regular Meeting

A meeting of the State Review Board of the Minnesota Historical Society to consider nominations to the National Register of Historic Places will be held on Tuesday, March 19, 2002, in the Cargill Commons, MacMillan Education Wing, Minnesota Historical Society History Center, St. Paul, Minnesota. The State Review Board will meet at 7:00 p.m., for an informational presentation on program activities made by the Preservation Office staff. The meeting will be called to order and consideration of the meeting’s agenda will begin at 7:30 p.m. A sign language interpreter is available with one weeks notice, and auxiliary aids are available with two weeks notice. Phone: (651) 296-5434, or TTY 1-800-627-3529. For further information contact the State Historic Preservation Office, Minnesota Historical Society, 345 Kellogg Boulevard West, St. Paul, MN 55102, (651) 296-5434.
Department of Human Services

Aging Initiative - Continuing Care for the Elderly & Continuing Care for Persons with Disabilities

Public Notice Regarding Payment Rates Related to Nursing Facilities and Intermediate Care Facilities for Persons with Mental Retardation (ICFs/MR) Participating in the Medical Assistance Program

NOTICE IS HEREBY GIVEN to recipients, providers of services under the Medical Assistance Program, and to the public, of proposed payment rate changes for nursing facilities and ICFs/MR participating in the Medical Assistance Program. The proposed rate changes are expected to be effective for rate years beginning on or after July 1, 2002. Notice of final rate changes enacted by the 2002 legislature will be published in the State Register prior to the effective date of the changes.

This notice is published pursuant to 42 United States Code §1396a(a)(13)(A) (§1902(a)(13)(A) of the Social Security Act), which requires the Department to publish proposed facility payment rates, the methodologies underlying the establishment of such rates, and the justification for such rates.

The Department is notifying interested persons that the Governor’s biennial budget for State Fiscal Years 2003, 2004, and 2005 contains the following proposed changes to payment rates or to rate methodology for nursing facilities and ICFs/MR:

1. The Governor’s budget eliminates a scheduled rate increase for nursing facilities with low rates. Legislation was passed in the 2001 session that provided rate disparity increases to low-rate nursing facilities on July 1, 2001, and on July 1, 2002, for facilities that fall below specified rates for metro and non-metro areas of the state (Minnesota Statutes, §256B.431, subdivision 33). This proposal eliminates the July 1, 2002 rate disparity increase.

2. The Governor’s budget reduces the funding available for nursing facility moratorium exception projects. Legislation was passed in the 2001 session that provides funding for approved moratorium exception projects for which the full annualized state share of Medical Assistance costs do not exceed $2,000,000 (Laws of Minnesota 2001, First Special Session, chapter 9, article 17, section 2, subdivision 9, clause (g)). This proposal reduces the full annualized state share of available funding to $1,500,000.

3. The Governor’s budget changes what the county of financial responsibility will consider when recommending a variable rate adjustment for an ICF/MR. When a screening team notes a profile change (a documented increase in the resource needs of an ICF/MR resident), Minnesota Statutes, §256B.5013, subdivision 1 permits the county of financial responsibility to recommend that the Department approve a variable rate adjustment (a rate increase) for that client’s ICF/MR. Resource needs are defined as increased direct staff hours, other specialized services, and equipment.

   The Department recognizes that the full team screening fails to identify the specific increased need areas of residents and fails to provide the rationale for a specific dollar amount to be assigned. In addition, the lack of cost reporting identifying how rate adjustments are spent on the increased resource needs of residents makes accountability difficult. Therefore, the Governor’s budget eliminates rate increases based on a resident’s profile changes. Instead, proposed language would permit variable rate adjustments based on a resident’s demonstrated medical or behavioral needs that significantly impact the type or amount of services or equipment needed by the resident.

   Facilities will provide quarterly reports to county case managers on how variable rate adjustments are spent and the status of each resident on whose behalf a rate increase was approved.

4. The Governor’s budget provides that certain ICFs/MR cannot receive variable rate adjustments. The Governor’s budget includes new language in Minnesota Statutes, §256B.5013, subdivision 1 providing that ICFs/MR with base rates above the 50th percentile of the statewide average payment rate for a Class A facility or a Class B facility, whichever matches the ICF/MR licensure, cannot receive variable rate adjustments. This means that ICFs/MR with high per diems cannot receive variable rate adjustments.

5. The Governor’s budget limits when an ICF/MR variable rate adjustment may exceed one year. The Governor’s budget includes language in Minnesota Statutes, §256B.5013, subdivision 1 providing that only when certain residents fully or partially end participation in a day training and habilitation program may an ICF/MR’s variable rate adjustment exceed one year.

6. The Governor’s budget proposes to: 1) clarify when an ICF/MR may receive a temporary rate adjustment; and 2) reduce the number of days the adjustment is permitted. The Governor’s budget clarifies that ICFs/MR may receive a temporary rate adjustment for no more than 75 days for remaining residents for facilities in which the monthly occupancy...
rate of licensed beds is at least 75 percent. This would be a change to Minnesota Statutes, §256B.5013, subdivision 4, which currently allows a temporary rate adjustment for up to 90 days (which may be extended) when ICFs/MR operate at less than 100 percent occupancy, or when a recipient is discharged.

The net effect of the proposed nursing facility changes is a decrease in Medical Assistance expenditures for nursing facility services. Savings are projected to be $2,458,000 in State Fiscal Year 2003, $3,024,000 in State Fiscal Year 2004 and $2,971,000 in State Fiscal Year 2005.

The net effect of the proposed ICF/MR changes is a decrease in Medical Assistance expenditures for ICF/MR services. Savings are projected to be $2,500,000 in each of State Fiscal Years 2003, 2004, and 2005.

For nursing facilities, a copy of the relevant budget pages and proposed rate changes may be obtained from Sue Banken, Minnesota Department of Human Services, Aging Initiative, 444 Lafayette Road North, St. Paul, Minnesota, 55155-3844; phone: (651) 296-5724 or email: sue.banken@state.mn.us. For ICFs/MR, a copy of the relevant budget pages and proposed rate changes may be obtained from Barbara Nelson, Minnesota Department of Human Services, Community Supports for Minnesotans with Disabilities, 444 Lafayette Road North, St. Paul, Minnesota, 55155-3857; phone: (651) 582-1969 or email: barbara.nelson@state.mn.us

Department of Human Services:

Current Authorization List, Replacing Earlier Lists for 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 March 11, 2002

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.

I. DENTAL SERVICES

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

1. 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 Partial.

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D0210</td>
<td>Intraoral series (including bitewing)</td>
</tr>
<tr>
<td>D0330</td>
<td>Panoramic film</td>
</tr>
<tr>
<td>D0335</td>
<td>Panorex, includes bitewing and additional films</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D0230</td>
<td>Intraoral, periapical, each additional film</td>
</tr>
<tr>
<td>D0240</td>
<td>Intraoral, occlusal film</td>
</tr>
<tr>
<td>D0250</td>
<td>Extraoral, first film</td>
</tr>
<tr>
<td>D0260</td>
<td>Extraoral, each additional film</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D0270</td>
<td>Bitewing, single film</td>
</tr>
<tr>
<td>D0272</td>
<td>Bitewing, two films</td>
</tr>
<tr>
<td>D0274</td>
<td>Bitewing, four films</td>
</tr>
<tr>
<td>D0277</td>
<td>Vertical bitewings, seven or 8 films</td>
</tr>
</tbody>
</table>

### TESTS AND LABORATORY EXAMINATIONS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D0999</td>
<td>Unspecified diagnostic procedure, by report</td>
</tr>
</tbody>
</table>

(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)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1110</td>
<td>Prophylaxis adults</td>
</tr>
<tr>
<td>D1120</td>
<td>Prophylaxis, children</td>
</tr>
</tbody>
</table>

### FLUORIDE

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1204</td>
<td>Topical application of fluoride (excluding prophylaxis), adult</td>
</tr>
<tr>
<td>D1205</td>
<td>Topical application of fluoride (including prophylaxis), adult</td>
</tr>
</tbody>
</table>

### CROWNS - SINGLE RESTORATIONS ONLY

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D2720</td>
<td>Crown - resin with high noble metal</td>
</tr>
<tr>
<td>D2721</td>
<td>Crown - resin with predominantly/base metal</td>
</tr>
<tr>
<td>D2722</td>
<td>Crown - resin with noble metal</td>
</tr>
<tr>
<td>D2740</td>
<td>Crown - porcelain/ceramic substrate</td>
</tr>
<tr>
<td>D2750</td>
<td>Crown - porcelain fused to high noble metal</td>
</tr>
<tr>
<td>D2751</td>
<td>Crown - porcelain fused to predominantly/base metal</td>
</tr>
<tr>
<td>D2752</td>
<td>Crown - porcelain fused to noble metal</td>
</tr>
<tr>
<td>D2780</td>
<td>Crown- 3/4 cast high noble metal</td>
</tr>
<tr>
<td>D2781</td>
<td>Crown- 3/4 cast predominately base metal</td>
</tr>
<tr>
<td>D2782</td>
<td>Crown- 3/4 cast noble metal</td>
</tr>
<tr>
<td>D2783</td>
<td>Crown- 3/4 porcelain/ceramic</td>
</tr>
<tr>
<td>D2790</td>
<td>Crown - full cast high noble metal</td>
</tr>
<tr>
<td>D2791</td>
<td>Crown - full cast predominately base metal</td>
</tr>
<tr>
<td>D2792</td>
<td>Crown - full cast noble metal</td>
</tr>
<tr>
<td>D2810</td>
<td>Crown - 3/4 cast metallic</td>
</tr>
</tbody>
</table>

### OTHER RESTORATIVE SERVICES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D2952</td>
<td>Cast post and core in addition to crown</td>
</tr>
<tr>
<td>D2953</td>
<td>Each additional post-same tooth</td>
</tr>
<tr>
<td>D2960</td>
<td>Labial veneer (laminate)</td>
</tr>
</tbody>
</table>
Official Notices

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
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)
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
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
D5867 Replacement of replaceable part of semi-precision attachment
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
D6056 Prefabricated abutment
D6057 Custom abutment
D6058 Abutment supported porcelain/ceramic crown
D6059 Abutment supported porcelain fused to metal crown (high noble metal)
D6060 Abutment supported porcelain fused to metal crown (predominantly base metal)
D6061 Abutment supported porcelain fused to metal crown (noble metal)
D6062 Abutment supported cast metal crown (high noble)
D6063 Abutment supported cast metal crown (predominantly base metal)
D6064 Abutment supported cast metal crown (noble metal)
D6065 Implant supported porcelain/ceramic crown
D6066 Implant supported porcelain fused to metal crown
D6067 Implant supported metal crown
D6068 Abutment supported retainer for porcelain/ceramic FPD
D6069 Abutment supported retainer for porcelain fused to metal FPD (high noble metal)
D6070 Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)
D6071 Abutment supported retainer for porcelain fused to metal FPD (noble metal)
D6072 Abutment supported retainer for cast metal FPD (high noble metal)
D6073 Abutment supported retainer for cast metal FPD (predominantly base metal)
D6074 Abutment supported retainer for cast metal FPD (noble metal)
D6075 Implant supported retainer for ceramic FPD
D6076 Implant supported retainer for porcelain fused to metal FPD
D6077 Implant supported retainer forcast metal FPD (titanium, titanium alloy, or high noble metal)
D6078 Implant/abutment supported fixed denture for completely edentulous arch
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
### Official Notices

**PROSTHODONTICS, FIXED BRIDGE PONTICS (Only covered in situations where documented medical condition prohibits use of removable prostheses)**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D6210</td>
<td>Pontic - cast high noble metal</td>
</tr>
<tr>
<td>D6211</td>
<td>Pontic - cast predominantly base metal</td>
</tr>
<tr>
<td>D6212</td>
<td>Pontic - cast noble metal</td>
</tr>
<tr>
<td>D6240</td>
<td>Pontic - porcelain fused to high noble metal</td>
</tr>
<tr>
<td>D6241</td>
<td>Pontic - porcelain fused to predominantly base metal</td>
</tr>
<tr>
<td>D6242</td>
<td>Pontic - porcelain fused to noble metal</td>
</tr>
<tr>
<td>D6245</td>
<td>Pontic - porcelain/ceramic</td>
</tr>
<tr>
<td>D6250</td>
<td>Pontic - resin with high noble metal</td>
</tr>
<tr>
<td>D6251</td>
<td>Pontic - resin with predominantly base metal</td>
</tr>
<tr>
<td>D6252</td>
<td>Pontic - resin with noble metal</td>
</tr>
</tbody>
</table>

**RETAINERS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D6545</td>
<td>Retainer - cast metal for acid etched fixed prosthesis</td>
</tr>
<tr>
<td>D6548</td>
<td>Retainer-porcelain ceramic-for resin bond fixed prosthesis</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D6720</td>
<td>Crown - resin with high noble metal</td>
</tr>
<tr>
<td>D6721</td>
<td>Crown - resin with predominantly base metal</td>
</tr>
<tr>
<td>D6722</td>
<td>Crown - resin with noble metal</td>
</tr>
<tr>
<td>D6750</td>
<td>Crown - porcelain fused to high noble metal</td>
</tr>
<tr>
<td>D6751</td>
<td>Crown - porcelain fused to predominantly base metal</td>
</tr>
<tr>
<td>D6752</td>
<td>Crown - porcelain fused to noble metal</td>
</tr>
<tr>
<td>D6780</td>
<td>Crown - 3/4 cast high noble metal</td>
</tr>
<tr>
<td>D6781</td>
<td>Crown - 3/4 cast predominantly based metal</td>
</tr>
<tr>
<td>D6782</td>
<td>Crown - 3/4 cast noble metal</td>
</tr>
<tr>
<td>D6783</td>
<td>Crown - 3/4 porcelain/ceramic</td>
</tr>
<tr>
<td>D6790</td>
<td>Crown - full cast high noble metal</td>
</tr>
<tr>
<td>D6791</td>
<td>Crown - full cast predominantly base metal</td>
</tr>
<tr>
<td>D6792</td>
<td>Crown - full cast noble metal</td>
</tr>
</tbody>
</table>

**OTHER FIXED PROSTHETIC SERVICES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D6920</td>
<td>Connector bar</td>
</tr>
<tr>
<td>D6940</td>
<td>Stress breaker</td>
</tr>
<tr>
<td>D6950</td>
<td>Precision attachment</td>
</tr>
<tr>
<td>D6975</td>
<td>Coping metal</td>
</tr>
</tbody>
</table>

**ORAL SURGERY EXTRACTION**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D7241</td>
<td>Removal of impacted tooth - completely bone, with unusual surgical complications</td>
</tr>
</tbody>
</table>

**OTHER SURGICAL PROCEDURES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D7272</td>
<td>Tooth transplantation</td>
</tr>
<tr>
<td>D7280</td>
<td>Surgical exposure of impacted or unerupted tooth for orthodontic reasons (including orthodontic attachments)</td>
</tr>
<tr>
<td>D7281</td>
<td>Surgical exposure of impacted or unerupted tooth to aid eruption</td>
</tr>
<tr>
<td>D7290</td>
<td>Surgical repositioning of teeth</td>
</tr>
<tr>
<td>D7291</td>
<td>Transeptal fibrotomy</td>
</tr>
</tbody>
</table>

**REDUCTION OF DISLOCATION AND MANAGEMENT OF OTHER TEMPOROMANDIBULAR JOINT DYSFUNCTIONS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D7880</td>
<td>Occlusal orthotic appliance</td>
</tr>
<tr>
<td>D7899</td>
<td>Unspecified TMD therapy, by report</td>
</tr>
</tbody>
</table>
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
- D8210 Removal appliance therapy
- D8220 Fixed or cemented appliance therapy

TREATMENT OF THE PERMANENT DENTITION/OTHER ORTHODONTIC SERVICES
- D8650 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
- D9971 Odontoplasty 1-2 teeth
- D9972 External bleaching-per arch
- D9973 External bleaching-per tooth
- 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 authorized except for recipients with a diagnosis of Aphakia, Aniseikonia, Keratoconus, or Bandage lenses.)
- 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. Repairs to equipment when combined parts and labor exceeds $400.00. Specify who owns the equipment.
3. 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.

Nutritional Products (enteral)

1. All enteral nutrition products except those for treatment of phenylketonuria, hyperlysineemia, and maple syrup urine disease, and given through a feeding tube require authorization after the first 30 days. See the Minnesota Health Care Programs Provider Manual 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.

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: 456-5275, outstate: 1-800-382-5275, fax: (612) 405-7459.

Aciphex (rabeprazole) [for more than 4 consecutive weeks of continuous treatment]
Anzemet (dolasetron)
Botulinum Toxin Type A (Botox)
Botulinum Toxin Type B (Myobloc)
Celebrex (celecoxib) [authorization is required for anyone under the age of 65]
Ceredase (algluacerase)
Interferon Alfa-n3 (Alferon N)
InterferonGamma-1b (Actimmune)
Kytril (granisetron)
Lansoprazole (Prevacid)
Omeprazole (Prilosec)
Ondansetron (Zofran)
Nexium (esomeprazole)
Vioxx (rofecoxib) [authorization required for anyone under the age of 65]
Zoloft (sertraline) 25mg.
Zoloft (sertraline) 50mg.

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J0205</td>
<td>Algluacerase</td>
</tr>
<tr>
<td>J0585</td>
<td>Botulinum Toxin Type A</td>
</tr>
<tr>
<td>J1260</td>
<td>Dolasetron</td>
</tr>
<tr>
<td>J1626</td>
<td>Granisetron</td>
</tr>
<tr>
<td>J9215</td>
<td>Interferon Alfa-n3</td>
</tr>
</tbody>
</table>

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VI. REHABILITATIVE SERVICES

OCCUPATIONAL THERAPY

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

97003  Occupational therapy evaluation, initial
97004  Occupational therapy reevaluation, periodic

The following occupational therapy codes always require authorization:

X4511  Unlisted occupational therapy
97150  Occupational therapy group sessions
97750  Physical performance test, functional capacity

Occupational therapy code requiring authorization:

X5511  Occupational therapy supplies that exceed $32.00 per calendar year

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

X4515  Occupational therapy, motor skills
X4524  Occupational therapy, preventive skills
X4526  Occupational therapy, therapeutic adaptations
97532  Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training)
97533  Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands
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)

PHYSICAL THERAPY

Any combination of the following codes that exceed eight units:

97001  Physical therapy evaluation, initial
97002  Physical therapy evaluation, periodic

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

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

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

90901 Biofeedback training by any modality
97010 Hot or cold packs
97012 Traction
97014 Electric stimulation
97016 Vasopneumatic devices
97018 Paraffin bath
97020 Microwave
97022 Whirlpool
97024 Diathermy
97026 Infrared
97028 Ultraviolet

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

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:

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:

97029 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
97720 Physical performance test or measurement (functional capacity)
97799 Unlisted physical med/rehab service

SPEECH-LANGUAGE PATHOLOGY

The following codes always require authorization:

92599 Unlisted otorhinolaryngological services
G0198 Patient adaptation and training for use of speech generating devices
G0201 Modification or training in use of voice prosthetic

The following codes require authorization as listed:

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

Any combination of the following codes that exceed two (2) treatment sessions.

G0197 Evaluation of patient for prescription of speech generating device.
G0199 Re-evaluation of patient using speech generating device
G0200 Evaluation of patient for prescription of voice prosthetic

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

92507 Individual speech, language and hearing treatment
92508 Group speech language or hearing treatment
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 two lists: specific procedures with HCPCS codes and a list for which no HCPCS code has been assigned.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4301</td>
<td>Implantable access total system, catheter, port reservoir (venous, arterial or epidural), percutaneous access.</td>
</tr>
<tr>
<td>E0751</td>
<td>Implantable pulse generator</td>
</tr>
<tr>
<td>E0782</td>
<td>Infusion pump, implantable</td>
</tr>
<tr>
<td>E0783</td>
<td>Programmable infusion pump</td>
</tr>
<tr>
<td>E0784</td>
<td>External ambulatory pump, insulin</td>
</tr>
<tr>
<td>E0144</td>
<td>Enclosed, framed folding walker, wheeled, with posterior seat</td>
</tr>
<tr>
<td>J1660</td>
<td>Histamine up to 2.75 Mg.</td>
</tr>
<tr>
<td>J9070</td>
<td>Cyclophosphamide, 100 Mg</td>
</tr>
<tr>
<td>J9092</td>
<td>Cyclophosphamide, 2.0 Gram</td>
</tr>
<tr>
<td>K0454</td>
<td>Nonpowered pressure mattress</td>
</tr>
<tr>
<td>L8614</td>
<td>Cochlear Device/system</td>
</tr>
<tr>
<td>Q0134</td>
<td>Collagen implant material</td>
</tr>
<tr>
<td>S0800</td>
<td>Laser in situ keratomileusis (laski)</td>
</tr>
<tr>
<td>S0810</td>
<td>Photorefractive keratectomy (PRK)</td>
</tr>
<tr>
<td>S2109</td>
<td>Autologous chondrocyte transplantation (preparation of autologous cultured chondrocytes)</td>
</tr>
<tr>
<td>S2052</td>
<td>Transplantation of small intestine allograft</td>
</tr>
<tr>
<td>S2053</td>
<td>Transplantation of small intestine and liver allografts</td>
</tr>
<tr>
<td>S8035</td>
<td>Magnetic source imaging (only used for pre-operative)</td>
</tr>
<tr>
<td>S9085</td>
<td>Medical Allograft transplantation</td>
</tr>
<tr>
<td>X0691*9</td>
<td>Day treatment, nervous and mental</td>
</tr>
<tr>
<td>X5254*22</td>
<td>Level I Mental Health Behavioral Aide</td>
</tr>
<tr>
<td>X5255*22</td>
<td>Level II Mental Health Behavioral Aide</td>
</tr>
<tr>
<td>X5257*22</td>
<td>Mental Health Crisis Intervention and Mental Health Stabilization</td>
</tr>
<tr>
<td>X5241*22</td>
<td>Therapeutic Components of Preschool Programs</td>
</tr>
<tr>
<td>X5317*15</td>
<td>Cognitive remediation training (1 to 3 clients)</td>
</tr>
<tr>
<td>X5318*15</td>
<td>Cognitive remediation training (4 to 9 clients)</td>
</tr>
<tr>
<td>X5330</td>
<td>Partial hospitalization program - adult</td>
</tr>
<tr>
<td>X5331</td>
<td>Partial hospitalization program - adolescent</td>
</tr>
<tr>
<td>X5535*16</td>
<td>Neuropsychological rehabilitation (individual)</td>
</tr>
<tr>
<td>X5536*17</td>
<td>Neuropsychological rehabilitation (group)</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>----------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>X5528*22</td>
<td>Crisis assistance in a family community support service program</td>
</tr>
<tr>
<td>X5538*22</td>
<td>Individual skills training in a home-based mental health, therapeutic support of foster care, and family community support service program.</td>
</tr>
<tr>
<td>X5539*22</td>
<td>Family skills training in a home-based mental health, therapeutic support of foster care, and family community support service program.</td>
</tr>
<tr>
<td>X5540*22</td>
<td>Group skills training in a home-based mental health, therapeutic support of foster care, and family community support service program.</td>
</tr>
<tr>
<td>X5541*22</td>
<td>Travel in a home-based mental health, therapeutic support of foster care and family community support service program.</td>
</tr>
<tr>
<td>X5641*2</td>
<td>Private duty nursing by RN</td>
</tr>
<tr>
<td>X5642*2</td>
<td>Private duty nursing by LPN</td>
</tr>
<tr>
<td>X7010</td>
<td>ICF-MR and DAC special needs - service (review by Long-term Care Division)</td>
</tr>
<tr>
<td>X7020</td>
<td>ICF-MR and DAC special needs - equipment (review by Long-term Care Division)</td>
</tr>
<tr>
<td>11920</td>
<td>Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less</td>
</tr>
<tr>
<td>11921</td>
<td>6.1 to 20.0 sq cm</td>
</tr>
<tr>
<td>11922</td>
<td>each additional 20.0 sq cm</td>
</tr>
<tr>
<td>11950</td>
<td>Subcutaneous injection of “filing” material (e.g., collagen); 1 cc or less</td>
</tr>
<tr>
<td>11951</td>
<td>1.1 to 5 cc</td>
</tr>
<tr>
<td>11952</td>
<td>5.1 to 10 cc</td>
</tr>
<tr>
<td>11954</td>
<td>over 10 cc</td>
</tr>
<tr>
<td>11450</td>
<td>Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair</td>
</tr>
<tr>
<td>11451</td>
<td>with complex repair</td>
</tr>
<tr>
<td>11462</td>
<td>Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair</td>
</tr>
<tr>
<td>11463</td>
<td>with complex repair</td>
</tr>
<tr>
<td>11470</td>
<td>Excision of skin and subcutaneous tissue for hidradenitis; perianal, perineal, or ubilical; with simple or intermediate repair</td>
</tr>
<tr>
<td>11471</td>
<td>with complex repair</td>
</tr>
<tr>
<td>15775</td>
<td>Punch graft for hair transplant; 1 to 15 punch grafts</td>
</tr>
<tr>
<td>15776</td>
<td>more than 15 punch grafts</td>
</tr>
<tr>
<td>15780</td>
<td>Dermabrasion of skin</td>
</tr>
<tr>
<td>15781</td>
<td>less than total face</td>
</tr>
<tr>
<td>15782</td>
<td>regional</td>
</tr>
<tr>
<td>15783</td>
<td>superficial, any site (e.g., tattoo removal)</td>
</tr>
<tr>
<td>15786</td>
<td>Abrasion; single lesion</td>
</tr>
<tr>
<td>15787</td>
<td>each additional four lesions or less</td>
</tr>
<tr>
<td>15788</td>
<td>Chemical peel, facial; epidermal</td>
</tr>
<tr>
<td>15789</td>
<td>facial; dermal</td>
</tr>
<tr>
<td>15792</td>
<td>non-facial; epidermal</td>
</tr>
<tr>
<td>15793</td>
<td>non-facial; dermal</td>
</tr>
<tr>
<td>15810</td>
<td>Salabrasion; 20 sq. cm or less</td>
</tr>
<tr>
<td>15811</td>
<td>over 20 sq. cm</td>
</tr>
<tr>
<td>15819</td>
<td>Plastic surgery neck cervicoplasty</td>
</tr>
<tr>
<td>15820</td>
<td>Blepharoplasty, lower eyelid</td>
</tr>
<tr>
<td>15821</td>
<td>with extensive herniated fat pad</td>
</tr>
<tr>
<td>15822</td>
<td>Blepharoplasty, upper eyelid</td>
</tr>
<tr>
<td>15823</td>
<td>with excessive skin weighing down lid</td>
</tr>
<tr>
<td>15824</td>
<td>Rhytidectomy; forehead</td>
</tr>
<tr>
<td>15825</td>
<td>neck with platysmal tightening (platysmal flap, “P-flap”)</td>
</tr>
<tr>
<td>15826</td>
<td>glabellar frown lines</td>
</tr>
<tr>
<td>15828</td>
<td>cheek, chin and neck</td>
</tr>
<tr>
<td>15829</td>
<td>Removal of skin wrinkles RHYTIDECTOMY</td>
</tr>
<tr>
<td>15831</td>
<td>Excision, excessive skin and subcutaneous tissue (including lipectomy), abdomen (abdominoplasty)</td>
</tr>
<tr>
<td>15832</td>
<td>thigh</td>
</tr>
<tr>
<td>15833</td>
<td>leg</td>
</tr>
<tr>
<td>15834</td>
<td>hip</td>
</tr>
<tr>
<td>15835</td>
<td>buttock</td>
</tr>
</tbody>
</table>
15836 arm
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 mammoplasty
19324 Mammoplasty, augmentation without prosthetic implant
19325 with prosthetic implant
19328 Removal of intact mammary implant
19355 Correction of inverted nipples
20550*25 Injection, tendon sheath, ligament, trigger point or ganglion cyst
20975 Electrical stimulation to bone healing invasive (operative)
21010 Arthroscopy, 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
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 (e.g., 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)
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
21183 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 greater than 40 cm², but less than 80 cm²
21184 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 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)
21242 Arthroplasty, temporomandibular joint, with allograft
21243 Arthroplasty, temporomandibular joint with prosthetic joint replacement
21244 Reconstruction of mandible, extraoral, with transosseal 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
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
29800 Arthroscopy/Arthroscopic Surgery for treatment of TMJ (- when used for diagnosis only)
29804 Arthroscopy/Arthroscopic Surgery for treatment of TMJ (- when used for diagnosis only)
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/plication of emphysematous lung(s) (bullous or non bullous) for lung volume reduction. Sternal split or transtrhacic approach with or without any pleural.
Lung transplant, single; without cardiopulmonary bypass
with cardiopulmonary bypass
double (bilateral sequential or en bloc); without cardiopulmonary bypass
double (bilateral sequential or en bloc); with cardiopulmonary bypass
Transmyocardial laser revascularization (a laser probe is used to create a channel through the heart muscle into the left vent.)
Heart-lung transplant with recipient cardiectomy, pneumonectomy
Heart transplant
Implantation of ventricular assist device, single ventricle
Implantation of ventricular assist device, biventricular support
Unlisted cardiac procedure
Angiography
Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk
Injection of sclerosing solution; single vein
multiple veins, same leg
Therapeutic apheresis, plasma and/or cell exchange
Insertion of implantable intravenous infusion pump
Penile revascularization, artery
Penile venous occlusive procedure
Bone Marrow harvesting for transplant
Blood-derived peripheral stem cell harvesting for transplantation per collection
Bone marrow transplant, allogenic
Bone marrow transplant, autologous
Uvulotony, excision of uvula
Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty)
Gastroplasty, vertical-banded, for morbid obesity
Gastroplasty, other than vertical-banded, for morbid obesity
Gastric restrictive procedure, with gastric bypass for morbid obesity with short limb (less than 100 cm)
Roux-en-Y gastroenterostomy
Gastric restriction procedure, with gastric bypass for morbid obesity
Revision of gastric restriction procedure for morbid obesity (separate procedure)
Revision of gastroduodenal anastomosis with reconstruction; without vagotomy
Revision of gastroduodenal anastomosis with reconstruction; without vagotomy
Gastrojejunostomy with reconstruction; without vagotomy
Enteroenterostomy, anastomosis of intestine; with or without cutaneous enterostomy (separate procedure)
Donor enterectomy, open, with preparation and maintenance of allograft; from cadaver donor
Donor enterectomy, open, with preparation and maintenance of allograft;
Intestinal allotransplantation; from cadaver donor
intestine allotransplantation; from living donor
Liver transplant, with or without recipient hepatectomy
Liver allotransplantation, heterotoxic, partial or whole, from cadaver or living donor any age
Cholecystectomy with transduodenal sphincterotomy or sphincteroplasty,
Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islets
Transplantation of pancreatic allograft
Endoscopic injection of implant material into submucosal tissues of the urethra
Transurethral balloon dilation of prostatic urethra, any method
Insertion of penile prosthesis; non-inflatable, semi-rigid.
inflatable, self contained
Insertion of inflatable penile prosthesis
Insertion of testicular prosthesis
Intersex surgery; male to female
female to male
Fallopian Tube Catheterization
Tubal Cannulation - investigative when used for performing assisted reproductive procedures and managing ectopic pregnancy.
Official Notices

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 Cranietomy or craniotomy for implantation of neurostimulator electrodes; cerebral; cortical
61862 Twist drill, burr hole, craniotomy, or cranietomy for stereo tactic implantation of one neurostimulator array in subcortical site (e.g. thalamus, globus pallidus, subthalamic nucleus, prefrontal, periaqueductal gray)
61865 subcortical
61870 Cranietomy for implantation of neurostimulator electrodes, cerebellar; cortical
61875 subcortical
61885 Incision and subcutaneous placement of cranial neurostimulator pulse generator or 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 reservoir 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
62362 Implantation or replacement of programmable pump for intrathecal or epidural.
63185 Laminectomy with rhizotomy; 1 or 2 segments
63190 Laminectomy with rhizotomy; more than 2 segments
63680 Percutaneous implantation of neurostimulator electrodes; epidural
63665 Laminectomy for implantation of neurostimulator electrodes
63685 Incision and subcutaneous placement of spinal neurostimulator pulse generator or receive, direct or inductive coupling
64533 Percutaneous implantation of neurostimulator electrodes; cranial nerve
64555 peripheral nerve
64560 autonomic nerve
64561 Percutaneous implantation of neurostimulator electrodes; sacral nerve
64565 neuromuscular
64573 Incision for implantation of neurostimulator electrodes; cranial nerve
64575 peripheral nerve
64577 autonomic nerve
64580 neuromuscular
64581 Implant neuroelectrodes
64590 Incision and subcutaneous placement of peripheral neurostimulator pulse generator or receiver, direct or inductive coupling
64612*8 Destruction by neurolytic agent (chemodenervation of muscle endplate); muscles enervated by facial nerve
64613*8 cervical spinal muscles
65760 Keratomileusis PA is B with specific ICD-9 coding
65765 Keratophakia PA is B with specific ICD-9 coding
65767 Epikeratoplasty PA is B with specific ICD-9 coding
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 (tarsol)levator resection or advancement, internal approach
67904 (tarsol)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

State Register, Monday 4 March 2002 (CITE 26 SR 1176)
Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone
69711
Removal or repair of electromagnetic bone conduction hearing device in temporal bone.
69714
Implantation, osseointegrated implant, temporal bone, with percutaneous
69715
Implantation, osseointegrated implant temporal with percutaneous
69717
Replacement (including removal of existing device), osseointegrated implant
69718
Replacement (including removal of existing device), osseointegrated implant
69930
Cochlear implant
G0032
PET myocardial perfusion imaging, (following rest spect, 78464); single study, rest or stress (exercise and/or pharmacologic).
G0033
PET myocardial perfusion imaging, (following rest spect, 78464); multiple studies, rest or stress (exercise and/or pharmacologic).
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 and/or pharmacologic).
G0036
PET myocardial perfusion imaging, (following coronary angiography, 93510-93529); single study, rest or stress (exercise or pharmacologic).
G0037
PET myocardial perfusion imaging, (following coronary angiography, 93510-93529); multiple studies, rest or stress (exercise or pharmacologic).
G0038
PET myocardial imaging, (following stress planar myocardial perfusion, 78460); single study, rest or stress (exercise or pharmacologic).
G0039
PET myocardial imaging, (following stress planar myocardial perfusion, 78460); multiple studies, rest or stress (exercise or pharmacologic).
G0040
PET myocardial perfusion imaging, (following stress echocardiogram, 93350); single study, rest or stress (exercise or pharmacologic).
G0041
PET myocardial perfusion imaging, (following stress echocardiogram, 93350).
G0042
PET myocardial perfusion imaging (following stress ventriculogram, 78481 or 78483); single study, rest or stress (exercise or pharmacologic).
G0043
PET myocardial perfusion imaging (following stress ventriculogram, 78481 or 78483); multiple studies, rest or stress (exercise or pharmacologic).
G0044
PET myocardial perfusion imaging, (following rest ECG, 93000); single study, rest or stress (exercise or pharmacologic).
G0045
PET myocardial perfusion imaging (following rest ECG, 93000); multiple studies, rest or stress (exercise or pharmacologic).
G0046
PET myocardial perfusion imaging, (following rest ECG, 93015); single study, rest or stress (exercise or pharmacologic).
G0047
PET myocardial perfusion imaging (following rest ECG, 93015); multiple studies, rest or stress (exercise or pharmacologic).
G0125
PET lung imaging of solitary pulmonary nodules following CT (7125, 71260 or 71270)
G0126
PET lung imaging of solitary pulmonary nodules using 2 fluoros (FD2) following CT (71250, 71260, 71270)
initial staging of pathologically diagnosed non-small cell lung cancer.
G0160
Cryosurgical ablation of localized prostate cancer, primary treatment only (post operative irrigations and aspiration of sloughing tissue included)
G0166
External counterpulsation, per treatment session
71555
Magnetic resonance angiography chest
72159
Magnetic resonance angiography spinal canal and contents
72198
Magnetic resonance angiography pelvis
73225
Magnetic resonance angiography upper extremity, with or without contrast materials.
73725
Magnetic resonance angiography lower extremity, with or without contrast materials
74185
Magnetic resonance angiography abdomen, with or without contrast materials
75552
Cardiac magnetic resonance imaging for function, complete study
76070*26
Computerized tomography, 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.
76390
Magnetic resonance spectroscopy (for magnetic resonance imaging, use appropriate MRI body site code)
77605
Hyperthermia, externally generated, superficial deep
77610
Hyperthermia generated by intestinal probe, 5 or fewer
Hyperthermia generated by intestinal probe, 5 or greater
Hyperthermia generated by intracavitary probes
MRI, positron emission tomography (PET), metabolic evaluation
MRI, positron emission tomography (PET), perfusion; single study at rest or stress
MRI, positron tomography (PET), perfusion; multiple studies at rest or stress
Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique.
PET scan; metabolic evaluation
Brain Imaging (PET) positron emission tomography
Tumor imaging, positron emission tomography (PET), metabolic evaluation
Arsenic
Heavy metal screen
Heavy metal screen, quantitative, each
Leukocyte histamine release test (LHR)
Unlisted Therapeutic, Prophylactic or Diagnostic Injection
Interactive diagnostic assessment
Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, 20-30 minutes face to face with patient.
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
Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in office or outpatient facility, 45-50 minutes face to face with patient
Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in office or outpatient facility, 45-50 minutes face to face with patient; with medical evaluation and management services
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
Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communications, in an office or outpatient facility, 20-30 minutes face to face with patient
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
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
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
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
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
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;
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;
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;
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90821*29</td>
<td>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;</td>
</tr>
<tr>
<td>90822*29</td>
<td>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;</td>
</tr>
<tr>
<td>90823*29</td>
<td>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;</td>
</tr>
<tr>
<td>90824*29</td>
<td>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;</td>
</tr>
<tr>
<td>90826*29</td>
<td>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;</td>
</tr>
<tr>
<td>90827*29</td>
<td>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;</td>
</tr>
<tr>
<td>90828*29</td>
<td>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;</td>
</tr>
<tr>
<td>90829*29</td>
<td>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;</td>
</tr>
<tr>
<td>90846*4,22</td>
<td>Family psychotherapy (without the patient present)</td>
</tr>
<tr>
<td>90847*4,22</td>
<td>Family psychotherapy (conjoint psychotherapy) (with patient present)</td>
</tr>
<tr>
<td>90853*14</td>
<td>Group therapy (other than of a multiple-family group)</td>
</tr>
<tr>
<td>90857*14</td>
<td>Interactive group psychotherapy</td>
</tr>
<tr>
<td>90875*4</td>
<td>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</td>
</tr>
<tr>
<td>90899</td>
<td>Unlisted psychiatric service or procedure</td>
</tr>
<tr>
<td>90911</td>
<td>Biofeedback training, perineal muscle, anorectal or urethral sphincter, including EMG.</td>
</tr>
<tr>
<td>92065</td>
<td>Orthoptic and/or pleoptic training, with continue medical direction</td>
</tr>
<tr>
<td>92512</td>
<td>Nasal function studies (rhinomanometry)</td>
</tr>
<tr>
<td>92598</td>
<td>Modification of voice prosthetic or augmentative/alternative communication device</td>
</tr>
<tr>
<td>92599</td>
<td>Unlisted otorhinolaryngological services</td>
</tr>
<tr>
<td>92987</td>
<td>Percutaneous Transluminal Coronary Angioplasty mitral valve</td>
</tr>
<tr>
<td>92982</td>
<td>Angioplasty Laser</td>
</tr>
<tr>
<td>92984</td>
<td>Angioplasty Laser</td>
</tr>
<tr>
<td>93278</td>
<td>Signal-Averaged ECG</td>
</tr>
<tr>
<td>93760</td>
<td>Thermography</td>
</tr>
<tr>
<td>93762</td>
<td>Thermography</td>
</tr>
<tr>
<td>93784</td>
<td>Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording scanning analysis, interpretation and report</td>
</tr>
<tr>
<td>93786</td>
<td>Recording only</td>
</tr>
<tr>
<td>93788</td>
<td>Scanning analysis with report</td>
</tr>
<tr>
<td>93790</td>
<td>Physician review with interpretation and report</td>
</tr>
<tr>
<td>95078</td>
<td>Provocative testing</td>
</tr>
<tr>
<td>95805*23</td>
<td>Multiple sleep latency testing</td>
</tr>
<tr>
<td>95807*23</td>
<td>Sleep study, 3 or more parameters...</td>
</tr>
<tr>
<td>95808*23</td>
<td>Polysomnography; sleep staging with 1-3 additional parameters...</td>
</tr>
<tr>
<td>95810*23</td>
<td>Polysomnography; sleep staging with 4 or more additional parameters...</td>
</tr>
<tr>
<td>97780*20</td>
<td>Acupuncture, one or more needles; without electrical stimulation</td>
</tr>
<tr>
<td>97781*20</td>
<td>Acupuncture, one or more needles; with electrical stimulation</td>
</tr>
<tr>
<td>98940*1</td>
<td>Chiropractic manipulative treatment (CMT); spinal, one to two regions</td>
</tr>
<tr>
<td>98941*1</td>
<td>spinal, three to four regions</td>
</tr>
<tr>
<td>98942*1</td>
<td>spinal, five regions</td>
</tr>
<tr>
<td>99199</td>
<td>Unlisted special services or procedures</td>
</tr>
</tbody>
</table>
Official Notices

Services for which there is no HCPCS Code assigned

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

1. Inherited alpha-1 antitrypsin deficiency;
2. Nonsmoking;
3. Forced expiratory volume (FEV1) should be less than 65% of the normal value;
4. Patients waiting for lung transplantation.

Angel Wings Occluder
Angioplasty, Laser
Apheresis - For LDL
  - Hypercholesterolemia: Familial type IIA homozygous form (P)
Apnea Appliance, Oral
Artificial Heart Implant
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
Bullectomy (laser)
Caroid angioplasty with/without stenting
Cardiomyoplasty
Cervigram - (considered not medically necessary)
Cold laser treatment
Coma stimulation
Cranial sacral therapy
Cryoglobulinemia: refractory (P)
Cryosurgical Ablation of Prostate
Contact Dissolution Therapy
Chronic electrostimulation of the pallidum for Parkinson’s disease
Cytoxan for Neurological Disorders - investigative except in patients with progressive MS who have failed standard therapy. (J9070 - J9092)
Diastasis Recti Abdominus repair
Electrostimulated Gracilis Neosphinctor
Energy Emission Analysis
Epikeratoplastia Lens (authorization required for eligible indications). (65760, 65765, 65767)
Hair Analyses
Epidural access

1. Administration of analgesia 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.

Fetal Tissue transplantation
Gravity lumbar reduction
Growth Hormone Treatment
Gunderson Lyme Test - test is considered investigative.
Homeopathy & Homeopathic Gene Therapy Treatment Drugs
Homeopathic Medicine, Electrodiagnostic Machine
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).
Impedance Cardiography
Impotence - Vascular Surgery
Intravaginal Conception (IVC)
Interleukin 2 - for malignant melanoma - considered investigative for all indications except renal cell carcinoma.
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.
Knee Cartilage ((Meniscus) Transplants including autologous chondrocyte implementation
LASIK
Laser Assisted Uvulopalatopharyngoplasty (LAUP)
Laser Corneal Sculpturing
Lyme Borreliosis Antigen Testing
Lymphokine Activated Killer Cells (LAK)
Magnetic Source Imaging
Methyl Test - Butyl Ether (MTBE) (43268)
Nerve Expansion
Nephrectomy (Percutaneous)
Neurometric encephalogram
Omental Transposition to Spinal Cord
Perfusion- isolated limb
Phototherapeutic Keratectomy
Platelet Derived Wound Healing Factor (PDWHF)
Posturography
Prolastin - see alpha- 1 antitrypsin deficiency for indications for coverage.
Promontory Test
Protropin
Red blood cell substitutes
Rotating Chair Test
Scanning laser technologies for glaucoma testing and monitoring
Seismocardiogram
Somatostatin Analog - investigative except for the treatment of metastatic carcinoid tumors and vasoactive intestinal peptide-secreting (VIP) tumors, and pancreatic fistulas.
Spiral (helical) CT or electron beam (EBCT) CT
Therastin
Tissue Engineering
Topographic Brain Mapping
Transmyocardial Laser Revascularization
Transmyocardial revascularization adjunct to CABG
Transurethral Cryosurgical removal of prostate
Topographic Brain Mapping
Ultra Fast CT
Uterine Lavage for Preembryo Transfer
Vagal Nerve Stimulator using Neralcybernetics Prosthesis (NCP)
Vascular Surgery for Impotence - surgical correction of organic impotence by either venous or arterial procedures
Ventricular reduction surgery
Vertebral Axial Compresssion

*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. 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.

C. PA is required 90847 in excess of 26 hours per calendar year. (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.

*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 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.

*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.
Minnesota Office of Environmental Assistance

Notice of Requests for Proposals for Grants for Fiscal Years 2002-2003

NOTICE IS HEREBY GIVEN that the Minnesota Office of Environmental Assistance is issuing this Request for Proposals (RFP) to solicit grant projects for the following grant programs in the Fiscal Years 2002-2003:

1. Grant pre-proposals for “Open Round Grant” (Open) projects; and
2. Full proposals for “Used Oil Storage Tank” (UST) grants.

NOTE: Due to state budget uncertainties, the amount of grant money and the timing of grant awards is uncertain. However the OEA is moving forward with the proposal process with the expectation of awarding some grants under the RFP.

The maximum Open Grant award is $75,000. A minimum one-to-one match is required. The priority project areas are listed in the RFP. The maximum UST Grant is $3,000 per location. Grants are available to fund the costs of purchasing and installing a used oil collection tank (less a 25 percent match).

For information or a RFP/application, contact:

Linda Countryman, OEA
Phone: (651) 215-0269 or 1-800-657-3843
Email: linda.countryman@moa.state.mn.us

The RFP, with application forms attached, is also available on the OEA’s web site at: http://www.moa.state.mn.us

Deadline for Open Grant pre-proposals is 2:30 p.m. Central Standard Time on Tuesday, December 31, 2002. No late pre-proposals will be considered. UST Grant full proposals will be considered and awarded on a first come, first served basis, until all funds have been expended.

This notice is issued by the Director of the OEA under authority provided in Minnesota Statutes Chapter 115A.0716 which allows the director to administer its Environmental Assistance Grant and Loan Program.

Department of Health

Environmental Health Division

Notice of Request for Proposals for Drinking Water Revolving Fund Project Priority List

The Drinking Water Revolving Fund provides below market rate financing for public water system improvements. The first step toward obtaining a loan is to submit a proposal to place a project on the Project Priority List. The deadline for receiving proposals is 4:30 p.m., May 24, 2002.

Funding priority is for projects that correct a public health hazard, bring or keep systems in compliance with drinking water standards, and for communities below the median household income. Typical projects are for wells, treatment plants, water towers, and distribution lines. Funds are not for economic expansion or fire protection. Eligibility and ranking requirements are in Minnesota Rules, parts 4720.9000 to 4720.9080.

There are three ways to receive instructions and obtain additional program information. They are:

1) Go to: www.health.state.mn.us/divs/eh/water/iinfo/dwrf/dwrfmain.html and scroll down the page for general program information, and use the drop-down box to obtain the PPL submission instructions.
2) Call (651) 215-0784 if you have specific questions or would like the PPL submission instructions mailed or faxed to you.
3) Attend a free, optional 2-1/2 hour information session. They are scheduled for March 20 in Bemidji, March 21 in Minnetonka, and April 11 in Rochester. Call (651) 215-1321 for details.
**State Contracts**

**Informal Solicitations:** Effective March 1, 2002, informal solicitations for all contracting opportunities for professional/technical (consultant) contracts with values estimated to be over $5,000 and under $50,000 must be posted on the Department of Administration, Materials Management Division web page (www.mmad.mn.gov) and access P/T Contracts.

**Formal Requests for Proposals:** Department of Administration procedures require that formal notice of any professional/technical (consultant service) contract which has an estimated value over $50,000 must be printed in the State Register. Certain quasi-state agencies and Minnesota State Colleges and Universities institutions are by law exempt from these requirements.

**Department of Administration**

**Facilities Management Bureau**

**Notice of Request for Proposals for a Total Food Service Management and Operation Contract for Food Service Facilities in the State Capitol Complex, St. Paul, Minnesota**

The Department of Administration requests proposals for a three-year contract for the management and operation of 6 State food service operations in the Capitol Complex including Centennial Café, DOT Café, 600 Café, Judicial Café, Capitol Café, and SOB Café. This proposal does not include any associated vending machine operation at these building locations. The term of the contract shall be July 1, 2002 to June 30, 2005, with an opportunity for up to a two year extension, totaling 5 years. All types of cost/fee proposals will be considered. Equipment and smallware inventories are provided by the State.

A complete Request for Proposal may be obtained by calling or writing:

Department of Administration, Plant Management Division
117 University Avenue, room 301
St. Paul, Minnesota 55155
Phone: (651) 296-6800
Office Hours: 7:00 a.m. - 5:00 p.m.

Proposals responses must be submitted no later than 3:30 p.m., Central Standard Time on Wednesday, April 3, 2002. A mandatory walk-through of food service facilities by proposers has been scheduled for Wednesday, March 13, 2002 at 2:00 p.m. Only those Proposers attending the mandatory walk-through will be considered further. It is anticipated that the evaluation and selection will be completed by Wednesday, May 22, 2002.

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

**Notice of Request for Proposals (RFP) for Credit Cards**

NOTICE IS HEREBY GIVEN that the Minnesota State Colleges and Universities is seeking requests for proposals for credit cards.

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

Responders may propose additional tasks or activities if they will substantially improve the results of the project.

All proposals must be sent to and received by:

Carol Zwinger
Minnesota State Colleges and Universities
500 World Trade Center
30 East 7th Street
St. Paul, MN 55101-4946

Not later than 2:00 p.m., on Friday, April 5, 2002, as indicated by the date and time stamped on each response package.

Late proposals will not be considered.

For a complete Request for Proposal please contact Cynthia Nelsen by phone at: (651) 296-3755 or email: cynthia.nelsen@so.mnscu.edu
Other questions should be directed to Carol Zwinger phone at: (651) 296-7506.  
No one other than the person listed above may answer questions or provide information regarding this proposal.  
All costs incurred in responding to this request for proposals shall be borne by the responder.

Colleges and Universities, Minnesota State (MnSCU)  
Request for Proposal (RFP) for Food Service at North Hennepin Community College

Introduction:  
North Hennepin Community College, Brooklyn Park, is soliciting bids for the management of its Food Service, beginning July 1, 2002.

Proposals Due Date:  
Vendor proposals are due no later than Monday, March 18, 2002. Proposals must be submitted to Kitty Hennemann, Director of Student Life, North Hennepin Community College, 7411 85th Avenue North, Brooklyn Park, MN 55455. Specifications can be obtained by phone at: (763) 424-0803.

Site Inspection and Briefing:  
North Hennepin Community College will host a briefing session and site inspection Monday, March 4, 2002 from 4:00 - 7:00 p.m., for interested bidders. Call Kitty Hennemann phone at: (763) 424-0803 to schedule an appointment.

Colleges and Universities, Minnesota State (MnSCU)  
Winona State University

Request for Proposals (RFP) for Feasibility Study and Capital Campaign Consulting

NOTICE IS HEREBY GIVEN that Winona State University will receive sealed requests for proposals for services and costs associated with both a feasibility study and consulting for a capital campaign.

RFP specifications will be available March 4, 2002 from the Winona State University Purchasing Department, P.O. Box 5838, 205 Somsen Hall, Winona, MN 55987 or by phone: (507) 457-5067.

Sealed proposals must be received by Sandra Schmitt at P.O. Box 5838, or at 175 W. Mark St., Somsen 205G, Business Office, Winona State University, Winona, MN 55987 by 3:00 p.m., Friday, April 12, 2002.

Winona State University reserves the right to reject any or all proposals and to waive any irregularities or informalities in proposals received.

Colleges and Universities, Minnesota State (MnSCU)  
Winona State University

Notice of Request for Sealed Bids for Chairs

NOTICE IS HEREBY GIVEN that Winona State University will receive sealed bids for a minimum of: 700 upholstered tablet arm chairs, 70 student upholstered stack chairs and 61 upholstered side chairs with arms.

Bid specifications will be available March 4, 2002 from the Winona State University Purchasing Department, P.O. Box 5838, 205 Somsen Hall, Winona, MN 55987 or by phone: (507) 457-5067.
State Contracts

Sealed bids must be received by Sandra Schmitt at P.O. Box 5838, or at 175 W. Mark St., Somsen 205G, Business Office, Winona State University, Winona, MN 55987 by 3:00 p.m., Friday, March 22, 2002.

Winona State University reserves the right to reject any or all proposals and to waive any irregularities or informalities in proposals received.

Minnesota Historical Society

Notice of Request for bids for Printing Services

The Minnesota Historical Society is seeking bids from qualified presses to provide printing services for the Society All-Site Travel Guide. Bids are being requested for a quantity of 500,000 and pricing per additional 50,000’s. The guide will print 28-page, self-cover or 24-page, self-cover, 3.875” x 9” finished size, saddle stitch on spine. All pages printed 4-color process. Paper stock: 70# Somerset Text Matte Recycled or 70# Orion Text Matte.

The Request for bids is available by calling or writing Chris M. Bonnell, Contracting Officer, Minnesota Historical Society, 345 Kellogg Boulevard West, St. Paul, MN 55102. Phone: (651) 297-5863. Complete specifications, bid format and details concerning submissions requirements are included.

Sealed bids must be received no later than 2:00 p.m., Central Time, Friday, March 15, 2002 at the History Center in St. Paul, Minnesota. Bids must be received by the Contracting Officer or his agents. Authorized agents include Mary Green-Toussaint, Contracting and Procurement Technician, or any member of the Work Service Staff located in the Finance and Administration Division on the fourth floor of the History Center.

Dated: 4 March 2002

Department of Natural Resources

Minnesota Forest Stewardship Program

Request For Education / Information Proposals for Landowners About Stewardship of Their Natural Resources

Application Deadline: Delivered no later than - May 3, 2002

The Minnesota Department of Natural Resources - Division of Forestry, through the Forest Stewardship Committee, is seeking proposals to be funded by the Forest Stewardship Program. Proposals must be aimed at educating or informing Minnesota’s Non-Industrial Private Forest (NIPF) landowners about stewardship of their natural resources. Related research proposals are also eligible. Several topic areas suggested by the Stewardship Committee this year include the Woodland Advisor Program, The Sustainable Forestry Incentives Act, Sustainable Forestry Initiative changes, and Woodland Owners and Users Conference.

Approximately $50,000 may be available to fund education/information proposals. Applications may be submitted by individuals, organizations, corporations, or public agencies. The funding source is federal funds provided by the U.S. Forest Service.

Proposals cannot exceed $25,000 each. Organizations may submit more than one proposal. Projects that can be accomplished with one funding grant are recommended.

Project proposals must follow the attached format. Proposals should not exceed four (4) pages. No supplemental materials are requested.

Please submit an unfolded original with typing on only one side of each page. Submit the proposal to:

Larry Himanga - State Forest Stewardship Committee Chair
DNR-Division of Forestry
500 Lafayette Road
St. Paul, MN 55155-4044
Projects will be reviewed and ranked by the all members of the Forest Stewardship Committee. Final decisions will be made by the Director of the Division of Forestry. Announcement of successful projects will occur in mid June. Contracts to begin work will be let August 15. A brief project report will be required on December 15 and at six month intervals thereafter until the project is completed.

All funds will be distributed through contracts. Payment will be made as measurable achievements are accomplished. NOTE: All printed materials for landowners should be bid as finished product, punched for 2 or 3 holes, with 10,000 copies delivered to Moose Lake, MN.

For further information about the Forest Stewardship Program or the project proposal process, please contact: Larry Himanga (651) 296-5970.

Dated: 4 March 2002

Department of Natural Resources
Minnesota Forest Stewardship Program

Request For Technical Assistance Proposals

Application Deadline: Delivered no later than - May 3, 2002

The Minnesota Department of Natural Resources - Division of Forestry, through the Forest Stewardship Committee, is seeking proposals aimed at improving multiple-use, ecosystem-based management of Non-Industrial Private Forest (NIPF) lands in Minnesota. Proposals must provide technical assistance for individual landowners using Forest Stewardship plans as the starting point.

The following estimated funds are available for the 12 months beginning July 1, 2002.

- About $75,000 from the U.S. Forest Service Forest Stewardship Program.
- About $150,000 from the state Legislative Commission on Minnesota Resources (LCMR) as requested by the Minnesota Forestry Association and TNC; called MFA-LCMR.

Applications may be submitted by private sector (for-profit and non-profit) individuals, organizations, corporations and local government units. Anyone approved or willing to be approved as a Forest Stewardship plan provider may apply. NOTE: Applicants wishing to prepare landowner plans in the historically prairie zone of the state will be steered towards the “Prairie Stewardship Program.” Call Peter Buesseler, DNR-Wildlife at (218) 739-7497 or Larry Himanga for details.

Projects that can be accomplished with a one year funding grant are recommended. Please plan on funds being expended by June 30, 2003. Please don’t bid more than you can complete. Project proposals must follow the attached format. Proposals should not exceed four (4) pages. A local DNR-Forestry representative must sign the bottom of the attachment B.

Applicants should submit a separate proposal for each DNR area in which they desire to work. Proposals may also be combined across DNR areas. Special certification will be needed from the Dept. of Administration for applicants whose total contracts exceed $25,000 per year.

Please submit an unfolded original with typing on only one side of each page to:
Larry Himanga - State Forest Stewardship Committee Chair
DNR-Division of Forestry
500 Lafayette Road
St. Paul, MN 55155-4044

NOTE: Each applicant is also required to submit a copy of a recent Forest Stewardship plan they have prepared. Include only the material you prepared, such as cover pages, maps, cover type write-ups, and summaries. (No handouts) Please limit cover types to 3 of your choosing to save space. If no recent plan is available, submit a sample of what you propose to do. Applications that do not contain a copy of a plan will not be accepted.

Project proposals will be evaluated on their ability to deliver technical assistance directly to landowners in a professional and cost-effective manner. All work through the proposal must meet or exceed the standards established by the MN DNR and the Forest Stewardship Committee. Projects generating direct land management activities are preferred. (see attached evaluation criteria)

Projects will be reviewed and ranked by the all members of the Forest Stewardship Committee. Final decisions will be made by the Director of the Division of Forestry. Announcement of successful projects will occur in mid June. Successful applicants can
State Contracts

expect contract to begin in early July 2002. NOTE: All funds will be distributed through contracts. Payment will be made as measurable achievements described in Attachment B are accomplished.

For further information about the Forest Stewardship Program or the project proposal process, please contact: Larry Himanga at (651) 296-5970.

Dated: 4 March 2002

Pollution Control Agency

CORRECTION: Notice of Availability of Request for Proposal for Preparation of an Environmental Impact Statement (EIS) for the United States Steel – Minntac (Minntac) Water Inventory Reduction Project in Mountain Iron, Minnesota

NOTICE IS HEREBY GIVEN that proposals must be submitted to that office by 4:00 p.m., on Wednesday, March 20, 2002.

Department of Transportation

Program Support Group

Notice Concerning Professional/Technical Contract Opportunities

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

New public notices may be added to the website on a daily basis and be available for the time period as indicated within the public notice.

Department of Transportation

Office of Research Services

Notice of Availability of a Contract to Develop and Conduct a Demonstration Project on Mileage Based User Fees

The Department of Transportation (Mn/DOT) is requesting proposals to enter into a contract to obtain services of a consultant for the purpose of developing and conducting a pilot project that will test price elasticities of driving behavior by offering financial incentives and by simulating the replacement of fixed costs of ownership/leasing and operation with fees or charges based on mileage and perhaps time-of-day travel. These fixed costs might include mileage-based depreciation on leased vehicles, insurance, lease taxes, registration, vehicle sales taxes and parking charges among others

The objectives of this project are to:

• Simulate the replacement of the fixed costs of vehicle ownership and operation with variable costs that give drivers explicit price signals about travel decisions and alternatives;
• Develop the best possible understanding of transportation price elasticities and how they vary by vehicle ownership/lease arrangement, income, location, annual mileage driven and other factors;
• Develop an understanding about driver acceptance of use-based fees and appropriate price signals necessary to affect travel behavior changes and;
• Identify strategies and recommendations that might be employed to “mainstream” or institutionalize policies or techniques learned from the demonstration.

PAGE 1188 State Register, Monday 4 March 2002 (CITE 26 SR 1188)
For the full RFP which will be sent free of charge to interested vendors, fax or email:

Ken Buckeye  
Office of Research & Strategic Services  
Minnesota Department of Transportation  
395 John Ireland Boulevard, MS 330  
St. Paul, MN 55155  
Fax: (651) 215-0443  
Email: kenneth.buckeye@dot.state.mn.us

All proposals must be sent to and received by reception staff at the above address not later than 3:00 P.M., Central Standard Time, Thursday, March 28, 2002.

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.

Department of Transportation  
Program Support Group  
Office of Technical Support

Request for Proposal (RFP) to Develop Minnesota Department of Transportation (Mn/DOT’s) Consultant Services Pre-Qualified System

This document is available in alternative formats for persons with disabilities by calling Dawn D. Thompson at (651) 296-3157 for persons who are hearing or speech impaired by calling the Minnesota Relay Service at 1-800-627-3529.

Responses to this advertisement become public information under the Freedom of Information Act. This request does not obligate the State of Minnesota Department of Transportation to complete the work contemplated in this notice, and the Department reserves the right to cancel this solicitation. All expenses incurred in responding to this notice shall be borne by the responder.

The Minnesota Department of Transportation is seeking the services for the assistance in developing Mn/DOT’s new Consultant Services Pre-Qualified System. This new Consultant Services Pre-Qualified System will be used in the acquisition process for professional and technical consultant services. This project will require coordination with many different functional groups and Districts throughout Mn/DOT. The successful consultant will assist Mn/DOT’s staff in the development and implementation of this new pre-qualified system.

The Consultant Services Pre-Qualified System must be fully implemented and available for usage by June 30, 2002.

Request for Proposals (RFP) are available by mail, email or in person. Please submit in writing, a request for the RFP Mn/DOT’s Consultant Services Pre-Qualification System.

Request for the RFP may be mailed or faxed to:

Dawn D. Thompson, Project Manager/Agreement Administrator,  
Minnesota Department of Transportation Consultant Services  
395 John Ireland Boulevard, Seventh Floor North, Mail Stop 680  
St. Paul, MN 55155  
Fax: (651) 282-5127

In order to obtain the RFP in time, requests for the RFP must be received on or before March 21, 2002, requests made after that date must be in person.

NOTE: Proposals Will Be Due on March 25, 2002 at 2:00 p.m., Central Standard Time.
State Contracts

Department of Transportation
Program Support Group
Office of Technical Support

Request for Proposals (RFP) To Provide Construction Inspection and Contract Administration, T-Contract Program

The State of Minnesota through its Department of Transportation (Mn/DOT), requests proposals from vendors interested in providing construction inspection and contract administration. All potential work will be directed by a Mn/DOT Construction Project Manager, and will be performed in accordance with Mn/DOT Standards. There are seven categories of work included in this program. Please note that responders may propose to provide services in any or all of the following categories:

1. Construction Inspection - Grading and Base, Bituminous and Concrete Inspection
2. Construction Inspection - Bridge Inspection
3. Construction Surveying
4. Materials Sampling and Testing - Field Sampling and Testing
5. Materials Sampling and Testing - Plant Inspection - Bituminous
6. Materials Sampling and Testing - Plant Inspection - Concrete
7. Contract Administration

Mn/DOT is planning a T-Contract Program for this work. This program will have multiple firms selected. Each firm will have a master contract, and then project specific work orders will be written under the terms of the master contract. These work orders will be assigned in accordance with T-Contract rotation policy. This is not a guarantee of an assignment since the use of these services will depend upon the availability of funding for the program at the time the work is required. All expenses incurred in responding to this notice will be borne by the responding firm.

This program is estimated at $40,000,000.00 and will be divided among all firms selected. The proposed term of the contract will be from April 2002 to April 2004, with Mn/DOT's option of up to three, one year extensions. Requests for Proposals (RFP) are available by mail or in person. Please submit, in writing, a request for the RFP for “Construction Inspection and Contract Administration T-Contract Program”.

Requests for the RFP may be mailed, faxed, or emailed to:

Melissa McGinnis, Agreement Administrator
Minnesota Department of Transportation, Consultant Service Unit
395 John Ireland Boulevard, Seventh Floor, Mail Stop 680
St. Paul, Minnesota 55155
Fax: (651) 282-5127
Email: melissa.mcginnis@dot.state.mn.us

In order to obtain the RFP in time, requests for the RFP must be received on or before March 22, 2002. Requests made after that date must be in person. Due to heightened security in the Transportation Building, please phone: (651) 284-3245 to make arrangements to pick up the RFP.

NOTE: Proposals Are Due on Monday, March 25, 2002 at 2:00 p.m., Central Standard Time. Late Proposals Will Not Be Considered.
Non-State 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 Airports Commission

Airport Purchasing Group

Notice of Call for Bids for Automated External Defibrillators (AED’S), Accessories and Replacement Parts, Training and Installation

Sealed bids will be received by the AIRPORT PURCHASING GROUP at the Metropolitan Airports Commission in its office at 6040 28th Avenue South, Minneapolis, MN 55450-2799, until 2:00 p.m., Local Time, THURSDAY, MARCH 14, 2002 for the procurement of AUTOMATED EXTERNAL DEFBIRRILLATORS (AED’S), ACCESSORIES AND REPLACEMENT PARTS, TRAINING AND INSTALLATION.

At that time and place the bids will be publicly opened and the names and addresses of those responding read aloud. If mailed the Commission’s mailing address is 6040 28th Avenue South, Minneapolis, MN 55450-2799, and bids to be considered must be received by the Commission by the date and hour set for opening of bids.

Copies of the Specifications may be obtained at the office of the Commission, 6040 28th Avenue South, Minneapolis, Minnesota 55450, phone: (612) 726-8146.
Dated: 26 February 2002

Airport Purchasing Group
Don Olson/Chairman Purchasing Alliance Committee

Metropolitan Council

Notice of Invitation for Bids (IFB) for Compaq Evo Notebook N180

Contract Number 02P017

The Metropolitan Council is requesting bids for 31 Compaq EVO Notebooks.

| Issue Invitation for Bids | March 4, 2002 |
| Bids Due | March 18, 2002 |
| Award Contract | March 25, 2002 |

All firms interested in submitting bids for this contract and desiring to receive an IFB package are invited to make a written request either by email, fax or mail or phone request to:

Sunny Jo Emerson
Administrative Assistant, Contracts and Procurement Unit
Metropolitan Council
230 East Fifth Street
St. Paul, MN 55101
Phone: (651) 602-1499
Fax: (651) 602-1083
Email: sunnyjo.emerson@mecn.state.mn.us

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.
Non-State Contracts & Grants

Metropolitan Council

Notice of Request for Proposals (RFP) for Develop Inspired and Creative Communication Services, Print and Digital

The Metropolitan Council is requesting proposals from interested firms or individuals to develop inspired and creative communication services (both print and digital) to communicate the ideals of the Council’s Blueprint 2030 document in such a manner that will promote a shared vision for the region and inspire elected officials, policy makers and the general public to make informed choices to guide the growth of the region, set our priorities and preserve the competitiveness and livability of the Twin Cities region.

- **Issue Request for Proposals**
- **Received Proposals**
- **Evaluate and Rank Proposals**
- **RFP’s will be issued on 3/4/02**
- **Friday March 15th**
- **Staff committee will review the proposals and make the selection.**

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:

Amanda Petersen, Administrative Assistant, Contracts and Procurement Unit
Metropolitan Council Environmental Services
230 East Fifth Street
Mears Park Centre
St. Paul, MN 55101
**Phone:** (651) 602-1585
**Fax:** (651) 602-1138
**Email:** amanda.petersen@metc.state.mn.us

Inquiries regarding technical aspects of the project should be directed to Bob Dietrick **phone** at: (651) 602-1387 or **email:** bob.dietrick@metc.state.mn.us

*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 – Metro Transit

Refuse Removal

The Metropolitan Council is soliciting sealed bids for Refuse Removal at various Metro Transit Facilities in the Twin Cities area of Minnesota. Bids are due at **2:00 p.m., on March 26, 2002.** Bids must be submitted in accordance with the Invitation for Bids document available from:

- Metropolitan Council
- Metro Transit Purchasing Department
- 515 N. Cleveland Avenue
- St. Paul, MN 55114
- **Phone:** (612) 349-5070

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.
Available at Minnesota Bookstore
Order form on back page

The Pheasant in Minnesota
A fascinating "magazine" devoted to the ring-neck pheasant. Included is the history of the bird, its origin, development and introduction to this region. Color photos, softcover, 48pp.
Stock No. 9-13 $5.95 + shpg. & sales tax

Dressing & Cooking Wild Game
Now that you've "tagged your catch", what do you do with it? This book offers clear instructions along with color photos to walk you step-by-step from field dressing and transport to hanging, skinning, butchering, dressing, "clean-up" and freezing. With the hard work out of the way, then cook up one of the mouth-watering recipes for cooking big and small game, upland game birds, and waterfowl. Hardcover, 160pp.
Stock No. 19-38 $19.95 + shpg. & sales tax

651.297.3000 * 800.657.3757
Mon-Fri 8am-5pm
www.minnesotasbookstore.com

Hunter's Field Guide
This popular Outdoor Life field guide offers practical advice on how to be a safe, successful and responsible hunter. Through easy-to-read illustrations and text, learn tips on: treating common injuries, reloading shotgun shells, the basics of bow hunting, how to hold and carry a muzzle-loader, recommended shot and target range for various game, and much more. Great tool for the beginner as well as the experienced hunter. Softcover, 194pp.
Stock No. 19-31 $5.99 + shpg. & sales tax

Hunting and Wildlife Guides

Hunter Education Training Course
Great tool for teaching the beginner the key to safe, successful hunting. This course includes the Hunter's Field Guide (described above), a Workbook and a Safety video. Excellent refresher for the experienced hunter, too! Stock No. 19-111 ONLY $14.99 + shpg. & sales tax

Animal Tracks of Minnesota & Wisconsin
Great drawings and quick reference captions provide a solid picture of more than 60 different mammals, birds and reptiles of our area. Truly pocket-sized, this field guide identifies animal tracks charting the size of fore prints and hind prints, stride and straddle patterns, and descriptive information about the creature's behavior. Softcover, 105pp.
Stock No. 9-72 $6.95 + shpg. & sales tax

Celebrating our Rural Heritage

Death of the Dream: Farmhouses in the Heartland
Death of the Dream tells the story of America's rural past and a forgotten lifestyle - the vanishing farmhouse of the Midwest and the rich lives that were lived in them. Trace the evolution of the classic farmhouse -- from its humble origins through the high-tech present -- and learn about the impact that changing economies have had on lives of midwestern farm families. 87 illustrations, including 72 tritone photo plates. Softcover, 128pp.
Stock No. 19-19 $24.95 + shipping & sales tax

Small Town Minnesota: A to Z
Author and photographer Tony Andersen toured Minnesota focusing on 26 communities - one for each letter in the alphabet - that are home to less than 1,000 residents. Follow along with Tony as he writes of the generosity and friendly curiosity of the people on the rural landscape and be reminded of the beauty a small town offers through 160 color photographs.
Stock No. 19-2 $24.95 + shipping & sales tax

Visit our web site:
www.minnesotasbookstore.com

(CITE 26 SR 1193) State Register, Monday 4 March 2002 PAGE 1193
TO ORDER:

Complete attached order blank. Please include sales tax. Include either your VISA/MasterCard, American Express or Discover credit card number with the expiration date, or a check/money order made out to the State of Minnesota. Orders by phone are accepted when purchasing with your credit card. Please include a phone number where you can be reached during the day in case we have questions about your order.

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