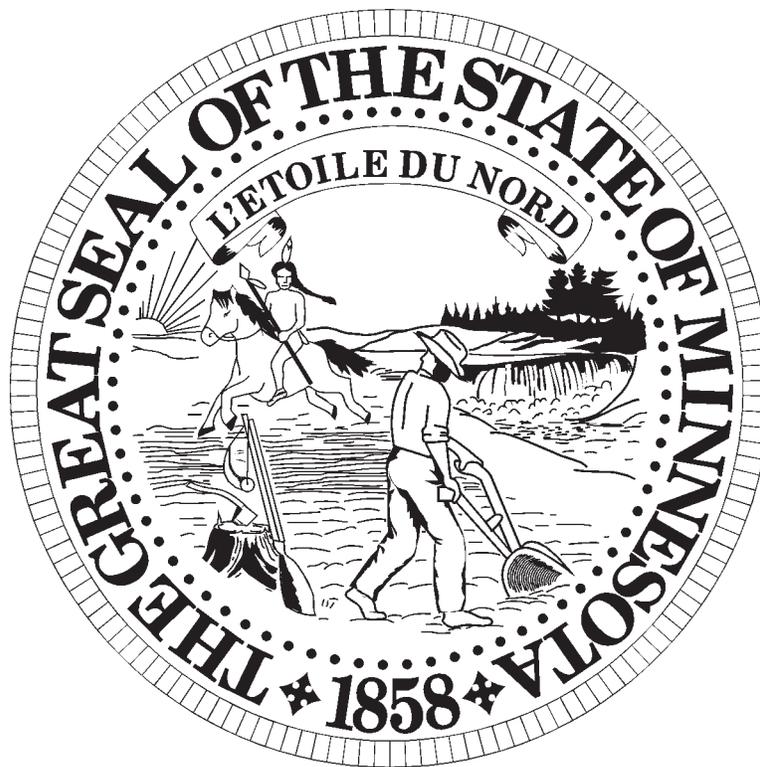


State of Minnesota

# State Register



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# State Register

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

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- proclamations and commendations
- commissioners' orders
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# 28	Monday 9 January	Noon Tuesday 3 January 2006	Noon Wednesday 28 December
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# Minnesota Rules: Amendments and Additions

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

The *State Register* is the official source, and only complete listing, for all state agency rulemaking in its various stages. State agencies are required to publish notice of their rulemaking action in the *State Register*. Published every Monday, the *State Register* makes it easy to follow and participate in the important rulemaking process. Approximately 80 state agencies have the authority to issue rules. Each agency is assigned specific **Minnesota Rule** chapter numbers. Every odd-numbered year the **Minnesota Rules** are published. The current 1999 set is a 13-volume bound collection of all adopted rules in effect at the time. Supplements are published to update this set of rules. Generally speaking, proposed and adopted exempt rules do not appear in this set because of their short-term nature, but are published in the *State Register*.

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

When rules are first drafted, state agencies publish them as **Proposed Rules**, along with a notice of hearing, or a notice of intent to adopt rules without a hearing in the case of noncontroversial rules. This notice asks for comment on the rules as proposed. Proposed emergency rules and withdrawn proposed rules are also published in the *State Register*. After proposed rules have gone through the comment period, and have been rewritten into their final form, they again appear in the *State Register* as **Adopted Rules**. These final adopted rules are not printed in their entirety in the *State Register*, only the changes made since their publication as Proposed Rules. To see the full rule, as adopted and in effect, a person simply needs two issues of the *State Register*, the issue the rule appeared in as proposed, and later as adopted. For a more detailed description of the rulemaking process, see the most current edition of the *Minnesota Guidebook to State Agency Services*.

The *State Register* features partial and cumulative listings of rules in this section on the following schedule: issues #1-13 inclusive; issues #14-25 inclusive; issue #26 cumulative for issues #1-26; issues #27-38 inclusive; issue #39, cumulative for issues #1-39; issues #40-51 inclusive; and issues #1-52 (or 53 in some years), cumulative for issues #1-52 (or 53). An annual subject matter index for rules was separately printed usually in August, but starting with Volume 19 now appears in the final issue of each volume. For copies or subscriptions to the *State Register*, contact Minnesota's Bookstore, 117 University Avenue, St. Paul, MN 55155 (612) 297-3000, or toll-free 1-800-657-3757.

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### Natural Resources Department

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# Exempt Rules

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

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

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

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

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

## Department of Natural Resources

### Adopted Exempt Permanent Game and Fish Rules: Designated Experimental and Special Management Waters

**NOTICE IS HEREBY GIVEN** that the above entitled rules have been adopted through the process prescribed by *Minnesota Statutes*, sections 97C.001 and 97C.005.

Dated: December 8, 2005

Gene Merriam, Commissioner  
Department of Natural Resources

#### 6264.0300 DESIGNATED EXPERIMENTAL WATERS.

[For text of subs 10 to 30, see M.R.]

Subp. 31. **Largemouth bass catch and release regulations.** While a person is on or fishing in these waters, angling for largemouth bass shall be limited to catch and release only, whereby any largemouth bass caught must be immediately returned to the water. Catch and release angling for largemouth bass shall be legal during the open season for largemouth bass in inland waters. It is unlawful for anyone to have in possession or under control, regardless of where taken, any largemouth bass while on or fishing in these waters.

Name	Location	County	End Date
A: Jane Lake	T.29, R.21, S.9,10	Washington	3/1/2006
B: Minnewashta Lake	T.116, R.23, S.4,5,8,9	Carver	3/1/2006
C: Turtle Lake	T.30, R.23, S.11,14	Ramsey	3/1/2006
D: Hovde	T.141, R.30, S.22,23,26,27	Cass	3/1/2012

Subp. 32. **Rainy Lake experimental regulations.** To the extent that this subpart is inconsistent with part 6266.0700, subpart 2, the provisions of this subpart apply. While a person is on or fishing in the waters listed below, all walleye in possession or under control, regardless of where taken, must be less than 17 inches in length or greater than 28 inches in length. All walleye that are 17 to 28 inches in length, inclusive, must be immediately returned to the water. A person's possession and daily limit may for walleye is four, and must not include more than one walleye over 28 inches in length. Walleye legally taken from Ontario waters of Rainy Lake that are not within the above length limits may be possessed with documented proof of fishing on Ontario waters of Rainy Lake. Proof of fishing must consist of documentation of a residence or property on Ontario waters of

# Exempt Rules

Rainy Lake, or a dated receipt from an Ontario resort on Rainy Lake. A person in possession of walleye that were legally taken in Ontario waters of Rainy Lake, but not within the legal sizes for the waters listed below, may not fish on the waters listed below.

Name	Location	County	End Date
Rainy Lake	T.67,68,69,70, 71, R.18,19,20, 21,22,23,24, S. Various, Minnesota waters of Rainy Lake from the dam in International Falls to the dam in Kettle Falls, Black Bay including Gold Portage, Rat Root Lake, and all of the Rat Root River	Koochiching, St. Louis	3/1/2006 <u>3/1/2016</u>

[For text of subs 33 to 36, see M.R.]

Subp. 37. **Northern pike maximum size limits.** All northern pike in possession while a person is on or fishing in the following waters must be less than 24 inches in length. All northern pike 24 inches or greater must be immediately returned to the water.

Name	Location	County	End Date
A. Andrews Lake	T.127, R.38, S.Various	Douglas	3/1/2008
B. <del>Big Birch</del> Lake	<del>T.126,127, R.32,33, Todd,</del> S.Various	Stearns	3/1/2006
<del>C.</del> Big Swan Lake	T.128, R.32, S.Various	Todd	3/1/2008
<del>D.</del> <u>C.</u> Burgen Lake	T.127,128, R.37, S.4,5,33	Douglas	3/1/2008
<del>E.</del> <u>D.</u> Melissa Lake	T.138, R.41, S.Various	Becker	3/1/2006 <u>3/1/2011</u>
<del>F.</del> <u>E.</u> Rachel Lake	T.127, R.39, S.Various	Douglas	3/1/2008
<del>G.</del> <u>F.</u> Sallie Lake	T.138, R.41, S.Various	Becker	3/1/2006 <u>3/1/2011</u>
<del>H.</del> <u>G.</u> Little/South Rachel Lake	T.127, R.39, S.22	Douglas	3/1/2008
<del>I.</del> <u>H.</u> Big Rabbit	T.47, R.28, S.19,30; T.47, R.29, S.24,25	Crow Wing	3/1/2010
<del>J.</del> <u>I.</u> East Big Rabbit	T.47, R.28, S.19,20,29,30	Crow Wing	3/1/2010

[For text of subs 39 and 41, see M.R.]

Subp. 43. **See repealer.**

Subp. 45. **Largemouth bass maximum size limits.** All largemouth bass in possession while a person is on or fishing in these waters must be less than 12 inches in length. All largemouth bass 12 inches and greater must be immediately returned to the water.

Name	Location	County	End Date
A. Chisago Lake	T.33, R.20, S.59, 1618	Chisago	3/1/2006
B. Long Lake	T.121,122, R.33, S.5,6,31,32	Kandiyohi	3/1/2006
C. Pierz (Fish)	T.40, R.31, S.13,14	Morrison	3/1/2006
D. South Lindstrom Lake	T.33,34, R.20, S.4,5,32,33	Chisago	3/1/2006



# Exempt Rules

<u>Name</u>	<u>Location</u>	<u>County</u>	<u>End Date</u>
<u>Big Birch</u>	<u>T.127, R.33, S.19,20,25,26</u>	<u>Todd, Stearns</u>	<u>3/1/2015</u>

## 6264.0400 DESIGNATED SPECIAL MANAGEMENT WATERS.

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

[For text of subp 4, see 29 SR 1235]

[For text of subs 6 to 12, see M.R.]

Subp. 13. **Largemouth bass and smallmouth bass catch and release regulations.** While a person is on or fishing in these waters, angling for largemouth bass and smallmouth bass is limited to catch and release only, whereby any largemouth bass or smallmouth bass caught must be immediately returned to the water. Catch and release angling for largemouth bass or smallmouth bass is legal during the open season for largemouth bass and smallmouth bass in inland waters. It is unlawful for anyone to have in possession, regardless of where taken, any largemouth bass or smallmouth bass while on or fishing in these waters.

<u>Name</u>	<u>Location</u>	<u>County</u>
	[For text of items A and B, see M.R.]	
<u>C. Big Bass</u>	<u>T.147, R.32,33, S.19,20,24,30</u>	<u>Beltrami</u>
<u>D. Deer</u>	<u>T.148, R.34, S.5,8</u>	<u>Beltrami</u>
<u>E. Jane</u>	<u>T.29, R.21, S.9,10</u>	<u>Washington</u>
<u>F. Minnewashta</u>	<u>T.116, R.23, S.4,5,8,9</u>	<u>Carver</u>
<u>G. South Twin</u>	<u>T.147,148, R.31, S.2,3,34,35</u>	<u>Beltrami</u>
<u>H. Turtle Lake</u>	<u>T.30, R.23, S.11,14</u>	<u>Ramsey</u>

[For text of subs 14 to 18, see M.R.]

Subp. 19. **Northern pike 24-inch to 36-inch protected slot limit.** All northern pike in possession while a person is on or fishing in the following waters must be less than 24 inches in length or greater than 36 inches in length. All northern pike that are 24 to 36 inches in length, inclusive, must be immediately returned to the water. Possession and daily limit may not include more than one northern pike over 36 inches in length.

<u>Name</u>	<u>Location</u>	<u>County</u>
	[For text of items A to BBB, see M.R.]	
<u>CCC. Balsam</u>	<u>T.58,59, R.24, S.49</u>	<u>Itasca</u>
<u>DDD. Haskell</u>	<u>T.58, R.24, S.7, 8,17,18,31,32</u>	<u>Itasca</u>
<u>EEE. Scrapper</u>	<u>T.58, R.24,25, S.7, 12,18</u>	<u>Itasca</u>
<u>FFF. Spider</u>	<u>T.58, R.25,26, S.7,18, 19,24,25,30,36</u>	<u>Itasca</u>

[For text of subs 20 to 32, see M.R.]

[For text of subs 33 and 34, see 29 SR 851]

Subp. 35. **Catch and release trout fishing.** While a person is on or fishing in the following waters, angling for trout is limited to catch and release only, whereby any trout caught must be immediately returned to the water. Catch and release angling for trout is legal during the open season for trout in inland streams. All legal methods of taking trout are allowed.

<u>Name</u>	<u>Location</u>	<u>County</u>
	[For text of items A to C, see M.R.]	
<u>D. Vermillion River</u>	<u>T.113,114, R.1820, S.Various</u> <u>The entire designated trout</u>	<u>Dakota</u>

stream reach beginning 1.1 miles downstream of Highway 52 upstream to the Highview Avenue bridge, except for a two-mile reach in Farmington from State Highway 3 in S.29, 30, R.19, T.114, upstream to County Highway 31 in S.31, R.19, T.114 and S.36, R.19,20, T.114

E. <u>Unnamed tributary</u> <u>DOW M-49-10 (locally known as North Creek)</u>	<u>T.114, R.19, S.19,30</u>	<u>Dakota</u>
F. <u>Unnamed tributary</u> <u>DOW M-49-10-001 (locally known as Middle Creek)</u>	<u>T.114, R.19, S.30</u>	<u>Dakota</u>
G. <u>Unnamed tributary</u> <u>DOW M-29-12 (locally known as South Creek)</u>	<u>T.114, R.20, S.33,34, 35,36</u>	<u>Dakota</u>
H. <u>South Branch of Vermillion River</u>	<u>T.114, R.18, S.20,29,30, 31; T.114, R.19, S.36; and T.113, R.19, S.1,2,11</u>	<u>Dakota</u>

[For text of subs 36 to 39, see M.R.]

Subp. 40. **Walleye 17-inch to 26-inch protected slot.** While a person is on or angling in the following waters, all walleye in possession must be less than 17 inches in length or greater than 26 inches in length. All walleye that are 17 to 26 inches in length, inclusive, must be immediately returned to the water. Possession and daily limit may include not more than one walleye over 26 inches.

Name	Location	County
[For text of items A to I, see M.R.]		
J. <u>Garden Reservoir</u>	<u>T.63, R.11, S.20-22,27-30</u>	<u>Lake</u>
K. <u>Farm</u>	<u>T.62,63, R.11, S.3,4,26-29, 32-35</u>	<u>Lake</u>
L. <u>North Branch Kawishiwi River</u>	<u>T.63, R.10,11, S.25,26, 28,29,30</u>	<u>Lake</u>
M. <u>South Farm</u>	<u>T.62,63, R.11, S.1,2,3, 35,36</u>	<u>Lake</u>
N. <u>White Iron</u>	<u>T.62,63, R.11,12, S.Various</u>	<u>St. Louis</u>

Subp. 41. **Largemouth and smallmouth bass 12-inch maximum size limit.** While a person is on or angling in the following waters, all largemouth and smallmouth bass in possession must be less than 12 inches in length. All largemouth and smallmouth bass 12 inches and greater in length must be immediately returned to the water.

Name	Location	County
[For text of items A and B, see M.R.]		
C. <u>Chisago Lake</u>	<u>T.33, R.20, S.5-8,17</u>	<u>Chisago</u>
D. <u>South Lindstrom</u>	<u>T.33,34, R.20, S.4,5, 32,33</u>	<u>Chisago</u>

# Exempt Rules

Subp. 42. **Largemouth and smallmouth bass 12-inch maximum size limit and one over 20 inches.** While a person is on or angling in the following waters, all largemouth and smallmouth bass in possession must be less than 12 inches in length. All largemouth and smallmouth bass 12 inches and greater in length must be immediately returned to the water, except possession and daily limit may include not more than one bass over 20 inches.

Name	Location	County
	[For text of items A to C, see M.R.]	
D. <u>Agnes</u>	<u>T.128, R.37, S.18</u>	<u>Douglas</u>
E. <u>Balm</u>	<u>T.150, R.35, S.22,23,26-28</u>	<u>Beltrami</u>
F. <u>Henry</u>	<u>T.128, R.37, S.7,18</u>	<u>Douglas</u>
G. <u>Pierz (Fish)</u>	<u>T.40, R.31, S.13,14</u>	<u>Morrison</u>
H. <u>Turtle</u>	<u>T.59,60, R.26,27, S.Various</u>	<u>Itasca</u>

Subp. 43. **Crappie and sunfish possession limit.** While a person is on or angling in the following waters, the daily and possession limits that apply are: crappie, five fish and sunfish, five fish.

Name	Location	County
	[For text of items A to D, see M.R.]	
E. <u>Dyers</u>	<u>T.58, R.5, S.4,5,8,9</u>	<u>Cook</u>

[For text of subp 44, see M.R.]

Subp. 45. **Crappie minimum size limits and reduced bag.** While a person is on or angling in the following waters, all crappie in possession must be ten inches or greater in length. All crappie less than ten inches in length must be immediately returned to the water. Possession and daily limit for crappie is five fish.

Name	Location	County
A. <u>Big Mantrap</u>	<u>T.141,142, R.33,34, S.Various</u>	<u>Hubbard</u>
B. <u>Franklin</u>	<u>T.137, R.42, S.27,28,33,34</u>	<u>Otter Tail</u>
C. <u>Maple Lake</u>	<u>T.127,128, R.38, S.Various</u>	<u>Douglas</u>

[For text of subs 46 to 51, see M.R.]

Subp. 52. **Cottonwood special regulations.** While a person is on or angling in the following waters, the following daily and possession limits apply: walleye, three fish and sunfish, five fish.

Name	Location	County
<u>Cottonwood</u>	<u>T.126,127, R.43, S.1,2,35,36</u>	<u>Grant</u>

Subp. 53. **Sunfish restricted possession limits.** While a person is on or angling in the following waters, the daily and possession limit for sunfish is five fish.

Name	Location	County
A. <u>Blackduck</u>	<u>T.149, R.31, S.3 5,911, 14-17</u>	<u>Beltrami</u>
B. <u>Gull</u>	<u>T.148,149, R.32, S.14,11, 26,27,34,35</u>	<u>Beltrami</u>
C. <u>Sand</u>	<u>T.59, R.10,11, S.13,18, 23-26</u>	<u>Lake</u>

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## Exempt Rules

**Subp. 54. Walleye 17-inch to 26-inch protected slot and four-fish bag limit.** While a person is on or angling in the following waters, all walleye in possession must be less than 17 inches or greater than 26 inches in length. All walleye that are 17 to 26 inches in length, inclusive, must be immediately returned to the water. A person's walleye possession and daily limit taken from, while on, or angling in the following waters, including those taken from other waters, is four, and must not include more than one walleye over 26 inches in length.

<u>Name</u>	<u>Location</u>	<u>County</u>
<u>Lake Vermilion</u>	<u>T.61-63, R.14-18, S.Various</u>	<u>St. Louis</u>

**Subp. 55. Lake of the Woods and Rainy River; northern pike.** While a person is on or fishing in the following waters, all northern pike in possession must be less than 30 inches or greater than 40 inches in length. All northern pike that are 30 to 40 inches in length, inclusive, must be immediately returned to the water. A person's possession and daily limit for northern pike is three, and must not include more than one northern pike over 40 inches in length.

<u>Name</u>	<u>Location</u>	<u>County</u>
<u>A. Lake of the Woods</u>	<u>T.162-168, R.32-37, S.Various</u>	<u>Lake of the Woods</u>
<u>B. Rainy River</u>	<u>T.162, R.31, S.19 from the U.S. Coast Guard lighthouse at Wheeler's Point upstream to the Boise Cascade Dam in T.71, R.24, S.27</u>	<u>Lake of the Woods, Koochiching</u>
<u>C. Winter Road River</u>	<u>T.161, R.31, S.20 upstream to the headwaters</u>	<u>Lake of the Woods</u>
<u>D. Baudette River</u>	<u>T.161, R.31, S.35 upstream to the headwaters</u>	<u>Lake of the Woods</u>
<u>E. Warroad River</u>	<u>T.163, R.36, S.28 upstream to the headwaters</u>	<u>Roseau</u>

**Subp. 56. Brook trout catch and release waters.** While a person is on or angling in the following waters, angling for brook trout is legal during the open season for trout in inland waters. Angling for brook trout is limited to catch and release only, whereby any brook trout must be immediately returned to the water.

<u>Name</u>	<u>Location</u>	<u>County</u>
<u>Stoney Brook</u>	<u>T.135, R.29, S.5,8,9 from the mouth at Gull Lake in S.8,9, R.29, T.135 upstream to the County Road 29 crossing in S.5, R.29, T.135</u>	<u>Cass</u>

**Subp. 57. Red Wing Pottery Pond special regulations.** The season for trout in Red Wing Pottery Pond is open continuously. While a person is on or angling in the following waters, a person's daily and possession limit for trout is three and must not include more than one trout over 16 inches.

<u>Name</u>	<u>Location</u>	<u>County</u>
<u>Red Wing Pottery Pond</u>	<u>T.113, R.15, S.25</u>	<u>Goodhue</u>

**Subp. 58. North Turtle regulations.** While a person is on or angling in the following waters, all largemouth and smallmouth bass in possession must be less than 12 inches or greater than 20 inches in length. All largemouth and smallmouth bass that are 12 to 20 inches in length, inclusive, must be immediately returned to the water. A person's possession and daily limit may include not more than one bass over 20 inches in length. While a person is on or angling in the following waters, all crappie in possession must be ten inches or greater in

# Exempt Rules

length. All crappie less than ten inches must be immediately returned to the water.

<u>Name</u>	<u>Location</u>	<u>County</u>
<u>North Turtle</u>	<u>T.133, R.41, S.25,26,34,35</u>	<u>Otter Tail</u>

**REPEALER.** Minnesota Rules, part 6264.0300, subparts 43 and 50, are repealed.

**EFFECTIVE DATE.** The amendments to Minnesota Rules, parts 6264.0300 and 6264.0400, and the repealer are effective March 1, 2006.

## Expedited Emergency Rules

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

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

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

## Department of Natural Resources

### Adopted Expedited Emergency Game and Fish Rules: Special Fish Management Species and Tags

**NOTICE IS HEREBY GIVEN** that the above entitled rules have been adopted through the process prescribed by *Minnesota Statutes*, section 84.027, subdivision 13 (b). The statutory authority for the contents of the rules is Laws of Minnesota 2005, First Special Session, Chapter 1, Article 2, Sections 104, 114, and 115. The emergency conditions that do not allow compliance with *Minnesota Statutes*, sections 97A.0451 to 97A.0459, are as follows.

- The 2005 legislature made changes in the statutes that went into effect on July 1, 2005. The rules outlining the tagging authority need to be completed in time to implement these changes with the 2006 fishing season that opens in April. These changes are needed to improve management efforts for this recovering species.
- The desire to consider an application process for tags to monitor lake sturgeon management on a statewide basis has come about due to the restoration work being done for lake sturgeon on the Minnesota – Ontario border. Lake sturgeon numbers have increased in recent years, but the population is still recovering and requires additional protection for its long-term health. At present, there are high numbers of smaller fish, but few larger fish (over 55 inches in length). A recovered population would have many fish larger than 72 inches in length.
- As the lake sturgeon population recovery continues, angling interest has also grown. With large increases in angler numbers, management of this species has become increasingly difficult. Harvest is presently regulated with a size limit and a one fish per year bag limit. Special fish management tags are a means to collecting additional data on a fishery and a way to improve management and enforcement.

Dated: December 9, 2005

Gene Merriam, Commissioner  
Department of Natural Resources

#### **6262.1000 SPECIAL FISH MANAGEMENT SPECIES AND TAGS.**

Subpart 1. **Tag definition.** For purposes of this part, "tag" means a special fish management tag.

Subp. 2. **Special fish management species.** The following is a special fish management species and requires a tag:

Lake sturgeon (*Acipenser fulvescens*).

Subp. 3. **Tag requirements.** A person shall not possess a lake sturgeon unless the person has a valid tag for that species. A tag is not required to angle for lake sturgeon.

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# Expedited Emergency Rules

**Subp. 4. Eligibility.** A person applying for a tag must either possess a valid fishing license or be specifically exempt by law from the fishing license requirement. A person exempt by law from the fishing license requirement must still obtain a tag to legally possess a lake sturgeon.

**Subp. 5. Issuance.**

A. Upon application and payment of the required fee, the authorized licensing agent shall issue one tag and registration card for a lake sturgeon.

B. Duplicate tags shall not be issued.

**Subp. 6. Tagging.**

A. Immediately after reducing a lake sturgeon to possession, a tag holder must validate and attach a tag to the fish. A tag holder must not affix a tag to the carcass of a lake sturgeon that the tag holder did not personally catch.

B. To validate a tag, the tag holder must use a sharp object to cut out or use a pen to indelibly mark the appropriate notch on the tag indicating:

(1) the month the fish was taken;

(2) the day of the month the fish was taken; and

(3) the time of day the fish was taken.

C. Lake sturgeon tag holders must attach the validated tag to the caudal peduncle (narrow portion of the body just in front of the tail fin) using string, twine, wire, or similar device so that the tag cannot be readily removed before the lake sturgeon is consumed or processed.

**Subp. 7. Registration.** A tag holder must register a catch of a lake sturgeon within 48 hours after reducing it to possession by completing and mailing the registration card provided with the tag. The following registration information is required:

A. tag holder information;

B. date when reduced to possession;

C. fish length; and

D. name of water body where the fish was reduced to possession.

**EFFECTIVE PERIOD.** Minnesota Rules, part 6262.1000, is effective March 1, 2006.

## Commissioners' Orders

Various agency commissioners are authorized to issue "commissioner's orders" on specified activities governed by their agency's enabling laws. See the *Minnesota Statutes* governing each agency to determine the specific applicable statutes. Commissioners' orders are approved by assistant attorneys general as to form and execution and published in the *State Register*. These commissioners orders are compiled in the year-end subject matter index for each volume of the *State Register*.

## Minnesota Department of Natural Resources

### DECISION RECORD

#### **OFFICIAL NOTICE AND ORDER: Classification of the Whiteface River State Forest Within St. Louis County With Respect to Motor Vehicle Use Pursuant to *Minnesota Laws 2003, Chapter 128, Article 1, Section 167, Subdivision 1 (as Amended)* and *Minnesota Rules, Chapter 6100.1950***

CLASSIFICATION OF THE WHITEFACE RIVER STATE FOREST IN ST. LOUIS COUNTY, MINNESOTA

**NOTICE PUBLISHED:**

**January 3, 2006**

**EFFECTIVE DATE:**

**July 1, 2006**

**NOTICE IS HEREBY GIVEN** that the Commissioner of the Minnesota Department of Natural Resources orders the classification of the Whiteface River State Forest, located in St. Louis County, as *Closed* with respect to the operation of motor vehicles.

**WHEREAS:**

1. *Minnesota Laws 2003, Chapter 128, Article 1, Section 167*, as amended by *Minnesota Laws 2005, 1<sup>st</sup> Special Session, Chapter 1, Article 2, Section 152* directs the Commissioner of Natural Resources to complete a review of the classification status of all state forests and forest lands under the authority of the commissioner classified as 'managed' with respect to the operation of motor vehicles. Reclassification is conducted pursuant to the process and criteria set forth in *Minnesota Rules, 6100.1950*.

# Commissioner's Orders

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2. The agency held a public meeting and solicited and received written comments and submissions on the proposed forest classification. Comments were incorporated into the final plan for forest classification.
3. All notice and procedural requirements in *Minnesota Statutes*, and other applicable rules and law have been complied with.
4. The state forest classification is both needed and reasonable.

**NOW THEREFORE, IT IS ORDERED** that the Whiteface River State Forest is classified as *Closed*, pursuant to authority vested in me by Minnesota law.

**IT IS FURTHER ORDERED** that the classification of the Whiteface River State Forest shall become effective on July 1, 2006.

A copy of this order shall be filed with the Secretary of State.

Dated: December 19, 2005

Gene Merriam, Commissioner  
Department of Natural Resources

Signed copy on file w/MN Secretary of State – Refer to No. 0601340

## Minnesota Department of Natural Resources DECISION RECORD

### OFFICIAL NOTICE AND ORDER: Designation of Forest Roads in the Whiteface River State Forest Pursuant to *Minnesota Statutes*, Section 89.71, Subdivision 1

DESIGNATION OF FOREST ROADS IN THE WHITEFACE RIVER STATE FOREST IN ST. LOUIS COUNTY, MINNESOTA

**NOTICE PUBLISHED:** January 3, 2006  
**EFFECTIVE DATE:** July 1, 2006

**NOTICE IS HEREBY GIVEN** that the Commissioner of the Minnesota Department of Natural Resources orders the designation of forest roads identified in *Exhibit A*, attached hereto and incorporated herein, in the Whiteface River State Forest.

#### WHEREAS:

1. *Minnesota Statutes*, Section 89.71, subdivision 1, provides that the commissioner may designate or undesignate forest roads by written order published in the *State Register*.
2. The agency held a public meeting and solicited and received written comments and submissions regarding public use of the Whiteface River State Forest.
3. All notice and procedural requirements in *Minnesota Statutes*, and other applicable rules and law have been complied with.
4. The forest road designations are both needed and reasonable.

**NOW THEREFORE, IT IS ORDERED** that the forest roads identified in *Exhibit A*, attached hereto and incorporated herein, are hereby designated pursuant to authority vested in me by Minnesota law.

**IT IS FURTHER ORDERED** that the designation of those forest roads identified in *Exhibit A*, shall become effective on July 1, 2006.

A copy of this order shall be filed with the Secretary of State.

Dated: December 19, 2005

Gene Merriam, Commissioner  
Department of Natural Resources

Signed copy on file w/MN Secretary of State – Refer to No. 0601341

Exhibit A: Forest Road Designation  
Whiteface River State Forest  
St. Louis County, Minnesota



Note: The map shows forest access routes on DNR administered lands only. These routes connect with routes on adjacent public and private lands and with public highways.



# Commissioners' Orders

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## Minnesota Department of Natural Resources DECISION RECORD

### OFFICIAL NOTICE AND ORDER: Classification of the Fond du Lac State Forest Within Carlton County With Respect to Motor Vehicle Use Pursuant to *Minnesota Laws 2003*, Chapter 128, Article 1, Section 167, Subdivision 1 (as amended) and *Minnesota Rules*, Chapter 6100.1950.

CLASSIFICATION OF THE FOND DU LAC STATE FOREST IN CARLTON COUNTY, MINNESOTA

NOTICE PUBLISHED: January 3, 2006

EFFECTIVE DATE: January 1, 2007

NOTICE IS HEREBY GIVEN that the Commissioner of the Minnesota Department of Natural Resources orders the classification of the Fond du Lac State Forest, located in Carlton County, as '*Limited*' with respect to the operation of motor vehicles.

#### WHEREAS:

1. *Minnesota Laws 2003*, Chapt. 128, Art. 1, Sect. 167, as amended by *Minnesota Laws 2005, First Special Session*, Chapt. 1, Art. 2, Sect. 152 directs the Commissioner of Natural Resources to complete a review of the classification status of all state forests and forest lands under the authority of the commissioner, to reclassify said forests as regards motor vehicle operation, and to designate motor routes on state-administered forest lands.
2. The agency held a public meeting and solicited and received written comments and submissions on the proposed forest classification. Comments were incorporated into the final plan for forest classification.
3. All notice and procedural requirements in Minnesota Statutes, and other applicable rules and law have been complied with.
4. The state forest classification is both needed and reasonable.

NOW THEREFORE, IT IS ORDERED that the Fond du Lac State Forest is classified as '*Limited*', pursuant to authority vested in me by Minnesota law.

IT IS FURTHER ORDERED that the classification of the Fond du Lac State Forest shall become effective on January 1, 2007.

A copy of this order shall be filed with the Secretary of State.

Dated: December 19, 2005

Gene Merriam, Commissioner  
Department of Natural Resources

Signed copy on file w/MN Secretary of State – Refer to No. 0601342

## Minnesota Department of Natural Resources

### DECISION RECORD

#### OFFICIAL NOTICE AND ORDER: Designation and Undesignation of Forest Roads in the Fond du Lac State Forest Pursuant to *Minnesota Statutes, Section 89.71,* Subdivision 1

DESIGNATION AND UNDESIGNATION OF FOREST ROADS IN THE FOND DU LAC STATE FOREST IN CARLTON COUNTY,  
MINNESOTA

**NOTICE PUBLISHED:** January 3, 2006

**EFFECTIVE DATE:** January 1, 2007

**NOTICE IS HEREBY GIVEN** that the Commissioner of the Minnesota Department of Natural Resources orders the designation of forest roads identified in *Exhibit A*, and the undesignation of forest roads identified in *Exhibit B*, attached hereto and incorporated herein, in the Fond du Lac State Forest.

**WHEREAS:**

1. *Minnesota Statutes*, Section 89.71, Subd. 1, provides that the commissioner may designate or undesignate forest roads by written order published in the *State Register*.
2. The agency held a public meeting and solicited and received written comments and submissions regarding public use of the Fond du Lac State Forest.
3. All notice and procedural requirements in *Minnesota Statutes*, and other applicable rules and law have been complied with.
4. The forest road designations and undesignations are needed and reasonable.

**NOW THEREFORE, IT IS ORDERED** that the forest roads identified in *Exhibit A*, attached hereto and incorporated herein, are hereby designated pursuant to authority vested in me by Minnesota law.

**IT IS FURTHER ORDERED** the forest roads identified in *Exhibit B*, attached hereto and incorporated herein, are hereby undesignated and removed from the state forest road system pursuant to authority vested in me by Minnesota law.

**IT IS FURTHER ORDERED** that the designation or undesignation of those forest roads identified in *Exhibits A and B*, shall become effective on January 1, 2007.

A copy of this order shall be filed with the Secretary of State.

Dated: December 19, 2005

Gene Merriam, Commissioner  
Department of Natural Resources

Signed copy on file w/MN Secretary of State – Refer to No. 0601343

# Commissioner's Orders

## Exhibit A: Forest Road Designation Fond du Lac State Forest Carlton County and St. Louis County, Minnesota



 Forest Road Designation  
 Forest Access Routes on DNR Administered Lands

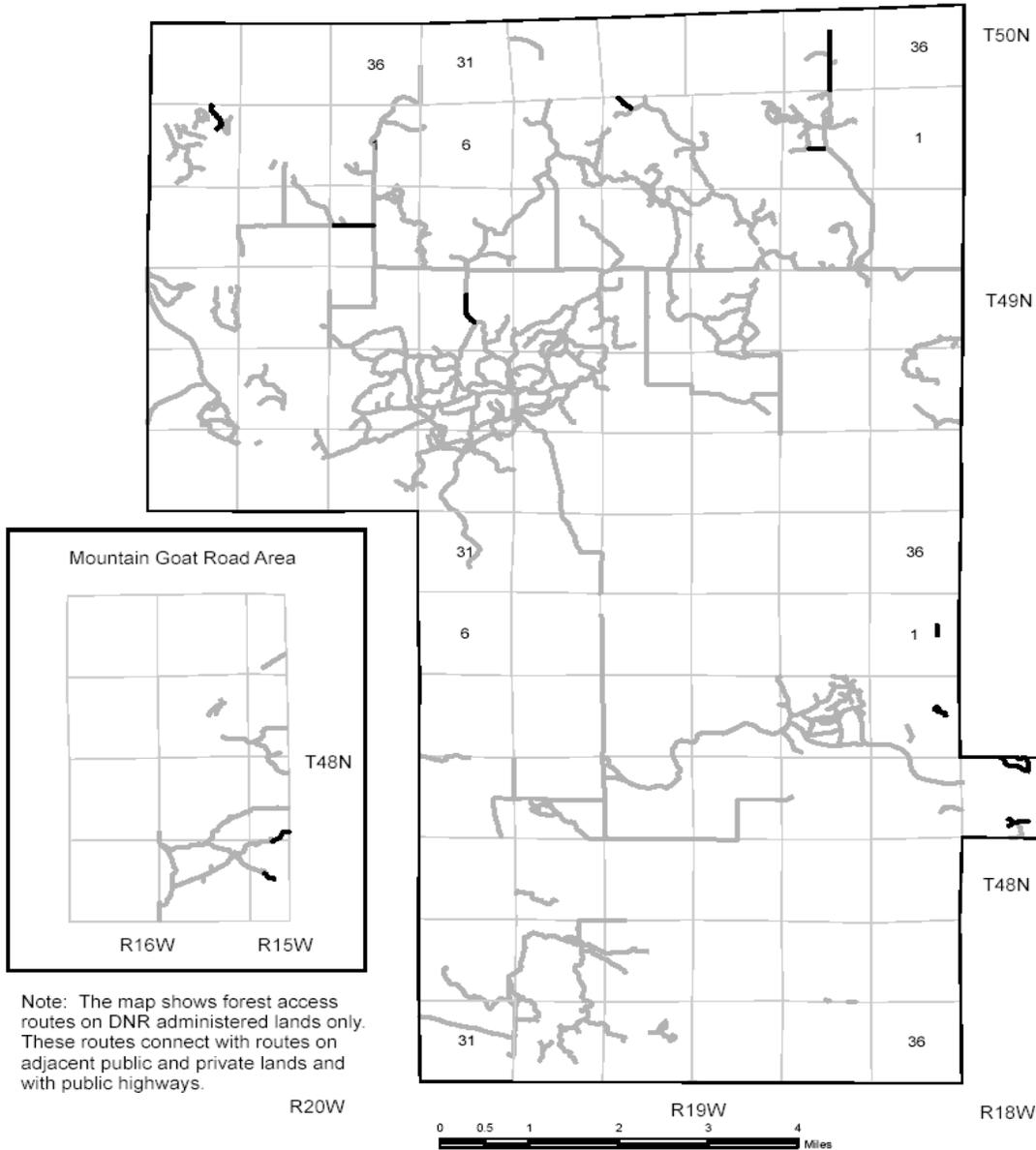
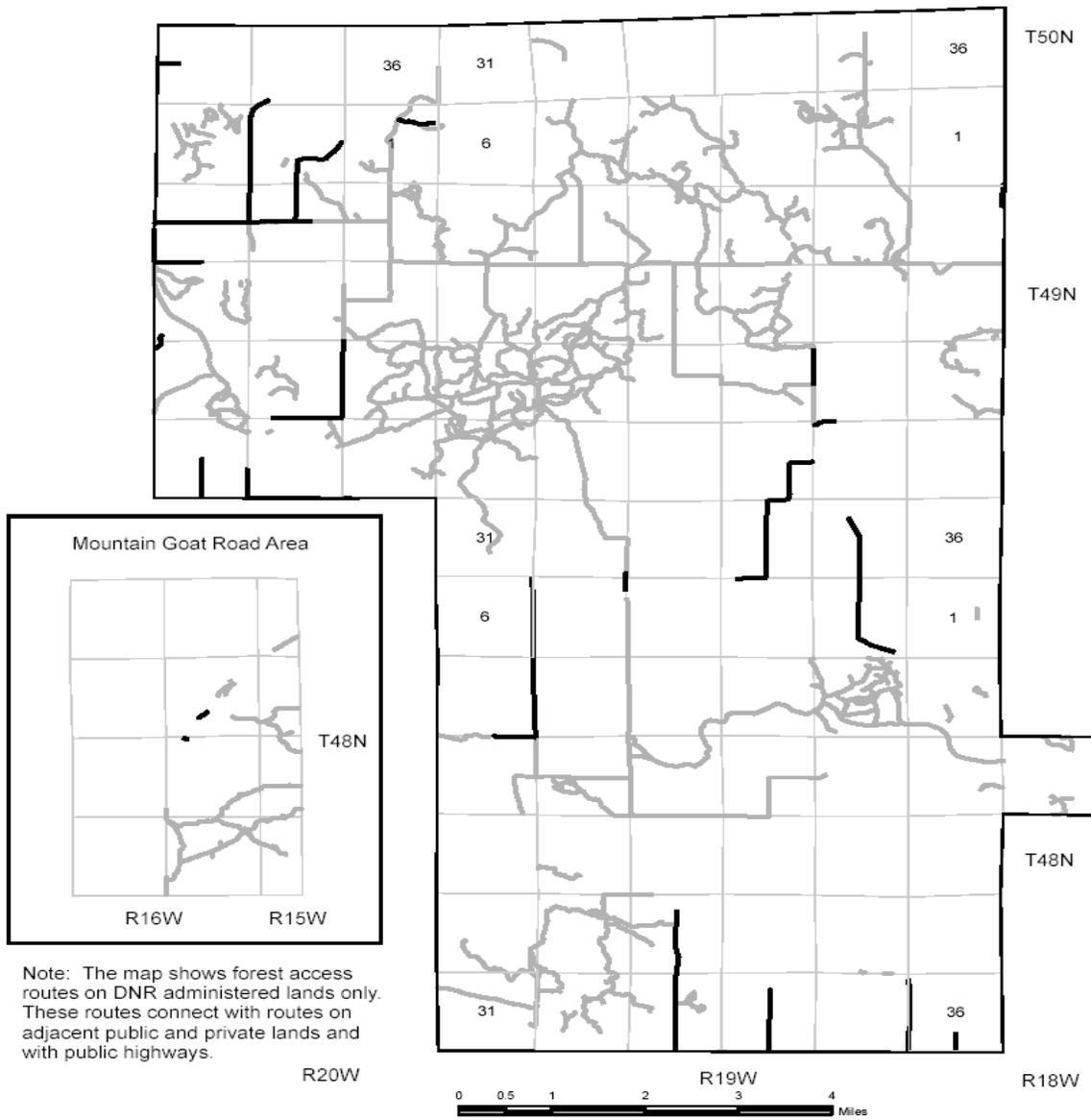


Exhibit B: Forest Road Undesignation  
Fond du Lac State Forest  
Carlton County and St. Louis County, Minnesota



- Forest Road Undesignation
- Forest Access Routes on DNR Administered Lands



Note: The map shows forest access routes on DNR administered lands only. These routes connect with routes on adjacent public and private lands and with public highways.

# Commissioner's Orders

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## Minnesota Department of Natural Resources

### DECISION RECORD

#### OFFICIAL NOTICE AND ORDER: Designation of Forest Trails in the Fond du Lac State Forest With Respect to Off-highway Vehicle Use Pursuant to *Minnesota Laws 2003, Chapter 128, Article 1, Section 167, Subd. 1 (as amended)* and *Minnesota Statutes, Section 89.19, Subd. 2.*

DESIGNATION OF FOREST TRAILS IN THE FOND DU LAC STATE FOREST IN CARLTON COUNTY, MINNESOTA

**NOTICE PUBLISHED:** January 3, 2006

**EFFECTIVE DATE:** January 1, 2007

**NOTICE IS HEREBY GIVEN** that the Commissioner of the Minnesota Department of Natural Resources orders the designation of forest trails as identified in *Exhibits A, B, C, and D* attached hereto and incorporated herein. The trail designations are for the Fond du Lac State Forest, located in Carlton and St Louis Counties, with respect to the operation of all-terrain vehicles, off-highway motorcycles, and the non-motorized activities of cross country skiing and hunter walking.

#### WHEREAS:

1. *Minnesota Laws 2003, Chapt. 128, Art. 1, Sect. 167*, as amended by *Minnesota Laws 2005, First Special Session, Chapt. 1, Art. 2, Sect. 152* directs the Commissioner of Natural Resources to complete a review of the classification status of all state forests and forest lands under the authority of the commissioner, to reclassify said forests as regards motor vehicle operation, and to designate motor routes on state-administered forest lands.
2. The agency held a public meeting and solicited and received written comments and submissions on the proposed forest trail designations. Comments were incorporated into the final plan for forest trail designations.
3. All notice and procedural requirements in *Minnesota Statutes*, and other applicable rules and law have been complied with.
4. The forest trail designations are both needed and reasonable.

**NOW THEREFORE, IT IS ORDERED** that the all-terrain vehicle trails identified in *Exhibit A*, the off-highway motorcycle trails identified in *Exhibit B*, the cross country ski trails identified in *Exhibit C*, and the hunter walking trails identified in *Exhibit D* within the Fond du Lac State Forest, are hereby designated pursuant to authority vested in me by Minnesota law.

**IT IS FURTHER ORDERED** that the designation of those trails identified in *Exhibits A, B, C, and D*, attached hereto and incorporated herein, shall take effect on January 1, 2007.

A copy of this order shall be filed with the Secretary of State.

Dated: December 19, 2005

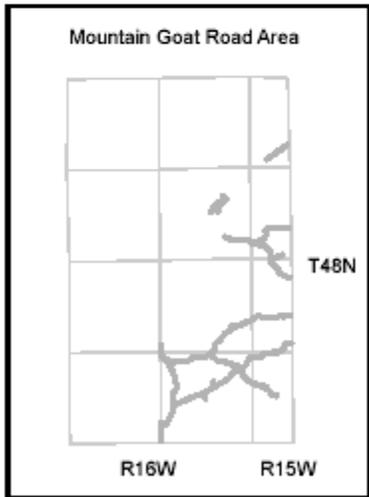
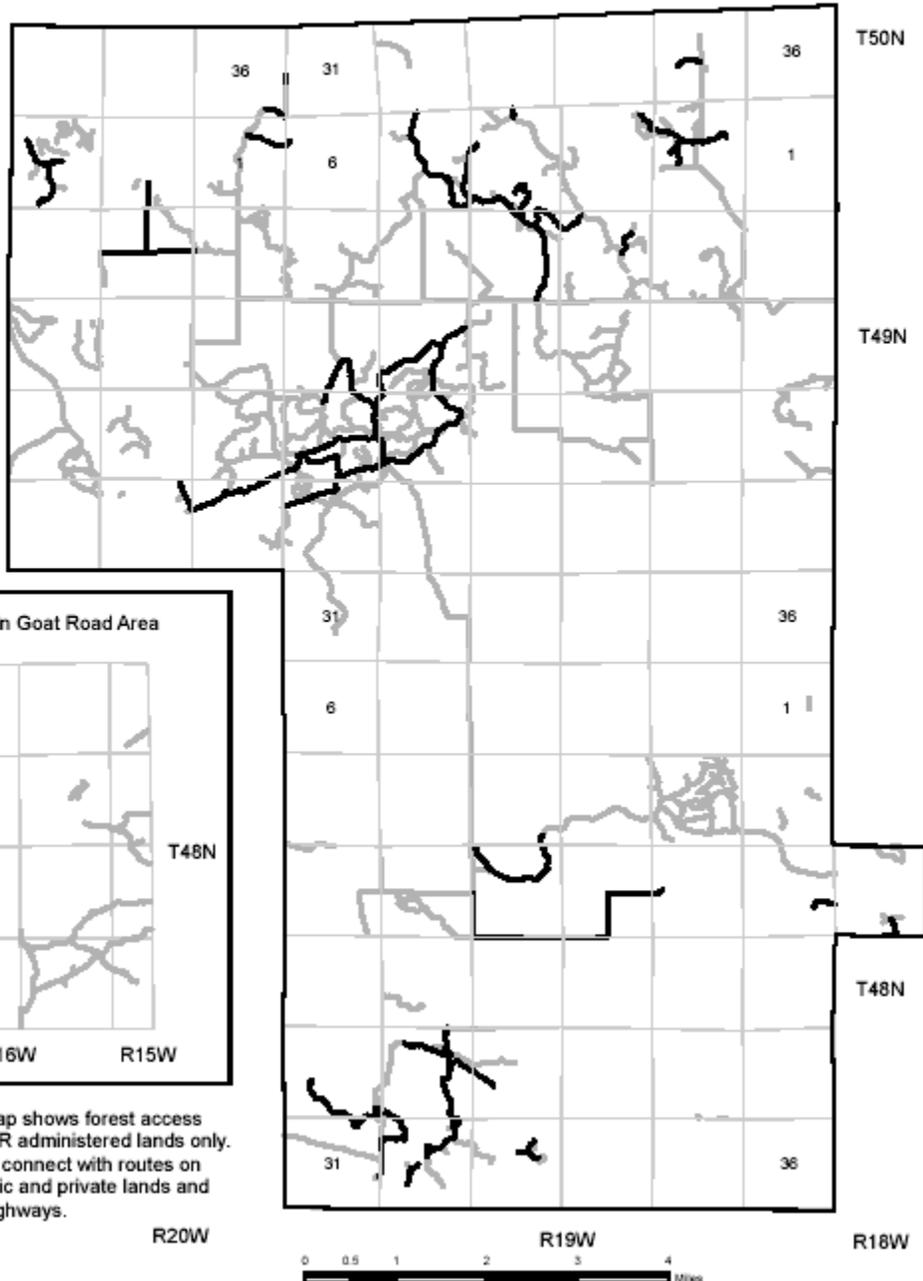
Gene Merriam, Commissioner  
Department of Natural Resources

Signed copy on file w/MN Secretary of State – Refer to No. 0601344

Exhibit A: All Terrain Vehicle Trail Designation  
Fond du Lac State Forest  
Carlton County and St. Louis County, Minnesota



- ATV Trail Designation
- Forest Access Routes on DNR Administered Lands



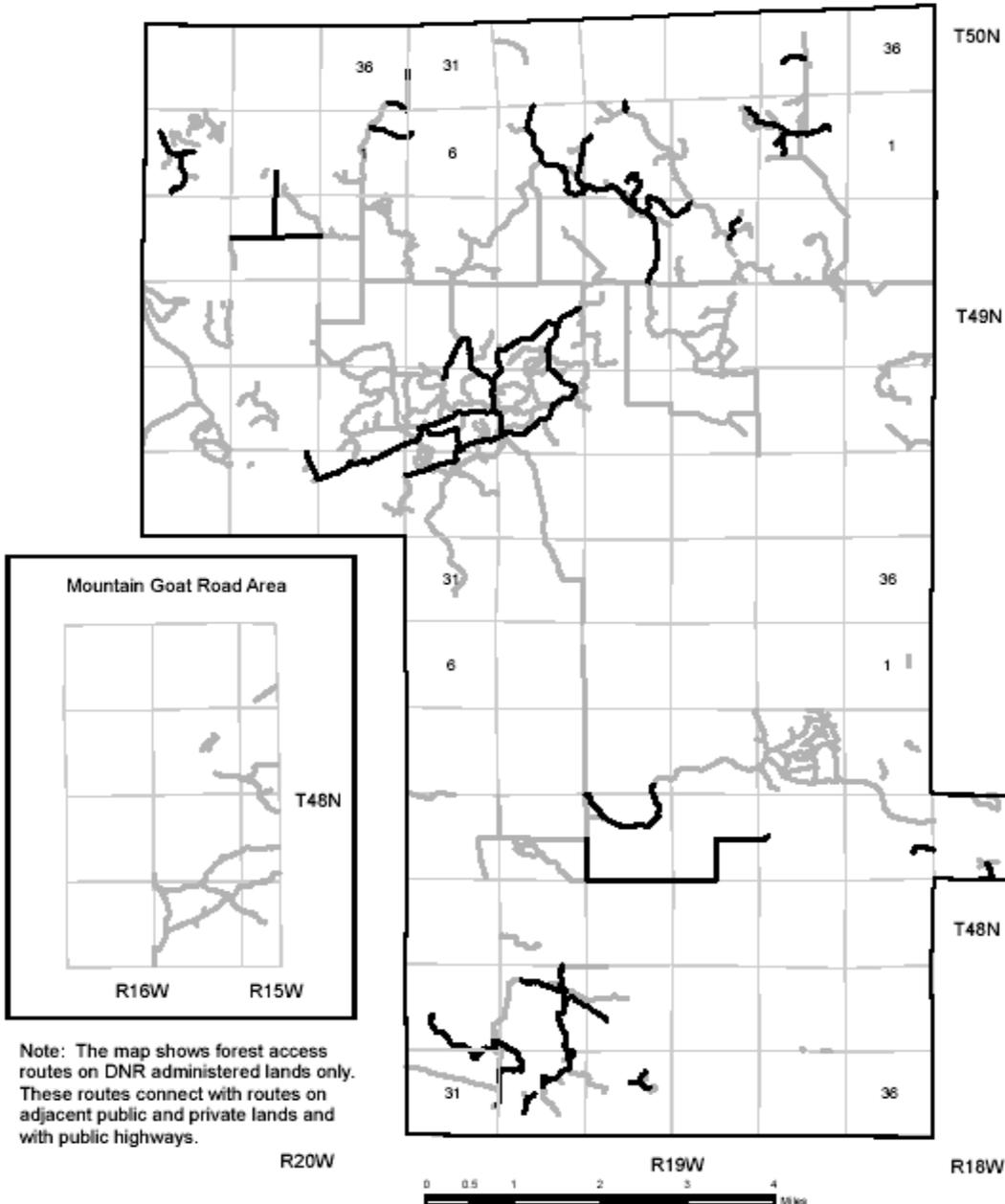
Note: The map shows forest access routes on DNR administered lands only. These routes connect with routes on adjacent public and private lands and with public highways.

# Commissioners' Orders

## Exhibit B: Off Highway Motorcycle Trail Designation Fond du Lac State Forest Carlton County and St. Louis County, Minnesota



- OHM Trail Designation
- Forest Access Routes on DNR Administered Lands

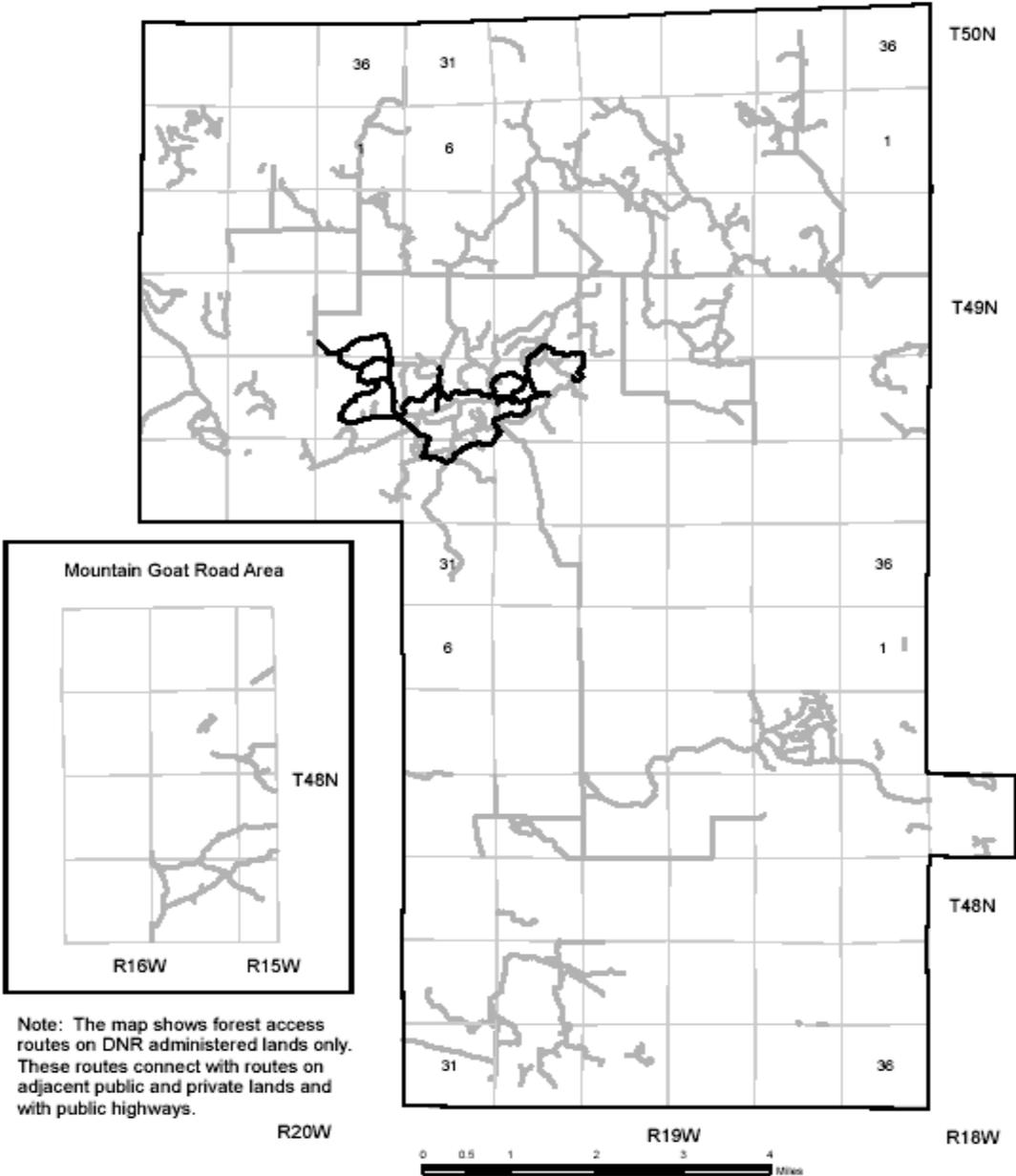


Note: The map shows forest access routes on DNR administered lands only. These routes connect with routes on adjacent public and private lands and with public highways.

Exhibit C: Cross Country Ski Trail Designation  
Fond du Lac State Forest  
Carlton County and St. Louis County, Minnesota



 Cross Country Ski Trails  
 Forest Access Routes on DNR Administered Lands

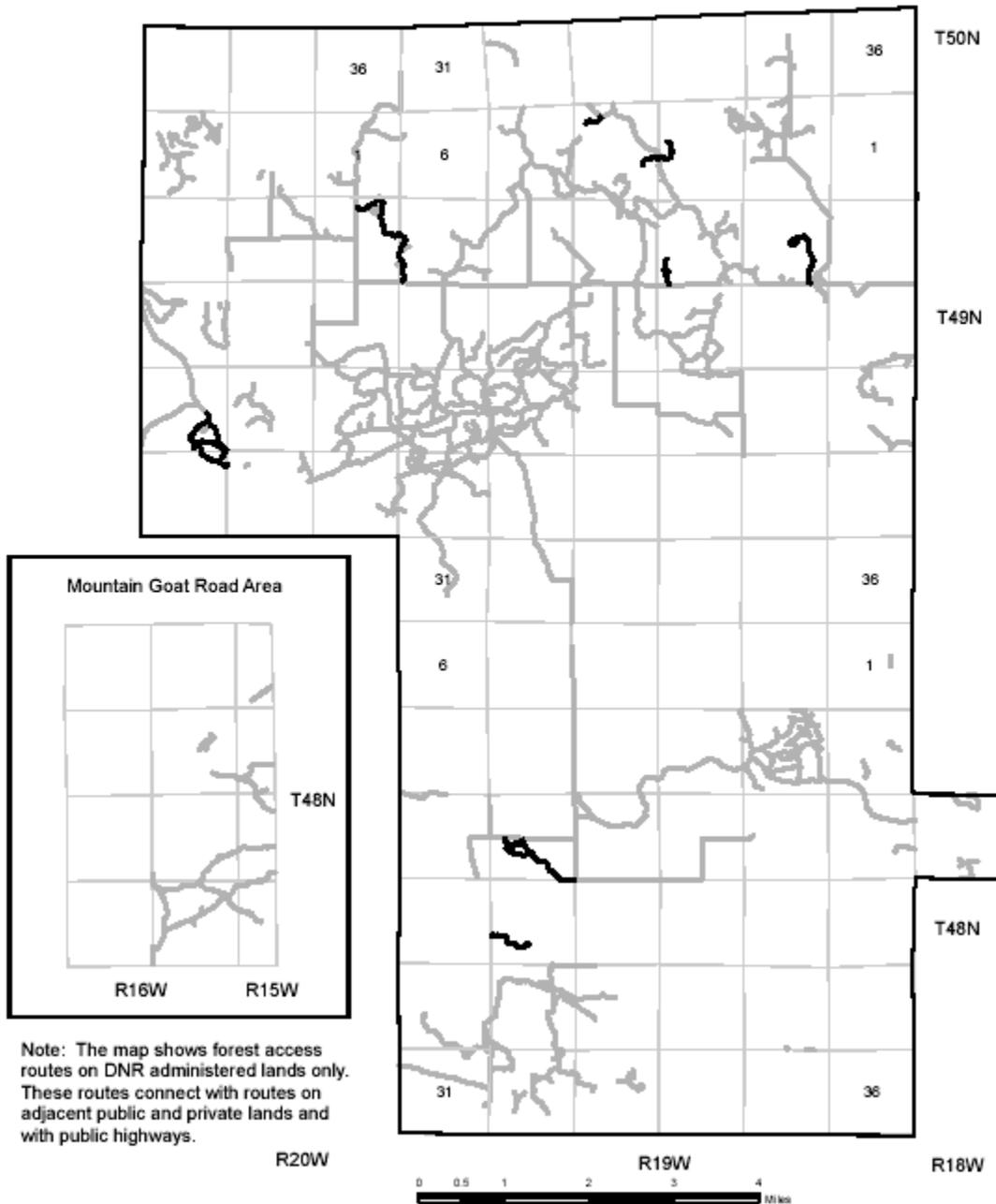


# Commissioners' Orders

## Exhibit D: Hunter Walking Trail Designation Fond du Lac State Forest Carlton County and St. Louis County, Minnesota



-  Hunter Walking Trails
-  Forest Access Routes on DNR Administered Lands



Note: The map shows forest access routes on DNR administered lands only. These routes connect with routes on adjacent public and private lands and with public highways.

## Minnesota Department of Natural Resources

### DECISION RECORD

#### OFFICIAL NOTICE AND ORDER: Designation of All-terrain Vehicle Trails Within or Contiguous to Designated Wildlife Management Areas as Specified in *Minnesota Statutes, Section 97A.133, subd. 3.*

DESIGNATION OF ALL-TERRAIN VEHICLE TRAILS IN WILDLIFE MANAGEMENT AREAS ON LANDS UNDER THE AUTHORITY OF THE COMMISSIONER IN AITKIN, BELTRAMI AND MARSHALL COUNTIES, MINNESOTA

**NOTICE PUBLISHED:** JANUARY 3, 2006  
**EFFECTIVE DATE:** DECEMBER 31, 2006

**NOTICE IS HEREBY GIVEN** that the Commissioner of the Minnesota Department of Natural Resources orders the designation of all-terrain vehicle trails as identified in the "*Phase II Plan*", attached hereto and incorporated herein, for state lands under the authority of the commissioner located in Aitkin, Beltrami and Marshall Counties of Minnesota. Trail designations are made pursuant to *Minnesota Statutes, Section 97A.133, subd. 3.* This order supercedes and replaces the *Phase I Plan* and order (*Cite 29 SR 323*).

#### WHEREAS:

1. *Minnesota Statutes, Section 97A.133, Subd. 3* directs the commissioner of natural resources to identify, designate and sign all-terrain vehicle trails in order to connect trails, forest roads and public highways to provide reasonable travel for all-terrain vehicles in areas of historic all-terrain vehicle use, including trails that are within or contiguous to designated Wildlife Management Areas located on lands acquired by the state pursuant to *Minnesota Statutes, Chapter 84A*.
2. The commissioner consulted with wildlife management area users, including both motorized and non-motorized trail users, in identifying and evaluating trails for designation in accordance with procedures specified by *Minnesota Laws 2002*, Chapt. 353, Sect. 8.
3. The agency solicited and received written comments and submissions on the proposed trail designations and incorporated these as appropriate into the *Phase II Plan*.
4. All notice and procedural requirements in Minnesota Statutes, and other applicable rules and law have been complied with.
5. The all-terrain vehicle trail designations are both needed and reasonable.

**NOW THEREFORE, IT IS ORDERED** that the all-terrain vehicle trail segments, contained in the attached *Phase II Plan*, as noticed in the *State Register* and filed with the Secretary of State, are hereby designated pursuant to authority vested in me by Minnesota Law.

**IT IS FURTHER ORDERED** that the designation of said all-terrain vehicle trail segments shall become effective on December 31, 2006. This order supercedes and replaces the *Phase I Plan* and order. (*Cite 29 SR 323*)

Dated: *December 12, 2005*

Gene Merriam, Commissioner  
Department of Natural Resources

Attached: *Phase II ATV Trail Plan for Aitkin, Beltrami & Marshall Counties.*

Signed copy on file w/MN Secretary of State – Refer to No. 0601345

# Commissioners' Orders

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## Minnesota Department of Natural Resources DECISION RECORD

### OFFICIAL NOTICE AND ORDER: Designation of All-terrain Vehicle Trails Within or Contiguous to Designated Wildlife Management Areas as Specified in *Minnesota Statutes, Section 97A.133, subd. 3.*

UNDESIGNATION OF ALL-TERRAIN VEHICLE TRAILS IN WILDLIFE MANAGEMENT AREAS ON LANDS UNDER THE AUTHORITY OF THE COMMISSIONER IN BELTRAMI AND MARSHALL COUNTIES, MINNESOTA

**NOTICE PUBLISHED:** JANUARY 3, 2006  
**EFFECTIVE DATE:** FEBRUARY 1, 2006

**NOTICE IS HEREBY GIVEN** that the Commissioner of the Minnesota Department of Natural Resources orders the undesignation of all-terrain vehicle trails as identified in the "*Phase I Plan, ATV Trail Undesignations*", attached hereto and incorporated herein, for state lands under the authority of the commissioner located in Beltrami and Marshall Counties of Minnesota. Trail designations are made pursuant to *Minnesota Statutes, Section 97A.133, subd. 3*. This order supercedes and replaces the *Phase I Plan* and order (*Cite 29 SR 323*).

#### WHEREAS:

1. *Minnesota Statutes, Section 97A.133, subd. 3* directs the commissioner of natural resources to identify, designate and sign all-terrain vehicle trails in order to connect trails, forest roads and public highways to provide reasonable travel for all-terrain vehicles in areas of historic all-terrain vehicle use, including trails that are within or contiguous to designated Wildlife Management Areas located on lands acquired by the state pursuant to *Minnesota Statutes, Chapter 84A*.
2. The commissioner consulted with wildlife management area users, including both motorized and non-motorized trail users, in identifying and evaluating trails for designation or undesignation in accordance with procedures specified by *Minnesota Laws 2002, Chapt. 353, Sect. 8*.
3. The agency solicited and received written comments and submissions on the proposed trail (un)designations and incorporated this information as appropriate into the *Phase I and Phase II Plans*.
4. All notice and procedural requirements in *Minnesota Statutes*, and other applicable rules and law have been complied with.
5. The all-terrain vehicle trail undesignations are both needed and reasonable.

**NOW THEREFORE, IT IS ORDERED** that the all-terrain vehicle trail segments, contained in the attached *Phase I Plan - ATV Trail Undesignations*, as noticed in the *State Register* and filed with the Secretary of State, are hereby undesignated pursuant to authority vested in me by Minnesota Law.

**IT IS FURTHER ORDERED** that the designation of said all-terrain vehicle trail segments shall become effective on February 1, 2006. This order supercedes and replaces the *Phase I Plan* and order (*Cite 29 SR 323*).

Dated: *December 12, 2005*

Gene Merriam, Commissioner  
Department of Natural Resources

Attached: *Phase I ATV Trail Undesignations in Beltrami & Marshall Counties.*

Signed copy on file w/MN Secretary of State – Refer to No. 0601346

## 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.

### Animal Health Board

#### Quarterly Board Meeting January 11, 2006

The Board of Animal Health will hold its quarterly meeting on Wednesday, January 11, 2006 at 9:30 a.m., at the new Orville L. Freeman Office Building, Conference Room B-149, 625 N. Robert St. Saint Paul, MN 55155.

### Governor's Residence Council

#### Notice of Meetings During 2006

**NOTICE IS HEREBY GIVEN** that the Governor's Residence Council will meet on the below dates at 9:30 a.m. at the Minnesota State Arts Board, 400 Sibley Street, Suite 200, St. Paul, MN to consider matters which may properly come before the Council in accordance with *Minnesota Statutes* 16B.27.

January 9, 2006  
March 13, 2006  
May 8, 2006  
July 10, 2006  
September 11, 2006  
November 13, 2006

### Department of Human Services

#### Health Services and Medical Management

#### Request for Information (RFI) for Evidence-based Authorization and Utilization Management of High-technology Imaging Procedures

##### Project Overview

The Department of Human Service (DHS) requests information on the availability of evidence-based software and/or other services that could be used to review provider requests for authorization of outpatient high-technology imaging services including positive emission tomography (PET) scans, magnetic resonance imaging (MRI), computed tomography (CT), and nuclear cardiology and for other utilization management. The department is interested in learning about tools which would focus on the *referring/ordering provider*, rather than the provider performing the imaging procedure or reading the results.

In addition, the department is interested in learning about other forms of utilization management, including tracking both utilization and ordering patterns in the area of high-technology imaging. The department has seen a significant increase in the number of procedures ordered during the past five years.

Please submit six (6) paper copies of your response. Please limit responses to a total of 10 pages. The DHS will request additional information, if necessary.

Submit responses to:

Minnesota Department of Human Services  
Health Services and Medical Management  
Patricia Wagstrom Purcell, Policy Consultant  
P.O. Box 64984  
St. Paul, MN 55164-0984

# Official Notices

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have questions, please e-mail [patricia.wagstrom-purcell@state.mn.us](mailto:patricia.wagstrom-purcell@state.mn.us) or call (651) 431-2497.

This is not a bid. No contract will result from this solicitation.

All materials submitted become the property of the State of Minnesota, Department of Human Services. Materials shall not be returned to the responder.

## Department of Human Services List of Health Services Requiring Prior Authorization

The following is the current authorization list, which replaces any other list published in the *State Register*. This authorization list is effective on or after January 1, 2006.

As authorized by *Minnesota Statutes*, section 256B.0625, subd 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.

### DENTAL SERVICES

It is essential that requests submitted for authorization consideration be accompanied by adequate case information and appropriate diagnostic materials (i.e., radiographs of patients current dental condition, prosthesis information, teeth to be replaced, prognosis for remaining dentition, complete 6 point periodontal charting).

### TESTS AND LABORATORY EXAMINATIONS

<u>Code</u>	<u>Description</u>
D0277	Vertical Bitewings – 7 to 8 films
D0999	Unspecified diagnostic procedure, by report (When no medical procedure is being done in addition to the dental procedure)

### CROWNS SINGLE RESTORATIONS ONLY

<u>Code</u>	<u>Description</u>
D2720	Crown - resin with high noble metal
D2721	Crown - resin with predominantly/base metal
D2722	Crown - resin with noble metal
D2740	Crown - porcelain/ceramic substrate
D2750	Crown - porcelain fused to high noble metal
D2751	Crown - porcelain fused to predominantly/base metal
D2752	Crown - porcelain fused to noble metal
D2780	Crown - 3/4 cast high noble metal
D2781	Crown - 3/4 cast predominately base metal
D2782	Crown - 3/4 cast noble metal
D2783	Crown - 3/4 porcelain/ceramic
D2790	Crown - full cast high noble metal
D2791	Crown - full cast predominantly base metal
D2792	Crown - full cast noble metal
D2794	Crown – titanium
D2799	Provisional crown

**OTHER RESTORATIVE SERVICES**

<b>Code</b>	<b>Description</b>
D2952	Cast post and core in addition to crown
D2953	Each additional post-same tooth
D2960	Labial veneer (lamine)
D2961	Labial veneer (resin laminate) - laboratory
D2962	Labial veneer (porcelain laminate) - laboratory
D2971	Additional procedures to construct new crown under existing partial
D2975	Coping denture framework
D2999	Unspecified restorative procedure, by report

**OTHER ENDODONTIC PROCEDURES**

<b>Code</b>	<b>Description</b>
D3460	Endodontic endosseous implant
D3999	Unspecified endodontic procedure

**PERIODONTICS SURGICAL SERVICES (including usual postoperative services)**

<b>Code</b>	<b>Description</b>
D4210	Gingivectomy or gingivoplasty - per quadrant
D4211	Gingivectomy or gingivoplasty - per tooth
D4220	Gingival curettage, surgical, per quadrant, by report
D4240	Gingival flap procedures, including root planning - per quadrant
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth
D4245	Apically positioned flap
D4249	Crown lengthening - hard and soft tissue, by report
D4260	Osseous surgery, including flap entry and closure per quadrant
D4261	Osseous surgery (including flap entry and closure) - one to three teeth, 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)
D4275	Soft tissue allograft
D4276	Combined connective tissue and double pedicle graft, per tooth

**ADJUNCTIVE PERIODONTAL SERVICES (non-surgical)**

<b>Code</b>	<b>Description</b>
D4320	Provisional splinting, intracoronal
D4321	Provisional splinting, extracoronal
D4381	Localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, by tooth, by report

**OTHER**

D4999	Unspecified periodontal service (by report)
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**PROSTHODONTICS, REMOVABLE DENTURES (Authorization required if provided more often than once in three year period)**

<b>Code</b>	<b>Description</b>
D5110	Complete upper
D5120	Complete lower

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## **PARTIAL DENTURES** (Authorization is always required)

<b>Code</b>	<b>Description</b>
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)
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)
D5820	Interim Partial Denture-upper (Maxillary)
D5821	Interim Partial Denture-lower (Mandibular)

## **OTHER PROSTHETIC SERVICES**

<b>Code</b>	<b>Description</b>
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**

<b>Code</b>	<b>Description</b>
D5911	Facial Moulage (sectional)
D5912	Facial Moulage (complete)
D5937	Trismus appliance (not for TM treatment)
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 stint
D5983	Radiation carrier
D5984	Radiation shield
D5985	Radiation cone locator
D5986	Fluoride gel carrier
D5987	Commissure splint
D5988	Surgical splint

## **IMPLANTS**

<b>Code</b>	<b>Description</b>
D6053	Implant/abutment supported removable denture for completely edentulous arch
D6054	Implant/abutment supported removable denture for partially edentulous arch
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 (predominately 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 (predominately 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 (predominately 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-forecast 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.
- D6090 Repair implant supported prosthesis, by report
- D6094 Abutment Supported Crown - (Titanium)
- D6095 Repair implant abutment, by report
- D6190 Radiographic/Surgical Implant Index
- D6194 Abutment Supported Retainer Crown For Fpd - (Titanium)
- D6199 Unspecified implant procedure, by report

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

- D6205 Pontic - Indirect Resin Based Composite
- D6210 Pontic - cast high noble metal
- D6211 Pontic - cast predominantly base metal
- D6212 Pontic - cast noble metal
- D6214 Pontic - Titanium
- D6240 Pontic - porcelain fused to high noble metal
- D6241 Pontic - porcelain fused to predominantly base metal
- D6242 Pontic - porcelain fused to noble metal
- D6245 Pontic - porcelain/ceramic
- D6250 Pontic - resin with high noble metal
- D6251 Pontic - resin with predominantly base metal
- D6252 Pontic - resin with noble metal
- D6253 Pontic - provisional

**RETAINERS**

- | <b>Code</b> | <b>Description</b>   |
|-------------|--|
| D6548       | Retainer - porcelain ceramic-for resin bond fixed prosthesis |
| D6624       | Inlay - Titanium   |
| D6634       | Inlay - Titanium   |
| D6545       | Retainer - cast metal for acid etched fixed prosthesis       |

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

- | <b>Code</b> | <b>Description</b>                          |
|-------------|---|
| D6710       | Crown - indirect resin based composite      |
| D6720       | Crown - resin with high noble metal         |
| D6721       | Crown - resin with predominantly base metal |
| D6722       | Crown - resin with noble metal              |

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D6740	Crown – porcelain/ceramic
D6750	Crown - porcelain fused to high noble metal
D6751	Crown - porcelain fused to predominantly base metal
D6752	Crown - porcelain fused to noble metal
D6780	Crown - 3/4 cast high noble metal
D6781	Crown - 3/4 cast predominately based metal
D6782	Crown - 3/4 cast noble metal
D6783	Crown - 3/4 porcelain/ceramic
D6790	Crown - full cast high noble metal
D6791	Crown - full cast predominantly base metal
D6792	Crown - full cast noble metal
D6793	Crown - provisional retainer crown
D6794	Crown – titanium

## OTHER FIXED PROSTHETIC SERVICES

<u>Code</u>	<u>Description</u>
D6920	Connector bar
D6940	Stress breaker
D6950	Precision attachment
D6970	Cast post and core in addition to bridge retainer
D6971	Cast post as part of bridge retainer
D6975	Coping metal
D6976	Each additional cast post, same tooth
D6985	Pediatric partial denture, fixed
D6999	Unspecified fixed prosthodontic procedure, by report

## OTHER SURGICAL PROCEDURES

<u>Code</u>	<u>Description</u>
D7272	Tooth transplantation
D7283	Placement of device to facilitate eruption of impacted tooth
D7290	Surgical repositioning of teeth
D7291	Transseptal fiberotomy
D7490	Radical resection of maxilla or mandible

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

<u>Code</u>	<u>Description</u>
D7880	Occlusal orthotic appliance
D7899	Unspecified TMD therapy, by report
D7953	Bone replacement graft for ridge preservation - per site

## LIMITED ORTHODONTIC TREATMENT

<u>Code</u>	<u>Description</u>
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

<u>Code</u>	<u>Description</u>
D8050	Interceptive orthodontic treatment of primary dentition
D8060	Interceptive orthodontic treatment of transitional dentition

**COMPREHENSIVE ORTHODONTIC TREATMENT**

<b>Code</b>	<b>Description</b>
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**

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

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

<b>Code</b>	<b>Description</b>
D8660	Preorthodontic treatment visit (PA required once every five years)
D8670	Periodic orthodontic treatment visit
D8680	Orthodontic retention
D8690	Orthodontic treatment
D8692	Replacement of lost or broken retainer
D8999	Unspecified orthodontic treatment

**MISCELLANEOUS DENTAL SERVICES**

<b>Code</b>	<b>Description</b>
D9941	Fabrication of athletic mouth guards
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.

**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.)

<b>Code</b>	<b>Description</b>
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**

<b>Code</b>	<b>Description</b>
92065	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation

**MATERIAL CODES - VISION**

<b>Code</b>	<b>Description</b>
S0500	Disposable contact lens, per lens
V2500	Contact Lens - for diagnosis other than Aphakia, Keratoconus, or Aniseikonia, or to Bandage Lenses.
V2599	Contact lens, other type

When submitting invoices for one of these three diagnosis, (Aniseikonia, Aphakia, or Keratoconus) be sure to specify the diagnosis on the claim.

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## MEDICAL SUPPLIES AND EQUIPMENT; PROSTHESES AND ORTHOSES

### Medical Equipment/Supplies

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

All wheelchairs: When purchased, rented beyond three months, or for use in nursing facilities.

Repairs to equipment when combined parts and labor exceed \$400.00. Specify who owns the equipment.

E1399 is the unspecified equipment code. This code is to be used only when no specific, descriptive HCPCS or DHS code is assigned. Authorization is required at \$400 or greater.

Refer to Code Guide for Supplies and Equipment available on the DHS website.

### Nutritional Products (enteral)

All enteral nutrition products except those for treatment of phenylketonuria, hyperlysinemia, and maple syrup urine disease, and given through a feeding tube require authorization after the first 30 days, this 30 days is once in a lifetime. 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 prostheses and orthoses when the purchase or projected cumulative rental cost exceeds \$3,000.

## HEARING AIDS

Services in the following categories require authorization: The purchase of a non-contract hearing aid including pocket talkers. (Indicate model number and manufacturer on form.) The provision of more than one hearing aid or hearing aid dispensing fees in a five-year period. The purchase of a hearing aid when puretone average is less than 25 dB HL in an adult and less than 20 dB HL in a child.

## DRUGS

The following list of drugs requires authorization.

### H2 receptor antagonists

Zantac

Pepcid

Tagamet

Axid

nizatidine - generic

### Proton Pump Inhibitors

Aciphex

Prilosec

Protonix

omeprazole – generic

Zegerid

### Angiotensin Receptor blockers

Atacand

Avapro

Benicar

Micardis

Teveten

### Angiotensin Receptor blocker-diuretic combinations

Atacand HCT

Avalide

Benicar HCT

Micardis HCT

Teveten HCT

### ACE inhibitors

Accupril

Capoten

Lotensin

Mavik

Monopril  
Prinivil  
Univasc  
Vasotec  
Zestril

**ACE inhibitors- diuretic combinations**

Accuretic  
Prinizide  
Capozide  
Uniretic  
Lotensin HCT  
Vaseretic  
Monopril HCT  
Zestoretic

**Dihydropyridine calcium channel blockers**

Adalat  
Adalat CC  
Procardia  
Procardia XL  
Cardene  
Cardene SR  
Nimotop

**Non-dihydropyridine calcium channel blockers**

Cardizem CD  
Calan  
Cardizem LA  
Calan SR  
Cardizem SR  
Covera HS  
Dilacor XR  
Tiazac  
Verelan  
Verelan HS  
Statins  
Lipitor  
Crestor  
Pravachol  
Mevacor (brand)

**Low Sedating Antihistamines**

Claritin (Brand Rx)  
Allegra  
Zyrtec  
Clarinex  
Claritin D 12 Hour and 24 Hour (Brand Rx)  
Allegra-D  
Zyrtec-D  
Clarinex-D

**Intranasal Corticosteroids**

Beconase AQ  
flunisolide - generic  
Flonase  
Nasarel

**Inhaled Corticosteroids**

Aerobid

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Aerobid M  
Flovent HFA

## **Long acting inhaled beta-agonists**

Foradil

## **Insulins**

Humalog  
Humulin R  
Humulin N  
Humulin 70/30  
Humalog Mix 75/25

## **Thiazolidinediones**

Avandia

## **Sulfonylureas**

Amaryl  
Diabeta  
Glucotrol  
Glucotrol XL  
Glynase PresTab  
Micronase

## **Lipase inhibitors**

Xenical

## **Pulmonary Arterial Hypertension**

Viagra  
Revatio  
Ventavis

## **Urinary Incontinence**

Ditropan  
Enablex  
Sanctura  
Vesicare

## **Antiemetics**

Aloxi  
Emend  
Anzemet  
Kytril  
Zofran

## **Botulinum toxin**

Botox (botulinum toxin type A)  
Myobloc (botulinum toxin type B)

## **Quinolones**

Factive  
Levaquin  
Tequin

## **Bisphosphonates**

Boniva  
Actonel with calcium

## **Phosphate Binders**

Renagel  
Fosrenol

## **Drugs for Pain**

Actiq  
Avinza  
Combunox

**Narcotic opiate replacement agents**

Subutex  
Suboxone

**Non narcotic stimulants**

Provigil

**Triptans**

Quantities >18 tablets and nasal  
Quantities >4 Imitrex injectable

**COX II and NSAIDs**

Celebrex  
Mobic

**SSRIs**

Celexa 10mg & 20mg tablets  
Prozac and fluoxetine 40mg capsules  
Lexapro 10mg tablets  
Paxil 10mg tablets  
Zoloft 25mg and 50mg tablets

**Interferon**

Alferon N  
Actimmune

**Pegylated Interferons for Hepatitis C**

Peg Intron  
PegIntron Redipen

**Ophthalmic beta blockers**

Istalol

**Ophthalmic Antihistamines**

Patanol  
Emadine  
Livostin  
Optivar

**Ophthalmic quinolones**

Zymar

**Other**

BiDil  
Ceredase  
Growth Hormone  
Lyrica  
Rozerem  
Xolair  
Zanaflex (brand) capsules

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

<b>Code</b>	<b>Description</b>
J0585	Botulinum Toxin Type A
J0587	Botulinum Toxin Type B
J1260	Dolasetron [for more than 4 consecutive weeks of continuous treatment]
J1626	Granisetron [for more than 4 consecutive weeks of continuous treatment]
J2405	Ondansetron [for more than 4 consecutive weeks of continuous treatment]
J9213	Interferon, Alfa-2a,Recomb,3 Mil Units
J9214	Interferon, Alfa-2b,Recomb,1 Million Uni
J9215	Interferon Alfa-n3
J9216	Interferon Gamma -1b
S0091	Granisetron [for more than 4 consecutive weeks of continuous treatment]

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S0174 Dolasetron [for more than 4 consecutive weeks of continuous treatment]  
S0181 Ondansetron [for more than 4 consecutive weeks of continuous treatment]  
Q0166 Granisetron [for more than 4 consecutive weeks of continuous treatment]  
Q0179 Ondansetron [for more than 4 consecutive weeks of continuous treatment]  
Q0180 Dolasetron [for more than 4 consecutive weeks of continuous treatment]

## REHABILITATIVE SERVICES

Physical Therapy, Occupational Therapy and Speech Language Pathology thresholds:

### 1 SLP evaluation

<u>Code</u>	<u>Description</u>
92506 GN	Medical evaluation of speech,*

### GN: SLP threshold, 80 treatment sessions, any combination of these codes

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

### GN: 2 SLP treatment sessions, any combination of these codes

<u>Code</u>	<u>Description</u>
92597 GN	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech*
92605 GN	Evaluation for prescription of non-speech-generating augmentative and alternative communication device*
92607 GN	Evaluation for prescription speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour*
92608 GN	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (list separately in addition to code for primary procedure)*

### GO: OT threshold, 200 units, any combination with other codes in OT threshold

#### GN: 4 treatment sessions, any combination of these codes

<u>Code</u>	<u>Description</u>
92610 GN,GO	Evaluation of oral and pharyngeal swallowing function*
92611 GN,GO	Motion fluoroscopic evaluation of swallowing function by cine or video recording*
92612 GN	Flexible fiber optic endoscopic evaluation of swallowing by cine or video recording*
92614 GN	Flexible fiber optic endoscopic evaluation, laryngeal sensory testing by cine or video recording*
92616 GN	Flexible fiber optic endoscopic evaluation of swallowing*

### GP: 2 treatment sessions, any combination of these codes

<u>Code</u>	<u>Description</u>
95831 GP,GO	Muscle testing manual extremity*
95832 GP,GO	Hand*

### GO: OT threshold, 200 units, any combination with other codes in OT threshold

<u>Code</u>	<u>Description</u>
95833 GP,GO	Total evaluation of body, excluding hands*
95834 GP,GO	Total evaluation of body, including hands*

GP: 12 treatment sessions, any combination of these codes

GO: OT threshold, 200 units, any combination with other codes in OT threshold

<u>Code</u>	<u>Description</u>
95851 GP,GO	Range of motion measure and report; each extremity (excluding hand) or each trunk section*
95852 GP,GO	Range of motion measurement – hand with or without comparison to normal side*

**3 treatment sessions, any combination of these codes**

97001 GP	Physical therapy evaluation, initial*
97002 GP	Physical therapy re-evaluation, periodic*

**2 treatment sessions, any combination of these codes**

97003 GO	Occupational therapy, evaluation, initial*
97004 GO	Occupational therapy, re-evaluation, initial*

\*Each treatment session (modality) counts as 1 unit against the threshold, regardless of time spent with the patient.

**GO: OT threshold, 200 units, any combination with other codes in OT threshold.****GP: PT threshold, 30 treatment sessions, any combination with other modalities in same threshold**

<b>Code</b>	<b>Description</b>
90901 GO, GP	Biofeedback training by any modality*
90911 GP,GO	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry*
97010 GP,GO	Hot or cold packs*
97012 GP,GO	Traction*
97014 GP,GO	Electrical stimulation*
97016 GP,GO	Vasopneumatic devices*
97018 GP,GO	Paraffin bath*
97020 GP,GO	Microwave*
97022 GP,GO	Whirlpool*
97024 GP,GO	Diathermy*
97026 GP,GO	Infrared*
97028 GP,GO	Ultraviolet*

**GO: OT threshold, 200 units, any combination with other codes in OT threshold****GP: PT threshold, 120 15-minute units, any combination with other codes in this group of codes**

<b>Code</b>	<b>Description</b>
97032 GO,GP	Application of a modality to one or more areas; electrical stimulation – 15 minutes
97033 GO,GP	Iontophoresis – 15 minutes
97034 GO,GP	Contrast bath – 15 minutes
97035 GO,GP	Ultrasound – 15 minutes
97036 GO,GP	Hubbard tank – 15 minutes
97110 GO,GP	Therapeutic procedure, exercises – 15 minutes
97112 GO,GP	Neuromuscular – 15 minutes
97113 GO,GP	Aquatic therapy – 15 minutes
97116 GO,GP	Gait training – 15 minutes
97124 GO,GP	Massage – 15 minutes
97140 GO,GP	Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions -15 minutes
97530 GO,GP	Therapeutic activities – 15 minutes
97532 GO,GP	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct patient contact by provider – 15 minutes
97533 GO,GP	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct patient contact by provider – 15 minutes
97535 GO,GP	Self care home management training, e.g., ADLs compensatory training, meal preparation, safety procedures, and instructions in use of adaptive equipment – 15 minutes
97537 GO,GP	Community work reintegration training, e.g., shopping, transportation, money management, vocational activities – 15 minutes
97542 GO,GP	Wheelchair management propulsion training – 15 minutes
97597 GO,GP	Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (e.g., high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel, and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session, total wound(s) surface area less than or equal to 20 square centimeters

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- 97598 GO, GP total wound(s) surface area greater than 20 square centimeters
- 97602 GO,GP Removal of devitalized tissue from wound(s) non-selective debridement, without anesthesia (e.g., Wet-to-moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for ongoing care\*
- 97605 GO,GP Negative pressure wound therapy (e.g., vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session, total wound(s) surface area less than or equal to 50 square centimeters
- 97606 GO, GP total wound(s) surface are greater than 50 square centimeters
- 97760 GP, GP Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes
- 97761 GO, GP Prosthetic training, upper and/or lower extremity(s), each 15 minutes
- 97762 GO, GP Checkout for orthotic/prosthetic use, established patient, each 15 minutes
- \*Each treatment session (modality) counts as 1 unit against the thresholds, regardless of time spent with the patient.

## Evaluative/Therapeutic/Rehabilitative

### GN, GO or GP: Always require authorization

<u>Code</u>	<u>Description</u>
92606 GN	Therapeutic service(s) for the use of non-speech generating device, including programming and modification*
92609 GN	Therapeutic services for the use of speech-generating device, including programming and modification*
92700 GN	Unlisted otolaryngological service or procedure*
97039 GP,GO	Unlisted modality*
97139 GP,GO	Unlisted therapeutic procedure – 15 minutes
97150 GP,GO	Therapeutic procedures group, two or more persons*
97545 GP,GO	Work hardening/conditioning, initial 2 hours
97546 GP,GO	Work hardening, each additional hour
97750 GP,GO	Physical performance test or measurement (functional capacity) – 15 minutes
97799 GP,GO	Unlisted physical med/rehab service*

\*Each treatment session (modality) counts as 1 unit against the threshold, regardless of time spent with the recipient

## Speech-Language Screening

### GN: 1 SLP treatment session; each code

<u>Code</u>	<u>Description</u>
V5362 GN	Speech screening (articulation)*
V5363 GN	Language screening (receptive or expressive)*
V5364 GN	Dysphagia screening*

\*Each treatment session (modality) counts as 1 unit against the threshold, regardless of time spent with the recipient.

## Application of Casts & Strapping

### GO or GP: Always require authorization

<u>Code</u>	<u>Description</u>
29065 GO,GP	Application, cast; shoulder to hand (long arm)
29075 GO,GP	Elbow to finger (short arm)
29085 GO,GP	Hand and lower forearm (gauntlet)
29086 GO,GP	Finger (e.g., contracture)
29105 GO,GP	Application of long arm splint (shoulder to hand)
29125 GO,GP	Application of short arm splint (forearm to hand); static
29126 GO,GP	Dynamic
29130 GO,GP	Application of finger splint; static
29131 GO,GP	Dynamic
29200 GO,GP	Strapping; thorax
29220 GO,GP	Low back
29240 GO,GP	Shoulder (e.g., Velpeau)
29260 GO,GP	Elbow or wrist

29280 GO,GP	Hand or finger
29345 GO,GP	Application of long leg cast (thigh to toes)
29355 GO,GP	Walker or ambulatory type
29365 GO,GP	Application of cylinder cast (thigh to ankle)
29405 GO,GP	Application of short leg cast (below knee to toes)
29425 GO,GP	Walking or ambulatory type
29445 GO,GP	Application of short leg cast (below knee to toes)
29505 GO,GP	Application of long leg splint (thigh to ankle or toes)
29515 GO,GP	Application of short leg splint (calf to foot)
29520 GO,GP	Strapping; hip
29530 GO,GP	Knee
29540 GO,GP	Ankle and/or foot
29550 GO,GP	Toes
29580 GO,GP	Unna boot
29590 GO,GP	Denis-Browne splint strapping

## Casting & Splinting Supplies

**GP or GO: \$32.00 per year without authorization**

<u>Code</u>	<u>Description</u>
Q4017 GP,GO	Cast supplies; long arm splint, adult (11 years +), plaster
Q4018 GP,GO	Long arm splint, adult (11 years +), fiberglass
Q4019 GP,GO	Long arm splint, pediatric (0-10 years), plaster
Q4020 GP,GO	Long arm splint, pediatric (0-10 years), fiberglass
Q4021 GP,GO	Short arm splint, adult (11 years +), plaster
Q4022 GP,GO	Short arm splint, adult (11 years +), fiberglass
Q4023 GP,GO	Short arm splint, pediatric (0-10 years), plaster
Q4024 GP,GO	Short arm splint, pediatric (0-10 years), fiberglass
Q4041 GP,GO	Long leg splint, adult (11 years +), plaster
Q4042GP,GO	Long leg splint, adult (11 years +), fiberglass
Q4043 GP,GO	Long leg splint, pediatric (0-10 years), plaster
Q4044,GP,GO	Long leg splint, pediatric (0-10 years), fiberglass
Q4045,GP,GO	Short leg splint, adult (11 years +), plaster
Q4046,GP,GO	Short leg splint, adult (11 years +), fiberglass
Q4047,GP,GO	Short leg splint, pediatric (0-10 years), plaster
Q4048,GP,GO	Short leg splint, pediatric (0-10 years), fiberglass
Q4049,GP,GO	Finger splint, static
Q4051,GP,GO	Splint supplies, misc. (includes thermoplastics, strapping, fasteners, padding and other supplies)

## ALL OTHER SERVICES

The following health services require authorization:

- All air ambulance transportation that originates outside Minnesota or is to a destination outside of Minnesota.
- Advanced Life Support or Basic Life Support non-emergency ambulance trips in excess of six trips per month.
- Scheduled ground transportation provided outside of Minnesota.

<u>Code</u>	<u>Description</u>
S0209	Wheelchair Van, Mileage, Per Mile (for clients in the 11 county metro area)
S0215	Non-Emergency Transportation; Mileage, Per Mile (for clients in the 11county metro area)
T2049	Non-Emergency Transportation; Stretcher Van, Mileage; Per Mile (for clients in the 11 county metro area)

- Investigative health services and 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.
- All surgical or behavioral modification services aimed specifically at weight reduction.
- Services provided outside of Minnesota. This requirement for prior authorization does not include services or transportation costs provided in a recipient's local trade area that would not require prior authorization if provided within Minnesota, emergency services,

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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. 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.

<b>Code</b>	<b>Description</b>
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
11921	6.1 to 20.0 sq cm
11922	Each additional 20.0 sq cm
11950	Subcutaneous injection of "filling" material (e.g., collagen); 1 cc or less
11951	1.1 to 5 cc
11952	5.1 to 10 cc
11954	Over 10 cc
15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	More than 15 punch grafts
15780	Dermabrasion; total face (e.g., for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	Dermabrasion; segmental, face
15782	Dermabrasion; regional, other than face
15783	Superficial, any site (e.g., tattoo removal)
15786	Abrasion; single lesion
15787	Each additional four lesions or less
15788	Chemical peel, facial; epidermal
15789	Facial; dermal
15792	Non-facial; epidermal
15793	Non-facial; dermal
15819	Plastic surgery neck cervicoplasty
15820	Blepharoplasty, lower eyelid
15821	With extensive herniated fat pad
15822	Blepharoplasty, upper eyelid
15823	With excessive skin weighing down lid
15824	Rhytidectomy; forehead
15825	Neck with platysmal tightening (platysmal flap, "Pflap")
15826	Glabellar frown lines
15828	Cheek, chin and neck
15829	Removal of skin wrinkles rhytidectomy
15831	Excision, excessive skin and subcutaneous tissue (including lipectomy), abdomen (abdominoplasty)
15832	Thigh
15833	Leg
15834	Hip
15835	Buttock
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
17000*41	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), all benign or premalignant lesions (e.g., actinic keratosis) other than skin tags or cutaneous vascular proliferative lesions; first lesion
17003*41	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment, all benign or

- pre-malignant lesions(e.g., actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions; second through 14 lesions, each (list separately in addition to code for first lesion)
- 17004\*41 Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement, all benign or pre-malignant lesions(e.g., actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions
- 17106\*41 Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); less than 10 sq. cm
- 17107\*41 Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); 10.0 to 50.0 sq. cm
- 17108\*41 Destruction of cutaneous vascular proliferative lesion (e.g., laser technique); over 50.0 sq. cm
- 17340 Cryotherapy (CO2 slush liquid N2) for acne
- 17360 Chemical exfoliation for acne (e.g., acne paste, acid)
- 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
- 20975 Electrical stimulation to bone healing invasive (operative)
- 21010 Arthrotomy, temporomandibular joint
- 21050 Condylectomy, temporomandibular joint (separate procedure)
- 21060 Meniscectomy, temporomandibular
- 21070 Coronoidectomy (separate procedure)
- 21085 Impression and custom preparation; oral surgical splint
- 21110 Application of interdental fixation device, includes removal
- 21141 Reconstruction midface, Lefort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft
- 21142 Two pieces, segment movement in any
- 21143 Three or more pieces, segment movement in any direction, without bone graft
- 21145 Reconstruction midface, Lefort I; single piece, any direction, requiring bone grafts (includes obtaining autografts)
- 21146 Reconstruction midface, Lefort I; two pieces, any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted unilateral alveolar cleft)
- 21147 Reconstruction midface, Lefort I; three or more pieces, any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted bilateral alveolar cleft or multiple osteotomies)
- 21150 Reconstruction midface, Lefort II; anterior intrusion (e.g., TreacherCollins syndrome)
- 21151 Reconstruction midface, Lefort II; any direction, requiring bone grafts (includes obtaining autografts)
- 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 transosteal bone plate
- 21245 Reconstruction of mandible or maxilla, subperiosteal implant, partial
- 21246 Reconstruction of mandible or maxilla, subperiosteal implant, complete
- 21247 Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (e.g., for

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	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)
21270	Malar augmentation, prosthetic material
21299	Unlisted craniofacial and maxillofacial procedure
21485	Complicated manipulative treatment of TMJ dislocation, initial or subsequent
21685	Hyoid myotomy & suspension
22532	Arthrodesis, lateral extracavitary technique, thoracic
22533	Arthrodesis, lateral extracavitary technique, lumbar
22534	Arthrodesis, lateral extracavitary technique, thoracic or lumbar
22548	Arthrodesis, anterior transoral or extraoral technique
22554	Arthrodesis, anterior interbody technique, cervical
22556	Arthrodesis, anterior interbody technique, thoracic
22558	Arthrodesis, anterior interbody technique, lumbar
22585	Arthrodesis, anterior interbody technique, each additional interspace
22590	Arthrodesis, posterior technique, craniocervical
22595	Arthrodesis, posterior technique, atlas-axis
22600	Arthrodesis, posterior or posterolateral technique, single level, cervical
22610	Arthrodesis, posterior or posterolateral technique, single level, thoracic
22612	Arthrodesis, posterior or posterolateral technique, single level, lumbar
22614	Arthrodesis, posterior or posterolateral technique, each additional vertebral segment
22630	Arthrodesis, posterior interbody technique, single interspace, lumbar
22632	Arthrodesis, posterior interbody technique, each additional interspace
22800	Arthrodesis, posterior, for spinal deformity, up to 6 vertebral segments
22802	Arthrodesis, posterior, for spinal deformity, 7-12 vertebral segments
22804	Arthrodesis, posterior, for spinal deformity 13 or more vertebral segments
22808	Arthrodesis, anterior, for spinal deformity, 2-3 vertebral segments
22810	Arthrodesis, anterior, for spinal deformity, 4-7 vertebral segments
22812	Arthrodesis, anterior, for spinal deformity, 8 or more vertebral segments
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 transthracic approach with or without any pleural.
32851	Lung transplant, single; without cardiopulmonary bypass
32852	With cardiopulmonary bypass
32853	Double (bilateral sequential or en bloc); without cardiopulmonary bypass
32854	Double (bilateral sequential or en bloc); with cardiopulmonary bypass
33140	Transmyocardial laser recvascularization (a laser probe is used to create a channel through the heart muscle into the left vent.)
33141	Transmyocardial laser revascularization, by thoracotomy; performed at the time of other open cardiac procedure(s) (list separately In addition to code for primary procedure)
33935	Heart-lung transplant with recipient cardiectomy, pneumonectomy
33975	Implantation of ventricular assist device, single ventricle
33976	Implantation of ventricular assist device, biventricular support
33979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study
33999	Unlisted cardiac procedure
35400	Angioscopy

36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk
36469	Face
36470	Injection of sclerosing solution; single vein
36471	Multiple veins, same leg
36520	Therapeutic apheresis, plasma and/or cell exchange
36530	Insertion of implantable intravenous infusion pump
37788	Penile revascularization, artery
37790	Penile venous occlusive procedure
38240	Bone marrow transplant , allogenic
38241	Bone marrow transplant, autologous
38242	Bone marrow or blood-derived peripheral stem cell transplantation; allogeneic donor lymphocyte infusions
42140	Uvulectomy, excision of uvula
42145	Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty)
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass/ roux-en-y
43645	Laparoscopy, gastric bypass including small intestine
43842	Gastroplasty, vertical-banded, for morbid obesity
43843	Gastroplasty, other than vertical-banded, for morbid obesity
43845	Gastric restrictive procedure, with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoleostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity with short limb (less than 100 cm) Roux-en-Y gastroenterostomy
43847	Gastric restriction procedure, with gastric bypass for morbid obesity
43848	Revision of gastric restriction procedure for morbid obesity (separate procedure)
43850	Revision of gastroduodenal anastomosis with reconstruction; without vagotomy
43855	With vagotomy
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction; without vagotomy
43865	With vagotomy
44135	Intestinal allotransplantation; from cadaver donor
44136	Intestinal allotransplantation; from living donor
47135	Liver transplant, with or without recipient hepatectomy
47136	Liver allotransplantation, heterotopic, partial or whole, from cadaver or living donor any age
47620	Cholecystectomy with transduodenal sphincterotomy or sphincteroplasty,
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islets
48554	Transplantation of pancreatic allograft
51715	Endoscopic injection of implant material into submucosal tissues of the urethra
52510	Transurethral balloon dilation of prostatic urethra, any method
54150	Circumcision, using clamp or other device, newborn
54160	Circumcision, surgical excision other than clamp, device or dorsal slit, newborn
54400	Insertion of penile prosthesis; non-inflatable, semi-rigid.
54401	Inflatable, self contained
54405	Insertion of inflatable penile prosthesis
54660	Insertion of testicular prosthesis
58150	Total abdominal hysterectomy with or without removal of tubes and ovaries
58152	Total abdominal hysterectomy with or without removal of tubes and ovaries, with colpourethrocystopexy
58180	Supracervical hysterectomy with or without removal of tubes and ovaries
58200	Total abdominal hysterectomy including partial vaginectomy, with or without removal of tubes and ovaries
58210	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy, with or without removal of tubes and ovaries
58260	Vaginal hysterectomy, uterus 250 grams or less
58262	Vaginal hysterectomy, uterus 250 grams or less, with removal of tubes and/or ovaries
58263	Vaginal hysterectomy, uterus 250 grams or less, with removal of tubes and/or ovaries with repair of enterocele
58267	Vaginal hysterectomy, uterus 250 grams or less, with colpo-urethrocystopexy
58270	Vaginal hysterectomy, uterus 250 grams or less, with repair of enterocele
58275	Vaginal hysterectomy, with total or partial vaginectomy

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58280	Vaginal hysterectomy, with total or partial vaginectomy, with repair to enterocele
58285	Vaginal hysterectomy, radical
58290	Vaginal hysterectomy, for uterus greater than 250 grams
58291	Vaginal hysterectomy, for uterus greater than 250 grams, with removal of tubes and/or ovaries
58292	Vaginal hysterectomy, for uterus greater than 250 grams, with removal of tubes and/or ovaries, with repair to enterocele
58293	Vaginal hysterectomy, for uterus greater than 250 grams, with colpo-urethrocystopexy
58294	Vaginal hysterectomy, for uterus greater than 250 grams, with repair to enterocele
58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography. Investigative when used for performing assisted reproductive procedures and managing ectopic pregnancy.
58550	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less
58552	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less, with removal of tubes and/or ovaries
58553	Laparoscopy surgical, with vaginal hysterectomy, for uterus greater than 250 grams
58554	Laparoscopy surgical, with vaginal hysterectomy, for uterus greater than 250 grams with removal of tubes and/or ovaries
58578	Unlisted laparoscopy procedure, uterus (when used for hysterectomy)
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care
59514	Cesarean delivery only
59515	Including postpartum care
59525	Subtotal or total hysterectomy after cesarean delivery (list separately in addition to code for primary procedure)
59618	Routine Obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery
59620	Cesarean delivery only following AVBAC
59622	Including postpartum care
61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cerebral; cortical
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes; cerebral; cortical
61863	Implant neuroelectrode
61864	Implant neuroelectrde, add-l
61867	Implant neuroelectrode
61868	Implant neuroelectrde, add-l
61870	Craniectomy 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 resevoir and/or pump for intermittent or continuous infusion of drug, including laminectomy
62360	Implantation or replacement of device for intrathecal or epidural drug
62361	Implantation or replacement of device or intrathecal epidural drug
62362	Implantation or replacement of programmable pump for intrathecal or epidural,
63650	Percutaneous implantation of neurostimulator electrodes; epidural
63655	Laminectomy for implantation of neurostimulator electrodes
63685	Incision and subcutaneous placement of spinal neurostimulator pulse generator or receive, direct or inductive coupling
64553	Percutaneous implantation of neurostimulator electrodes; cranial nerve
64555	Peripheral nerve
64560	Autonomic nerve
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
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	Chemodervation of extraocular muscle
67900	Repair of brow ptosis (supraciliary, midforehead or coronal approach)
67901	Repair blepharoptosis, frontalis muscle technique with suture
67902	Frontalis muscle technique with facial sling
67903	(Tarso) levator resection or advancement, internal approach
67904	(Tarso) levator resection or advancement, external approach
67906	Superior rectus technique with fascial sling
67909	Reduction of over correction of ptosis
67911	Correction of lid retraction
69300	Otoplasty, protruding ear, with or without size reduction
69433	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia
69710	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
72159	Magnetic resonance angiography spinal canal and contents
73225	Magnetic resonance angiography, upper extremity, with or without contrast materials.
75552	Cardiac magnetic resonance imaging for function, complete study
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
77615	Hyperthermia generated by intestinal probe, 5 or greater
77620	Hyperthermia generated by intracavitary probes
78459	MRI, positron emission tomography (PET), metabolic evaluation
78491	MRI, positron emission tomography (PET), perfusion; single study at rest or stress
78492	MRI, positron tomography (PET), perfusion; multiple studies at rest or stress
78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique.
78608	PET scan; metabolic evaluation
78609	Brain Imaging (PET) positron emission tomography
83015	Heavy metal screen
83018	Heavy metal screen, quantitative, each
86343	Leukocyte histamine release test (LHR)
90799	Unlisted therapeutic, prophylactic or diagnostic injection
90802*14	Interactive diagnostic assessment

# Official Notices

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- 90804\*4 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, 20-30 minutes face to face with patient
- 90804 UA \*22 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, 20-30 minutes face to face with patient
- 90804 UA, HK \*22 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, 20-30 minutes face to face with patient children's day treatment
- 90805\*4 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, 20-30 minutes face to face with patient; with medical evaluation and management services
- 90805 UA \*22 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
- 90805 UA, HK \*22 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, Children's day treatment
- 90806\*4, Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in office or outpatient facility, 45-50 minutes face to face with patient
- 90806 UA \*22 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in office or outpatient facility, 45-50 minutes face to face with patient
- 90806 US HK \*22 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in office or outpatient facility, 45-50 minutes face to face with patient, children's day treatment
- 90807\*4 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
- 90808 UA\*22 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in office or outpatient facility, 75-80 minutes face to face with patient
- 90808 UA HK \*22 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in office or outpatient facility, 75-80 minutes face to face with patient, children's day treatment
- 90809\*4 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
- 90809 UA \*22 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in office or outpatient facility, 75-80 minutes face to face with the patient; with medical evaluation and management services
- 90809 UA, HK \*22 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in office or outpatient facility, 75-80 minutes face to face with the patient; with medical evaluation and management services, children's day treatment
- 90810\*14 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
- 90810 UA \*22 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
- 90810 UA, HK \*22 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, children's day treatment
- 90811\*14 Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication in an office or outpatient, facility, 20-30 minutes face to face with patient; with medical evaluation and management services
- 90811 UA \*22 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
- 90811 UA, HK \*22 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, children's day treatment
- 90812\*14 Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, 45-50 minutes face to face with patient

- 90812 UA \*22 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
- 90812 UA, HK \*22 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, children's day treatment
- 90813\*14 Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication in an office or outpatient facility, 45-50 minutes face to face with patient, with medical evaluation and management services
- 90813 UA \*22 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
- 90813 UA, HK \*22 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, children's day treatment
- 90814\*14 Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication in an office or outpatient facility, 75-80 minutes face to face with patient
- 90814 UA \*22 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
- 90814 UA, HK \*22 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, children's day treatment
- 90815\*14 Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, 75-80 minutes face to face with patient with medical evaluation and management services
- 90815 UA \*22 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
- 90815 UA, HK \*22 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, children's day treatment
- 90816\*29 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face to face with the patient;
- 90817\*29 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face to face with the patient; with medical evaluation and management services
- 90818\*29 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face to face with the patient
- 90819\*29 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face to face with the patient; with medical evaluation and management services
- 90821\*29 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face to face with the patient
- 90822\*29 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face to face with the patient; with medical evaluation and management services
- 90823\*29 Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient, partial hospital or residential care setting, approximately 20 to 30 minutes face to face with the patient
- 90824\*29 Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient, partial hospital or residential care setting, approximately 20 to 30 minutes face to face with the patient; with medical evaluation and management services

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- 90826\*29 Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient, partial hospital or residential care setting, approximately 45 to 50 minutes face to face with the patient
- 90827\*29 Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient, partial hospital or residential care setting, approximately 45 to 50 minutes face to face with the patient; with medical evaluation and management services
- 90828\*29 Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient, partial hospital or residential care setting, approximately 75 to 80 minutes face to face with the patient
- 90829\*29 Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient, partial hospital or residential care setting, approximately 75 to 80 minutes face to face with the patient; with medical evaluation and management services
- 90846\*4 Family psychotherapy (without the patient present)
- 90846 UA \*22 Family psychotherapy (without the patient present)
- 90847\*4 Family psychotherapy (conjoint psychotherapy) (with patient present)
- 90847 UA \*22 Family psychotherapy (conjoint psychotherapy) (with patient present)
- 90849 UA \*22 Multiple-family group psychotherapy
- 90853\*14 Group therapy (other than of a multiple-family group)
- 90853 UA \*22 Group therapy (other than of a multiple-family group)
- 90853 UA, HK \*22 Group therapy (other than of a multiple-family group), children's day treatment
- 90857\*14 Interactive group psychotherapy
- 90857 UA \*22 Interactive group psychotherapy
- 90857 UA, HK \*22 Interactive group psychotherapy, children's day treatment
- 90875\*4 Individual psychophysiological therapy incorporating biofeedback training by any modality (face to face) with the patient and, with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); 20-30 minutes
- 90875 UA \*22 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
- 90875 UA, HK \*22 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
- 90882\*32 \*39 Adult mental health rehabilitation, community intervention
- 90887 Explanation of findings - 30 min unit
- 90899 Unlisted psychiatric service or procedure
- 92065 Orthoptic/pleoptic training
- 92512 Nasal function studies (rhinomanometry)
- 92986 Revision of aortic valve
- 92987 Percutaneous Transluminal Coronary Angioplasty mitral valve
- 93278 SignalAveraged ECG
- 93760 Thermography
- 93762 Thermography
- 93784 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
- 93786 Recording only
- 93788 Scanning analysis with report
- 93790 Physician review with interpretation and report
- 95078 Provocative testing
- 95805\*23 Multiple sleep latency testing
- 95806\*23 Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, unattended by a technologist
- 95807\*23 Sleep study, 3 or more parameters...
- 95808\*23 Polysomnography; sleep staging with 13 additional parameters.
- 95810\*23 Polysomnography; sleep staging with 4 or more additional parameters.

95811*23	Polysomnography; sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist
96101	Psychological testing by a licensed psychologist
96118 *19	Neuropsychological testing
97535 HE *17	Self-care home management training, direct one on one contact by provider, each 15 min.
97780*20	Acupuncture, one or more needles; without electrical stimulation
97781*20	Acupuncture, one or more needles; with electrical stimulation
97810*20	Acupuncture, one or more needles, without electrical stimulation, initial 15 minutes
97811*20	Acupuncture, one or more needles; each additional 15 minutes
98940*1	Chiropractic manipulative treatment (CMT); spinal, one to two regions
98941*1	Spinal, three to four regions
98942*1	Spinal, five regions
99199	Unlisted special services or procedures
99401*30	Adult mental health rehabilitation, individual medication education, 15 minutes
99402*30	Adult mental health rehabilitation, individual medication education, 30 minutes
99403*30	Adult mental health rehabilitation, individual medication education, 45 minutes
99404*30	Adult mental health rehabilitation, individual medication education 60 minutes
99411*30	Adult mental health rehabilitation, group medication education, 30 minutes
99412*30	Adult mental health rehabilitation, group medication education, 60 minutes band inc. Placement of subcutaneous port
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 and/or pharmacologic).
G0037	PET myocardial perfusion imaging, (Following coronary angiography, 93510-93529); multiple studies, rest or stress (exercise and/or pharmacologic).
G0038	PET myocardial imaging, (following stress planar myocardial perfusion, 78460); single study, rest or stress (exercise and/or pharmacologic).
G0039	PET myocardial perfusion imaging, (following stress planar myocardial perfusion, 78460); multiple studies, rest or stress (exercise and/or pharmacologic).
G0040	PET myocardial perfusion imaging, (following stress echocardiogram, 93350); single study, rest or stress (exercise and/or pharmacologic).
G0041	PET myocardial perfusion imaging, (following stress echocardiogram, 93350.)
G0042	PET myocardial persusion (following stress ventriculogram, 78481 or 78483); single study, rest or stress (exercise and/or pharmacologic).
G0043	PET myocardial perfusion imaging, (following stress ventriculogam, 78481 or 78483); multiple studies, rest or stress (exercises and/or pharmacologic).
G0044	PET myocardial perfusion imaging, (following rest ECG, 93000); single study, rest or stress (exercise and/or pharmacologic).
G0045	PET myocardial perfusion imaging (following rest ECG,93000); multile studies, rest or stress (exercise and/or pharmacologic).
G0046	PET myocardial perfusion imaging, (following rest ECG, 93015); single study, rest or stress (exercise and/or pharmacologic).
G0047	PET myocardial perfusion imaging (following rest ECG, 93015); multiple studies, rest or stress (exercise and/or pharmacologic).
G0125	PET lung imaging of solitary pulmonary nodules following CT (7125, 71260 or 71270)
G0166	External counterpulsation, per treatment session
H0018*35	Behavioral health; short-term residential (non-hospital residential treatment) when used to claim adult mental health crisis stabilization; residential without room and board

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- H0019\*38\*39 Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per Diem (Intensive Residential Treatment Services – IRTS)
- H0031 Crisis Assessment/Intervention in an Emergency Room – 15min unit - POS is 23
- H0031 \*33 Crisis Assessment/Intervention in an Emergency Room – 15min unit - POS is 23, provided to adults age 18 and older in a community setting
- H0034\*16,\*39 Medication training and support, per 15 minutes, individual, provided to adults age 18 and older
- H0034 HQ \*16\*39 Medication training and support, per 15 minutes, group, provided to Adults age 18 and older
- H0035\*30 Mental health partial hospitalization, treatment, less than 24 hours, adult, age 18 and older
- H0035 HA \*30 Mental health partial hospitalization, treatment, less than 24 hours, child Age 17 and under
- H2011\*34 Crisis intervention service, Per 15 Min., mobile services, provided to adults age 18 and older in a community setting
- H2012 UA\*22 Behavioral health day treatment when used for therapeutic components of preschool program
- H2012 HK \*15 Behavioral health day treatment , per hour, Neuropsychological service, cognitive remediation training for 1-3 clients or 4-9 clients
- H2012\*9 \*39 Behavioral health day treatment , per hour, for adults age 18 and older
- H2014 UA HQ\*22 Skills Training and Development, per 15 minutes: when used for group skills training under CTSS
- H2014 UA HR\*22 Skills Training and Development, per 15 minutes; when used for family skills training under CTSS
- H2014 UA\*22 Skills Training and Development, per 15 minutes; when used for individual skills training CTSS (childrens therapeutic services and support)
- H2014 UA, HK \*22 Skills Training and Development, per 15 min.; when used for individual skills training, under CTSS, day treatment
- H2014 UA, HK, HQ \*22 Skills Training and Development, per 15 min.; when used for group skills training under CTSS, day treatment
- H2015 UA\*22 Comprehensive Community Support Services, per 15 minutes, when used for crisis assistance under CTSS
- H2017\*31\*39 Psychosocial rehabilitation svc, per15 min., basic living and social skill, individual, provided to adults age 18 and older
- H2017 HQ \*31\*39 Psychosocial rehabilitation svc, per15 min., basic living and social skill, group, provided to adults age 18 and older
- H2019 UA HM\*22 Therapeutic Behavioral Services, per 15 minutes; when used for skills training under CTSS done by Level II Mental Health Behavioral Aide
- H2019 UA\*22 Therapeutic Behavioral Service, per 15 minutes; when used for skills training under CTSS done by Level I Mental Health Behavioral Aide
- H2032 UA\*22 Activity Therapy, per 15 minutes when used for therapeutic services and support under CTSS
- S0800 Laser in situ keratomileusis (lasik)
- S0810 Photorefractive keratectomy (PRK)
- S2052 Transplantation of small intestine allograft
- S2053 Transplantation of small intestine and liver allografts
- S2082 Laparoscopy, surgical; gastric restrictive procedure, adjustable gastric
- S2085 Laparoscopy, gastric restrictive procedure, with gastric bypass for morbid obesity with short limb (less than 100 cm) roux-en-y gastroenterostomy
- S2109 Autologous chondrocyte transplantation (preparation of autologous cultured chondrocytes)
- S2400 Repair, congenital hernia in the fetus, procedure performed in utero
- S2401 Repair, urinary tract obstruction in the fetus, procedure performed in utero
- S2402 Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero
- S2403 Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero
- S2404 Repair, myelomeningocele in the fetus, procedure performed in utero
- S2405 Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero
- S2409 Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified
- S8035 Magnetic source imaging (only used for pre-operative)
- S9484 \*35 Crisis intervention mental health services, per hour, individual, crisis stabilization provided to adults age 18 and older in a community (non-residential) setting
- S9484 HQ \*35 Crisis intervention mental health services, per hour, group, crisis stabilization provided to adults age 18 and older in a community (non-residential) setting
- S9484 UA Crisis intervention mental health services, per hour; individual, when used for Children’s mental health intervention and crisis stabilization done by a mental health professional
- S9484 UA, HN Crisis intervention mental health services, per hour; individual, when used for Children’s mental health intervention and crisis stabilization done by a mental health practitioner

**Services for which no HCPCS Code is assigned****Description**

Alpha-1 Antitrypsin Deficiency Replacement Therapy investigative except when used in patients satisfying the following criteria (90799, 90784): inherited alpha-1 antitrypsin deficiency; forced expiratory volume (FEV1) should be less than 65% of the normal value; 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 division of prostate gland

Bone grafts from animal sources

Bullectomy (laser)

Carotid 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

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

Diastasis Recti Abdominis repair

Electrostimulated Gracilis Neosphincter

Energy Emission Analysis

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

Hair Analyses

Epidural access:

Administration of analgesia for control of severe, intractable pain of the terminally ill secondary to malignancy;

Control of spasticity with low dose morphine;

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:

are refractive to various pharmacologic (i.e., oral baclofen) and exercise therapies, and have a significant functional component that is expected to improve with this therapy.

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

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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 fatiguesyndrome, EpsteinBarr virus, and multiple sclerosis.  
Knee Cartilage (Meniscus) Transplants including autologous chondrocyte implementation  
Laser Assisted Uvulopalatopharyngoplasty (LAUP)  
Laser Corneal Sculpturing  
Lyme Borreliosis Antigen Testing  
Lymphokine Activated Killer Cells (LAK)  
Magnetic Source Imaging  
Methyl Test - Butyl Ether (MTBE)  
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  
Therastim  
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 Compression

**Footnotes in this document are not in order intentionally.**

\*1. For any combination of the CMT codes, authorization is required for treatments in excess of 6 per month and 24 per calendar year.

\*4. Authorization requirements for **psychotherapy**:

**A. Individual Psychotherapy:** Up to twenty-six (26) hours, cumulative, per calendar year of individual psychotherapy may be provided without authorization (90804 - 90829 and 90875). Services 90816 – 90829 provided in an inpatient setting are

- not subject to the 26 hour limits. Individual and interactive individual psychotherapy services may not be provided concurrently.
- B. Group Psychotherapy:** Authorization is required for more than three (3) hours of group psychotherapy (90853) within a five (5) calendar day period, or when more than seventy-eight (78) hours per calendar year has been reached.
- C. Family Psychotherapy:** Up to 26- hours, cumulative, of family psychotherapy (90846-90847) may be provided per calendar year without authorization.
- \*9 For adults age 19 and older, authorization is required for Adult Mental Health day treatment services exceeding 115 hours in a 365 day period.
- \*14 Up to 2 hours of diagnostic assessment (90801 or 90802) may be provided in a calendar year without authorization. Diagnostic assessment and interactive diagnostic assessment may not be billed for the same recipient.
- \*15 Prior authorization is required before billing for cognitive remediation training (H2012 HK) behavioral health day treatment.
- \*16 Authorization is required for more than 26 hours per calendar year of H0034 and 26 hours per calendar year of H0034 HQ.
- \*17 Authorization is required for Neuropsychological rehabilitation 97535-HE prior to service initiation and for more than 78 hours.
- \*19 Authorization is required for neuropsychological testing and assessment service (96118) exceeding 15 hours per calendar year. Not more than 10 hours may be billed for a single assessment. Up to 5 additional hours may be authorized for a single assessment or re-evaluation if determined medically necessary.
- \*20 Acupuncture is covered for chronic pain. Authorization is required in excess of 10 sessions, and must be performed by an MD or a licensed acupuncturist employed and supervised by an MD or provided through a hospital pain management program by an MD or a licensed acupuncturist supervised by an MD.
- \*22 A child under age 21 eligible for children's therapeutic services and support (CTSS) may exceed the payment limitations for this package with authorization. Authorization required for more than 200 hours per calendar year.
- \*23 Authorization is required for person's 18 years of age and under.
- \*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.
- \*30 Authorization is required for the following conditions:
1. Service provided more than 21 days after admission.
  2. Readmission within 45 days of a previous discharge from a PHP.
  3. For an adult (age 18 and older), fewer than five hours of covered service per day.
  4. For a child (through age 17), fewer than three hours of covered service per day.
- \*31 Authorization is required for more than 260 hours per 180 days or 300 hours per calendar year combined total of basic social and living skills, individual (H2017) or basic social and living skills, group (H2017 HQ).
- \*32 Authorization is required for more than 10 hours per month or 72 hours per calendar year community intervention (90882) services
- \*33 Authorization is required for more than two hours in one day of mobile crisis assessment (H0031) or more than four hours per calendar month or more than eight hours per calendar year.
- \*34 Authorization is required for more than 10 hours in one day of mobile crisis intervention service (H2011) or more than 30 hours in 30 days or more than 60 hours in a calendar year.
- \*35 Authorization is required for more than 60 hours combined total of S9484, and S9484 HQ in a calendar year. Authorization is required for more than 7 days of H0018 in a calendar year. One day of H0018 is the equivalent of 8 hours of S9484 and S9484-HQ.
- \*38 Authorization is required for more than 90 days per admission. A readmission within 15 days or a transfer from one intensive residential arrangement to another without interim discharge to the community lasting at least 15 days is considered one admission.
- \*39 Adult mental health rehabilitative services (H2017, 90882, and H0034 with or without modifier) and adult day treatment (H2012 without modifier) cannot be provided the same day as intensive residential treatment services (H0019) or assertive community treatment services (H0040) unless authorized.
- \*41 Authorization required for diagnosis of Rosacea, 695.3.

## State Contracts

**Informal Solicitations:** Informal solicitations for professional/technical (consultant) contracts valued at over \$5,000 through \$50,000, may either be published in the *State Register* or posted on the Department of Administration, Materials Management Division's (MMD) Web site. Interested vendors are encouraged to monitor the P/T Contract Section of the MMD Web site at [www.mmd.admin.state.mn.us](http://www.mmd.admin.state.mn.us) for informal solicitation announcements.

**Formal Solicitations:** Department of Administration procedures require that formal solicitations (announcements for contracts with an estimated value over \$50,000) for professional/technical contracts must be published in the *State Register*. Certain quasi-state agency and Minnesota State College and University institutions are exempt from these requirements

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## Colleges and Universities, Minnesota State (MnSCU) Anoka-Ramsey Community College Request for Research Study Proposals for New Name for College

**NOTICE IS HEARBY GIVEN** that Anoka-Ramsey Community College will receive proposals for a "Comprehensive Name Choice Idea Generation and Research Study" to choose a new name for the college. Specifications will be available on December 27, 2005 on the **website** <http://www.anokaramsey.edu/IT/proposal.cfm>. Copies of the specifications can also be obtained from Mary Jacobson at (763) 433-1315 or [mary.jacobson@anokaramsey.edu](mailto:mary.jacobson@anokaramsey.edu). Sealed proposals must be received by Laura Anderson (Room C140) at Anoka-Ramsey Community College, 11200 Mississippi Blvd., Coon Rapids, MN 55433 by 3:00 p.m. on January 6, 2006. Bid openings will be in the cafeteria of Anoka-Ramsey Community College at 3:00 p.m. on January 6, 2006. Anoka-Ramsey Community College reserves the right to reject any or all proposals, or portions thereof, or to waive any irregularities or informalities, in proposals received.

## Colleges and Universities, Minnesota State (MnSCU) Winona State University Request for Bids for at least Thirty 24-Port Analog Circuit Paks

**NOTICE IS HEREBY GIVEN** that Winona State University is seeking bids for a minimum of thirty (30) TN793B 24-port analog circuit paks.

Bid specifications will be available January 3, 2006 by contacting the Purchasing Department at PO Box 5838, 205 Somsen Hall, Winona, MN 55987, **e-mail:** [sschmitt@winona.edu](mailto:sschmitt@winona.edu) or by calling (507) 457-5067.

Sealed bids must be received by Sandra Schmitt at PO Box 5838, or at 175 W. Mark St., Somsen 205G, Business Office, Winona State University, Winona, MN 55987 by 3:00 PM Tuesday, January 17, 2006.

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

**Department of Natural Resources****Division of Ecological Services****Environmental Policy and Review****Notice of Availability of Request for Proposal for Preparation of an Environmental Impact Statement for the PolyMet Mining Inc., NorthMet Mine and Ore Processing Facility Project in St. Louis County, Minnesota**

**NOTICE IS HEREBY GIVEN** that the Minnesota Department of Natural Resources, a state agency, seeks the services of a professional consultant to assist in preparing an environmental impact statement for the NorthMet Mine and Ore Processing Facility near Babbitt and Hoyt Lakes in St. Louis County, Minnesota. The EIS will analyze impacts associated with construction and operation of a new open pit mine to extract sulfide-bearing ore and development of an ore processing facility to produce copper metal and precipitates of nickel, cobalt, palladium, platinum, and gold.

The DNR seeks the services of a consultant with expertise in: preparing joint State/Federal EISs; mining operations; environmentally sound management of sulfide-bearing mine waste (including the mine itself, waste rock, lean ore, tailings, processing, and hydrometallurgical waste); ore processing; mining economics; geotechnical evaluations; hydrology/hydrogeology; geochemical water quality modeling; wastewater treatment; mercury; air quality modeling; wetland evaluation and mitigation; fish/wildlife evaluation including both state and federal threatened and endangered species; noise analysis; visibility analysis; fibers; U.S. Forest Service land use management; cultural resources; socioeconomics; and cumulative effects analysis. The consultant must conduct necessary data collection, analysis, and synthesis to prepare a draft and final EIS that fulfill the requirements of Minnesota Rules parts 4410.0200 to 4410.6500, the National Environmental Policy Act (NEPA) (42 U.S.C. §§ 4321 to 4347), the NEPA implementing regulations (40 C.F.R. parts 1500 to 1508, in particular 40 C.F.R. part 1502), and the U.S. Army Corp of Engineer's NEPA regulations (33 C.F.R. part 325 appendix B).

The Request for Proposal can be obtained from:

Randall Doneen  
Minnesota Department of Natural Resources  
Division of Ecological Services  
500 Lafayette Rd., Box 25  
St. Paul, MN 55155-4025  
(651) 259-5677

Proposals submitted in response to the Request for Proposals in this advertisement must be received at the address above no later than 4:30 PM on January 31, 2006. **Late proposals will not be considered.** Fax or e-mailed proposals will **not** be considered. A pre-submittal meeting will be held on **January 12, 2006** from 2:00 PM to 5:00 PM in the MPCA Board Room (lower level) located at 520 Lafayette Rd, Saint Paul, MN.

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

**Department of Transportation (Mn/DOT)****Engineering Services Division****Notice of Potential Availability of Contracting Opportunities for a Variety of Highway Related Technical Activities (the "Consultant Pre-Qualification Program")**

This document is available in alternative formats for persons with disabilities by calling Ron Bisek at (651) 296-1361 for persons who are hearing or speech impaired by calling the Minnesota Relay Service at (800) 627-3529.

Mn/DOT, working in conjunction with the Consultant Reform Committee, the Minnesota Consulting Engineers Council, and the Department of Administration, has developed the Consultant Pre-qualification Program as a new method of consultant selection. The ultimate goal of the Pre-Qualification Program is to streamline the process of contracting for highway related professional/technical services. Mn/DOT anticipates that most consultant contracts for highway-related technical activities will be awarded using this method, however, Mn/DOT also reserves the right to use RFP or other selection processes for particular projects. Nothing in this solicitation requires Mn/DOT to complete or use the Consultant Pre-qualification Program.

Mn/DOT is currently requesting applications from consultants. Refer to Mn/DOT's Consultant Services web site, indicated below, to see which highway related professional/technical services are available at this time. Following the advertisement of particular category of

# State Contracts

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services, applications will be accepted on a continual basis.

All expenses incurred in responding to this notice will be borne by the responder. Response to this notice becomes public information under the Minnesota Government Data Practices.

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

Send completed application material to:

Ron Bisek  
Consultant Services  
Office of Technical Support  
Minnesota Department of Transportation  
Consultant Services  
395 John Ireland Boulevard, Seventh Floor North, Mail Stop 680  
St. Paul, MN 55155

**Note: DUE DATE: APPLICATION MATERIAL WILL BE ACCEPTED ON A CONTINUAL BASIS.**

## Department of Transportation (Mn/DOT)

### Engineering Services Division

#### 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 Consultant Services **website** at: [www.dot.state.mn.us/consult](http://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.

## 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 commodity, project or tasks; 4) cost estimate; and 5) final submission date of completed contract proposal. Allow at least three weeks from publication date (four weeks from the date article is submitted for publication). Surveys show that subscribers are interested in hearing about contracts for estimates as low as \$1,000. Contact editor for further details.

## City of Edina

### Public Safety

#### Request for Proposal (RFP) for Public Safety Computer Aided Dispatch (CAD), Records Management (RMS) and Mobile and Field Reporting System

The City of Edina is soliciting proposals for the purchase of a state-of-the art, integrated Computer Aided Dispatch, Records Management and Mobile and Field Reporting System. The total project will include the selection and acquisition of software and hardware, installation, training and maintenance costs to replace or upgrade the current system.

Proposals are due no later than 4:00 PM Friday, February 10, 2006

Proposals must be in conformance with specifications which are available electronically at <http://www.edina-rfp.com>. Vendors interested in receiving a copy of the RFP document and specifications should register at this site.

### Hennepin County

#### Request for Proposals for Environmental Assessment on Trunk Highway 55

Sealed proposals will be received in the office of Hennepin County Purchasing and Contract Services Division, A-2205 Government Center, Minneapolis, Minnesota 55487-0225, until 4:00 P.M., Wednesday, February 8, 2006 for a project to prepare and receive Federal Highway Administration (FHWA) approval for an Environmental Assessment (EA) and to produce a preferred alternate layout that defines right of way limits on Trunk Highway (T.H.) 55 from I-494 to the Crow River.

Proposals will be available from Hennepin County Purchasing (612) 348-3181 and from the Hennepin County Purchasing web page at: [www.co.hennepin.mn.us](http://www.co.hennepin.mn.us) under Your County Government / Doing Business with Hennepin County / Contract Opportunities.

### Metropolitan Council

#### Notice of Request for Proposals (RFP) for Office Furniture Moving Services

##### Reference Number 05P135

The Metropolitan Council is soliciting proposals to provide Office Furniture Moving Services.

Issue Request for Proposals	January 03, 2006
Site Visit	January 10, 2006
Proposals Due	January 24, 2006
Award Contract	February 2006

All firms interested in submitting proposals for this contract and desiring to receive an RFP package are invited to make a written request either by e-mail, fax or mail 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  
**E-mail:** [sunnyjo.emerson@metc.state.mn.us](mailto:sunnyjo.emerson@metc.state.mn.us)

### University of Minnesota

#### Subscribe to Bid Information Service (BIS)

The University of Minnesota offers 24 hour/day, 7day/week access to all Request for Bids/Proposals through its web-based Bid Information Service (BIS). Subscriptions to BIS are free. Visit our website at [bidinfo.umn.edu](http://bidinfo.umn.edu) or call the BIS Coordinator at (612) 625-5534.

Request for Bids/Proposals are also available to the public each business day from 8:00 a.m. to 4:30 p.m. in the Purchasing Services lobby, Suite 560, 1300 S. 2nd Street, Minneapolis, Minnesota 55454.

