

State of Minnesota

State Register



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

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

- Proposed Rules
- Adopted Rules
- Exempt Rules
- Expedited Rules
- Withdrawn Rules
- Vetoed Rules
- Executive Orders of the Governor
- Appointments
- Proclamations
- Commissioners' Orders
- Revenue Notices
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- State Grants and Loans
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Tim Pawlenty, Governor	(651) 296-3391	Department of Administration:	State Register:
Carol L. Molnau, Lt. Governor	(651) 296-3391	Sheila M. Reger, Commissioner	Robin Panlener, editor
Lori Swanson, Attorney General	(651) 297-4272	(651) 201-2564	(651) 297-7963
Rebecca Otto, State Auditor	(651) 297-3670	Plant Management Division:	John Mikes, assistant editor
Mark Ritchie, Secretary of State	(651) 296-2079	David Fielding, Director	(651) 297-4616
		(651) 201-2350	Loretta J. Diaz, subscriptions
		Mary Mikes, Manager	(651) 297-8777
		(651) 297-3979	Bonnie Karels, billing
			(651) 296-4912

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Minnesota Rules: Amendments and Additions

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

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

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

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

The *State Register* features partial and cumulative listings of rules in this section on the following schedule: issues #1-13 inclusive; issues #14-25 inclusive (issue #26 cumulative for issues #1-26); issues #27-38 inclusive (issue #39, cumulative for issues #1-39); issues #40-52 inclusive, with final index (#1-52, or 53 in some years). An annual subject matter index for rules was separately printed usually in August, but starting with Volume 19 now appears in the final issue of each volume. For copies or subscriptions to the *State Register*, contact Minnesota's Bookstore, 660 Olive Street (one block east of I-35E and one block north of University Ave), St. Paul, MN 55155, phone: (612) 297-3000, or toll-free 1-800-657-3757.

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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 Labor and Industry (DLI) Adopted Exempt Permanent Rules Relating to Workers' Compensation; Fee Schedule

5221.4005 INSTRUCTIONS FOR APPLICATION OF FEE SCHEDULE.

Subpart 1. **Workers' compensation medical fee schedule; incorporation of Medicare National Physician Relative Value Files.**
The workers' compensation medical fee schedule consists of items A and B:

A. the tables in the Medicare National Physician Fee Schedule Relative Value File and the Geographic Practice Cost Indices File most recently incorporated by reference by the commissioner by publishing in the *State Register* pursuant to *Minnesota Statutes*, section 176.136, subdivision 1a, paragraph (h); and

B. parts 5221.4005 to 5221.4061, which contain instructions for applying the Medicare Physician Fee Schedule tables described in item A to determine the maximum fees for treatment of injured workers under *Minnesota Statutes*, section 176.136.

Subp. 2. **Effective date.** The medical fee schedule applies to treatment provided on or after the effective date of:

A. the most recent fee schedule tables adopted pursuant to *Minnesota Statutes*, section 176.136, subdivision 1a, paragraph (h), as described in subpart 1; and

B. corresponding rules in parts 5221.4005 to 5221.4061 to implement the fee schedule tables.

Subp. 3. **Applicability.** The medical fee schedule applies to a charge for a particular health care service if:

A. the medical service is compensable under *Minnesota Statutes*, section 176.135;

B. the service conforms to a CPT, HCPCS, or revenue billing code in effect on the date the service was rendered; and

C. the billing code for the service is listed under the appropriate provider group designation for the health care provider that rendered the service.

5221.4010 EMPLOYER'S LIABILITY FOR SERVICES UNDER MEDICAL FEE SCHEDULE.

Unless the maximum fee is adjusted under part 5221.4035, ~~5221.4041~~, 5221.4051, or 5221.4061, the employer's liability for services included in parts 5221.4030 to ~~5221.4060~~ 5221.4061 is limited to 100 percent of the fee schedule amount calculated according to the

Exempt Rules

formula in part 5221.4020 or the provider's usual and customary fee for the service, whichever is lower. The employer's liability for pharmacy services is as provided in part 5221.4070.

5221.4020 DETERMINING FEE SCHEDULE PAYMENT LIMITS.

Subpart 1. [See repealer.]

Subp. 1a. [See repealer.]

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Subp. 2. [See repealer.]

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

A. Column A is the “HCPCS code.” This column identifies the CPT/HCPCS code. This code identifies the health care service described in column 4.

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

(1) Indicator “26” indicates professional component only codes. This indicator identifies codes that describe the physician work portion of selected services for which there is an associated code that describes the technical component of the service only.

(2) Indicator “TC” indicates technical component only codes. This indicator identifies codes that describe the technical component, such as staff and equipment costs, of selected services for which there is an associated code that describes the professional component of the service only.

(3) A blank in this field denotes the global service, which includes both the professional and the technical component of providing the service.

C. Column C is the “Description.” This column is an abbreviated CPT/HCPCS narrative description of the procedure code. A detailed description of the service appears in the CPT or HCPCS manual incorporated by reference in the applicable medical fee schedule.

D. Column D is the “Status Code.”

(1) “A” status indicates an active code. These services are separately paid under the medical fee schedule. The maximum fee for this service is calculated according to the formula in subpart 1b and as adjusted by other instructions in this subpart.

(2) “B” status indicates a bundled code. Payment for covered services are always bundled into payment for other services. There is no separate payment for these services even if an RVU is listed. When these services are covered, payment for them is subsumed by the payment for the services to which they are incident. An example is a telephone call from a hospital nurse regarding care of a patient.

(3) “C” status indicates a coverage status that is unique to the federal Medicare fee schedule. If the service is compensable for workers’ compensation under *Minnesota Statutes*, section 176.135, the maximum fee for the service is governed by part 5221.0500, subpart 2, items B to F, and *Minnesota Statutes*, section 176.136, subdivision 1b.

(4) “D” status indicates an invalid or deleted CPT or HCPCS code. Another CPT or HCPCS code must be used to describe the service. No payment is allowed for codes with a “D” status even if positive RVUs are listed.

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

(6) “F” status indicates an invalid or deleted CPT or HCPCS code. Another CPT or HCPCS code must be used to describe the service. No payment is allowed for codes with an “F” status even if positive RVUs are listed.

(7) “G,” “H,” and “I” status. “G” and “I” status indicate an invalid CPT or HCPCS code and “H” status indicates an invalid modifier code. Another code must be used to describe these service. No payment is allowed for codes with a “G,” “H,” or “I” status even if positive RVUs are listed.

(8) “J” status indicates Anesthesia Services. There are no RVU amounts for these codes. If the service is compensable for

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workers' compensation under *Minnesota Statutes*, section 176.135, the maximum fee for the service is governed by part 5221.0500, subpart 2, items B to F, and *Minnesota Statutes*, section 176.136, subdivision 1b.

(9) "M" status indicates a coverage status that is unique to the federal Medicare fee schedule for measurement codes used for reporting purposes only. If the service is compensable for workers' compensation under *Minnesota Statutes*, section 176.135, the maximum fee for the service is governed by part 5221.0500, subpart 2, items B to F, and *Minnesota Statutes*, section 176.136, subdivision 1b.

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

(11) "P" status indicates a bundled or excluded code.

(a) If the item or service is covered as incident to a physician service and is provided on the same day as a physician service, payment for it is bundled into the payment for the physician service to which it is incident. An example is an elastic bandage furnished by a physician incident to physician service.

(b) If the item or service is covered as other than incident to a physician service, such as colostomy supplies, it may be paid for separately. If the item or service is not provided incident to the services of a licensed provider, the liability for the service is governed by part 5221.0500, subpart 2, items B to F, and *Minnesota Statutes*, section 176.136, subdivision 1b, if the code has no positive RVUs. If positive RVUs are listed, the maximum fee for the service is the amount established according to the formula in subpart 1b.

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

(13) "T" status indicates injections. There are RVUs listed for these services, but they are only paid if there are no other services payable under the fee schedule billed on the same date by the same provider. If any other services payable under the fee schedule are billed on the same date by the same provider, these services are bundled into the physician services for which payment is made. Payment for the injected material is separate from the injection services and is governed by part 5221.0500, subpart 2, items B to F.

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

E. Column E is "Not Used for Medicare Payment." This column is not used in Minnesota workers' compensation.

F. Column F is the "Work RVU." This column lists the RVU for the physician work component of the formulas in subpart 1b, item A.

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

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

I. Column I is the "Fully Implemented Nonfacility Practice Expense RVU." This column is not used in Minnesota workers' compensation.

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

Exempt Rules

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

L. Column L is the “Transitioned Facility NA Indicator.” This column is not used in Minnesota workers’ compensation.

M. Column M is the “Fully Implemented Facility Practice Expense RVU.” This column is not used in Minnesota workers’ compensation.

N. Column N is the “Fully Implemented Facility NA Indicator.” This column is not used in Minnesota workers’ compensation.

O. Column O is the “Malpractice RVU.” This column lists the RVU for the malpractice expense component of the formulas in subpart 1b, item A, for services provided by a health care provider in both nonfacility and facility settings.

P. Column P is the “Transitioned Nonfacility Total.” This column is not used in Minnesota workers’ compensation.

Q. Column Q is the “Total Fully Implemented Nonfacility RVU.” This column is not used in Minnesota workers’ compensation.

R. Column R is the “Total Transitioned Facility RVU.” This column is not used in Minnesota workers’ compensation.

S. Column S is the “Total Fully Implemented Facility RVU.” This column is not used in Minnesota workers’ compensation.

T. Column T is the “PC/TC Indicator.”

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

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

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

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

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

Exempt Rules

Indicator “5” indicates incident to codes. Indicator 5 is not used in Minnesota workers’ compensation.

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

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

Indicator “8” indicates physician interpretation codes. This indicator is not used in Minnesota workers’ compensation.

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

U. Column U is “Global Surgery.” This column indicates the application of the global surgery package. It provides time frames and other circumstances that apply to each surgical procedure. Part 5221.4035 provides additional factors affecting payment.

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

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

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

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

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

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

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

V. Column V is the “Preoperative Percentage.” This column indicates the percentage of the total maximum fee calculated under subpart 1b that applies to the preoperative portion of the global surgical package. This percentage is paid when a separate physician performs the preoperative portion of a surgical procedure.

W. Column W is the “Intraoperative Percentage.” This column indicates the percentage of the total maximum fee calculated under subpart 1b that applies to the intraoperative portion of the global surgical package, including postoperative work in the hospital. This percentage is paid when a physician performs the intraoperative portion of a surgical package.

X. Column X is the “Postoperative Percentage.” This column indicates the percentage of the total maximum fee calculated under subpart 1b that applies to the postoperative portion of the global surgical package that is provided in the office after discharge from the hospital. This is the percentage amount of the global surgical package that is paid when a physician performs the postoperative portion of a surgical package.

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

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

Exempt Rules

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

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

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

Indicator “9” indicates that the concept of multiple procedure does not apply.

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

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

Indicator “1” indicates that bilateral payment adjustments apply.

Indicator “2” indicates no further bilateral payment adjustments apply.

Indicator “3” indicates that no bilateral payment adjustments apply.

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

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

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

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

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

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

AB. Column AB governs payment for cosurgeons. Indicators in column AB indicate services for which two surgeons may be paid.

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

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

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

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

AC. Column AC governs payment for team surgery. Indicators in column AC indicate services for which team surgeons may be paid. Part 5221.4035, subpart 9, defines team surgery.

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

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

Indicator “2” indicates team surgeons are permitted. The maximum fee for the service is limited by part 5221.0500, subpart 2, items B

Exempt Rules

to F, and *Minnesota Statutes*, section 176.136, subdivision 1b.

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

AD. Column AD is the “Endoscopic Base Code.” The code in this column identifies an endoscopic base code for each code with a multiple surgery indicator of 3 in column Y.

AE. Column AE is the “Conversion Factor.” The conversion factor in this column is not used in Minnesota workers’ compensation. The conversion factors for Minnesota workers’ compensation are specified in subpart 1b.

AF. Column AF is the “Physician Supervision of Diagnostic Procedures.” This column is not used in Minnesota workers’ compensation.

AG. Column AG is the “Calculation Flag.” This column is not used in Minnesota workers’ compensation.

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

Indicator “01” indicates ultrasound (chest/abdomen/pelvis-nonobstetrical).

Indicator “02” indicates CT and CTA (chest/thorax/abdomen/pelvis).

Indicator “03” indicates CT and CTA (head/brain/orbit/maxillofacial/neck).

Indicator “04” indicates MRI and MRA (chest/abdomen/pelvis).

Indicator “05” indicates MRI and MRA (head/brain/neck).

Indicator “06” indicates MRI and MRA (spine).

Indicator “07” indicates CT (spine).

Indicator “08” indicates MRI and MRA (lower extremities).

Indicator “09” indicates CT and CTA (lower extremities).

Indicator “10” indicates MR and MRI (upper extremities and joints).

Indicator “11” indicates CT and CTA (upper extremities).

Indicator “99” indicates the concept does not apply.

AI. Column AI is the “Nonfacility Practice Expense Used for OPPS Payment Amount.” This column is not used in Minnesota workers’ compensation.

AJ. Column AJ is the “Facility Practice Expense Used for OPPS Payment Amount.” This column is not used in Minnesota workers’ compensation.

AK. Column AK is the “Malpractice Used for OPPS Payment Amount.” This column is not used in Minnesota workers’ compensation.

Subp. 3. **Supplies, separate billing allowed.** Except as otherwise provided in subpart 2.2a, charges for the following supplies provided during an evaluation and management service in the office may be billed separately and paid according to the maximum fee established by the formula in subpart 1b if positive RVUs are assigned RVU or, if no positive RVUs are assigned, the charges are

limited by part 5221.0500, subpart 2:

~~A. surgical trays for services specified in part 5221.4035, subpart 3, item I;~~

~~B.A. injectable drugs and antigens;~~

~~C.B. splints, casts, and other devices used in the treatment of fractures and dislocations;~~

~~D.C. all take-home supplies provided by the health care provider or hospital, regardless of type;~~

~~E.D. orthotic device used for the purpose of supporting a weak or deformed body member or restricting or eliminating motion in a diseased or injured part of the body. Braces meet this definition. Elastic stockings and bandages applied in the office do not meet this definition; and~~

~~F.E. prosthetic devices which replace all or part of an internal body organ, or replace all or part of the function of a permanently inoperative or malfunctioning internal body organ. A foley catheter for a permanently incontinent patient meets this definition. A catheter used to obtain a urine specimen does not meet this definition.~~

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

5221.4030 MEDICAL/SURGICAL PROCEDURE CODES.

Subpart 1. **Key to abbreviations and terms.** For descriptions of columns, abbreviations, and terms, see part 5221.4020, subpart 2a.

Subp. 2. [Repealed, 20 SR 530]

Subp. 2a. [Repealed, 25 SR 1142]

Subp. 2b. [See repealer.]

Subp. 3. List of medical/surgical procedure codes. The medical/surgical conversion factor in part 5221.4020, subpart 1b, item B, for the applicable date of service applies to the health care providers listed in part 5221.0700, subpart 3, item C, subitem (2), when they provide services, articles, or supplies identified by a procedure code in the Medicare Physician Fee Schedule tables described in part 5221.4005, except for:

A. Procedure codes described in part 5221.4040;

B. Procedure codes described in part 5221.4050;

C. Chiropractic procedure codes 98940, 98941, 98942, and 98943 in part 5221.4060.

5221.4035 FEE ADJUSTMENTS FOR MEDICAL/SURGICAL SERVICES.

Subpart 1. **Definition of a global surgical package.** Coding and payment for all surgical procedures is based on a global surgical package as indicated in column 7 of parts 5221.4030 to 5221.4060 and as described in this part and part 5221.4020, subpart 2, item G. The RVU listed for each procedure includes preoperative, postoperative, and intraoperative work related to the given surgical procedure as specified in this part. Column 7 of parts 5221.4030 to 5221.4060 provides the postoperative periods that apply to each surgical procedure. 2a, items U, V, W, and X. Physicians are not paid separately for visits or other services that are included in the global package.

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

EXAMPLE: Date of surgery, January 5 September 10; preoperative period, January 4 September 9; last day of global period, April 5 December 9.

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

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

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

B. Columns V, W, and X of the Medicare Relative Value tables incorporated by reference in part 5221.4005 designate the percentages of the global package assigned to preoperative services, intraoperative services, and postoperative services. These are used to determine the percent of the maximum fee, established by the formula in part 5221.4020, subpart 1b, that is paid to physicians providing one or more components of the global package.

EXAMPLE: For physicians who perform the surgery and furnish all of the usual preoperative, intraoperative, and postoperative work are paid for the global package according to the maximum fee is 100 percent (the sum or the percentages in columns V, W, and X) of the maximum fee established by the formula in part 5221.4020, subpart 1b, for the appropriate CPT code and any appropriate modifiers for the surgical procedure only. Payment for services in the global surgical package are based on the total RVUs listed in columns 5 and 6. Physicians are not paid separately for visits or other services that are included in the global package. Payment for physicians who furnish less than the full global package is described in subpart 4.

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

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

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

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

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

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

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

(a) Some reoperations have been assigned separate, distinct reoperation CPT procedure codes and RVUs. The maximum fee for these procedures is calculated using the RVUs for the coded reoperation and the formula in part 5221.4020.

(b) Reoperations ~~which that~~ have not been assigned separate, distinct reoperation CPT codes ~~and RVUs~~ must be identified on the bill with the CPT procedure code that describes the procedure or treatment for the complication plus CPT modifier 78 which indicates a return to the operating room for a related procedure during the global period. The CPT procedure code may be the one used for the original procedure when the identical procedure is repeated or another CPT procedure code which describes the actual procedure or service performed. ~~The reoperation is paid at 76 percent of the total RVU listed for the reoperation procedure. The maximum fee for a reoperation without a separate distinct reoperation CPT procedure code is calculated according to the following formula:~~

Maximum fee = .76 x (total RVUs for the reoperation) x (conversion factor)

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

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(c) When no CPT code exists to describe the treatment for complications, use an unlisted surgical procedure code plus CPT modifier 78 which indicates a return to the operating room for a related procedure during the global period. The maximum fee for the reoperation is paid at 38 percent of the total RVU listed the maximum fee for the original procedure established by the formula in part 5221.4020, subpart 1b, multiplied by 50 percent of the intraoperative percent listed in column W. The maximum fee for a reoperation for a procedure identified by an unlisted CPT procedure code is calculated according to the following formula:

$$\text{Maximum fee} = .38 \times (\text{total RVUs for the original procedure}) \times (\text{conversion factor})$$

(2) When coding for treatment for postoperative complications for a procedure with a 000 global period, physicians must use CPT modifier 78 which indicates a return trip to the operating room for a related procedure during the postoperative global period. The full value for the repeat procedure is paid according to the formula in part 5221.4020.

(3) If additional procedures are performed during the same operative session as the original surgery to treat complications which occurred during the original surgery, the additional procedures are coded and paid as multiple surgeries as specified in subpart 5. Only surgeries that require a return to the operating room due to complications from the original surgery are coded and paid as specified in subitems (1) and (2).

(4) If the patient is returned to the operating room after the initial operative session and during the postoperative global surgery period of the original surgery, for one or more additional procedures as a result of complications from the original surgery, each procedure required to treat the complications from the original surgery is paid as specified in subitem (1) or (2).

The multiple surgery rules under subpart 5 do not also apply. The original operation session and the reoperation session are separate and distinct surgical sessions. The reoperation is not considered a multiple surgery, as described in subpart 5, of the original operation. If during the reoperation session multiple surgeries are performed, the additional surgeries are not governed by the multiple surgery payment rules in subpart 5 but are governed by subitems (1) and (2).

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

H. If a less extensive procedure fails, and a more extensive procedure is required, the second procedure is coded and paid separately.

I. For surgical services listed in this item that are performed in a physician's office, separate payment may be made for a surgical tray (CPT code A4550): 19101, 19120, 19125, 19126, 20200, 20205, 20220, 20225, 20240, 25111, 28290, 28292, 28293, 28294, 28296, 28297, 28298, 28299, 32000, 36533, 37609, 38500, 43200, 43202, 43220, 43226, 43234, 43235, 43239, 43245, 43247, 43249, 43250, 43251, 43458, 45378, 45379, 45380, 45382, 45383, 45384, 45385, 49080, 49081, 52005, 52007, 52010, 52204, 52214, 52224, 52234, 52235, 52240, 52250, 52260, 52270, 52275, 52276, 52277, 52282, 52283, 52290, 52300, 52301, 52305, 52310, 52315, 57520, 57522, 58120, 62270, 68761, 85095, 85102, 95028, 96440, 96445, 96450, and G0105. Surgical trays are not paid separately. Payment for the surgical tray is included in the RVUs for the surgical procedure.

[For text of items J to N, see M.R.]

O. Surgeries for which services performed are significantly greater or more complex than usually required must be coded with CPT modifier 22 added to the CPT code for the procedure. Additional requirements for use of this modifier are as follows:

(1) This modifier may only be used where circumstances create a more complex procedure such as congenital or developmental disorders of the anatomy, multiple fractures of the same long bone, coexisting disease, when there has been previous surgery on the same body part or where there is a significant amount of scar tissue.

(2) This modifier may only be reported with procedure codes that have a global period of 000, 010, or 090 days.

(3) Physicians must provide:

(a) a concise statement about how the service is significantly more complex than usually required; and

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(b) an operative report with the claim.

(4) The maximum fee for a surgical procedure that has satisfied all of the requirements for use of CPT modifier 22 is up to 125 percent of the ~~total RVU~~ maximum fee calculated under part 5221.4020, subpart 1b, for that CPT code listed in subpart 2b.

(5) CPT modifier 22 is not used to report additional procedures that are performed during the same operative session as the original surgery to treat complications which occurred during the original surgery. Additional procedures to treat complications which occurred during surgery are governed by subpart 5.

Subp. 4. **Physicians furnishing less than full global package.** There are occasions when more than one physician provides services included in the global surgical package. It may be the case that the physician who performs the surgical procedure does not furnish the follow-up care. Payment for the postoperative, and postdischarge care is split between two or more physicians where the physicians agree on the transfer of care. Coding and payment requirements for physicians furnishing less than the full global package are:

A. When more than one physician furnishes services that are included in the global surgical package, ~~the sum of the amount allowed for all physicians may not exceed what would have been paid if a single physician provides all services; the maximum fee for each physician is a percentage of the total maximum fee established by the formula in part 5221.4020, subpart 1b, multiplied by the sum of the percentages in columns V, W, and X for the type of operative service provided. For example, the maximum fee for a physician who performs the preoperative and postoperative services, but not the intraoperative service, would be as follows:~~

$$\frac{\text{The maximum fee for the CPT code established by the formula in part 5221.4020, subpart 1b}}{\text{by the formula in part 5221.4020, subpart 1b}} \quad * \quad \frac{\text{(the percentage in column V plus the percentage in column X)}}{\text{percentage in column X}}$$

B. Where physicians agree on the transfer of care during the global period, they must add the appropriate CPT modifier to the surgical procedure code:

- (1) CPT modifier 54 for surgical care only; or
- (2) CPT modifier 55 for postoperative management only.

C. Physicians who share postoperative management with another physician must submit additional information showing when they assumed and relinquished responsibility for the postoperative care. If the physician who performed the surgery relinquishes care at the time of discharge, the physician need only show the date of surgery when billing with CPT modifier 54.

However, if the surgeon also cares for the patient for some period following discharge, the surgeon must show the date of surgery and the date on which postoperative care was relinquished to another physician. The physician providing the remaining postoperative care must show the date care was assumed.

D. If a surgeon performs a procedure with a global period of 010 or 090 days, and cares for the patient until time of discharge from a hospital or ambulatory surgical center, the maximum fee for this surgeon's services is ~~paid at 87 percent of the total RVU and calculated according to the following formula:~~

$$\text{Maximum fee} = .87 \times (\text{total RVUs} \times \text{CF})$$

$$\frac{\text{The maximum fee for the CPT code established by the formula in part 5221.4020, subpart 1b}}{\text{by the formula in part 5221.4020, subpart 1b}} \quad * \quad \frac{\text{(the percentage in column V plus the percentage in column W)}}{\text{percentage in column W}}$$

Modifier 54 is used to identify these services.

E. If a health care provider who did not perform the surgery assumes surgical follow-up care of a patient after discharge from the hospital or ambulatory surgical center, then the maximum fee for this practitioner's services is ~~paid at 13 percent of the total RVU and is calculated according to the following formula:~~

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Maximum fee = .13 x (total RVUs x CF)

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

CPT modifier 55 is used to identify these services.

F. If several health care providers furnish postoperative care, the maximum fee for the postoperative period is divided among the practitioners based on the number of days for which each health care provider was primarily responsible for care of the patient. CPT modifier 55 (for postoperative management only) is used to identify postoperative services furnished by more than one provider.

G. If the providers have agreed to a payment distribution of the global fee that differs from the distributions set forth in items D to F, then payments will be made accordingly, if the agreed-upon distribution is documented and explained on the bill for the procedure and is not prohibited by *Minnesota Statutes*, section 147.091, subdivision 1, paragraph (p).

Subp. 5. **Coding and payment for multiple surgeries and procedures.** Part 5221.4020, subpart ~~2~~ 2a, item ~~H~~ Y, and column ~~8~~ Y in ~~parts 5221.4030 to 5221.4060~~ the tables incorporated by reference in part 5221.4005, subpart 1, item A, describe codes subject to the multiple procedures payment restrictions. Multiple surgeries are separate surgeries performed by a single physician on the same patient at the same operative session or on the same day for which separate payment may be allowed.

A. The coding requirements in subitems (1) and (2) apply to multiple surgeries that have an indicator of 2 or 3 in column ~~8~~ Y by the same physician on the same day as specified in items D and E:

(1) the surgical procedure with the highest RVU maximum fee calculated according to part 5221.4020, subpart 1b, is reported without the multiple procedures CPT modifier 51;

(2) the additional surgical procedures performed are reported with CPT modifier 51.

B. There may be instances in which two or more physicians each perform distinctly different, unrelated surgeries on the same patient on the same day, for example, in some multiple trauma cases. When this occurs, CPT modifier 51 is not used and the multiple procedure payment reductions do not apply unless one of the surgeons individually performs multiple surgeries.

C. If any of the multiple surgeries are bilateral or cosurgeries, first determine the allowed amount for the procedure as specified in subpart 6 or 8, next rank this amount with the remaining procedures, and finally, apply the appropriate multiple surgery payment reductions as specified in items D and E.

D. For procedures with an indicator of 2 in column ~~8~~ Y, if the procedures are reported on the same day as another procedure with an indicator of 2, the maximum fee for the procedure with the highest RVU amount calculated under part 5221.4020, subpart 1b, is paid at 100 percent of the ~~listed RVU amount calculated~~, and the maximum fee for each additional procedure with an indicator of 2 is paid at 50 percent of the ~~listed RVU amount calculated under part 5221.4020, subpart 1b~~.

E. For procedures with an indicator of 3 in column ~~8~~ Y, the multiple endoscopy payment rules apply if the procedure is billed with another endoscopy ~~in with the same family (i.e., another endoscopy that has the same base procedure) base code. Column AD lists the endoscopic base code for each code in column A with a multiple surgery indicator of 3.~~ For purposes of this item, the term “endoscopy” also includes arthroscopy procedures. If an endoscopy procedure is performed on the same day as another endoscopy procedure within the same ~~family base code~~, the payment maximum fee for the procedure with the highest RVU amount calculated under part 5221.4020, subpart 1b, is 100 percent of the ~~maximum allowed fee and amount calculated~~. The maximum ~~allowed~~ fee for every other procedure ~~in that family with the same base code~~ is reduced by the value of amount calculated under part 5221.4020, subpart 1b, for the endobase code ~~for that family of procedures in column AD~~. No separate payment is made for the endobase procedure when other endoscopy procedures ~~in with the same family base code~~ are performed on the same day.

Endobase CPT Code

~~CPT Procedure Codes in the same family~~

29815
29830

29819, 29820, 29821, 29822, 29823, 29825, 29826
29834, 29835, 29836, 29837, 29838

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29840	29843, 29844, 29845, 29846, 29847
29860	29861, 29862, 29863
29870	29871, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887
31505	31510, 31511, 31512, 31513
31525	31527, 31528, 31529, 31530, 31535, 31540, 31560, 31570
31526	31531, 31536, 31541, 31561, 31571
31575	31576, 31577, 31578, 31579
31622	31625, 31628, 31629, 31630, 31631, 31635, 31640, 31641, 31645
43200	43202, 43204, 43205, 43215, 43216, 43217, 43219, 43220, 43226, 43227, 43228
43235	43239, 43241, 43243, 43244, 43245, 43246, 43247, 43249, 43250, 43251, 43255, 43258, 43259
43260	43261, 43262, 43263, 43264, 43265, 43267, 43268, 43269, 43271, 43272
44360	44361, 44363, 44364, 44365, 44366, 44369, 44372, 44373
44376	44377, 44378
44388	44389, 44390, 44391, 44392, 44393, 44394
45300	45303, 45305, 45307, 45308, 45309, 45315, 45317, 45320, 45321
45330	45331, 45332, 45333, 45334, 45337, 45338, 45339
45378	45379, 45380, 45382, 45383, 45384, 45385
46600	46604, 46606, 46608, 46610, 46611, 46612, 46614, 46615
47552	47553, 47554, 47555, 47556
50551	50555, 50557, 50559, 50561
50570	50572, 50574, 50575, 50576, 50578, 50580
50951	50953, 50955, 50957, 50959, 50961
50970	50974, 50976
52000	52007, 52010, 52204, 52214, 52224, 52250, 52260, 52265, 52270, 52275, 52276, 52277, 52281, 52282, 52283, 52285, 52290, 52300, 52301, 52305, 52310, 52315, 52317, 52318
52005	52320, 52325, 52327, 52330, 52332, 52334
52335	52336, 52337, 52338, 52339
56300	56301, 56302, 56303, 56304, 56305, 56306, 56307, 56308, 56309, 56311, 56314, 56343, 56344
56350	56351, 56352, 56353, 56354, 56355, 56356
57452	57454, 57460

The following examples illustrate various applications of the endoscopy and multiple procedure payment rule.

Example 1. Endobase procedure plus one other procedure in that family.

Procedures performed	Maximum allowed payment if no other procedures performed	Amount paid	Comments
52000 endobase code	\$100	0.00	No separate payment is made for the endobase procedure when other endoscopy procedures in the same family are performed on the same day
52214 (same family as endobase code)	\$200	\$200	Pay 100 percent for the procedure with the highest RVU
		\$200	Total amount paid is \$200 \$0 (for 52000) + \$200 (for 52214) = \$200

Exempt Rules

Example 2. Endobase procedure plus two or more procedures in the same endoscopy family. The endoscopy pricing rule applies:

Procedures performed	Maximum allowed payment if no other procedures performed	Amount paid	Comments
52000 endobase code	\$100	\$0	No separate payment is made for the endobase procedure when other endoscopy procedures in the same family are performed on the same day
52214 (same family as endobase code)	\$200	\$200	Pay 100 percent of the procedure with the highest RVU
52204 (same family as endobase code)	\$150	\$50	Pay the difference between the next highest valued endoscopy code and the base endoscopy code \$150 = \$100 = \$50
		\$250	Total amount paid is \$250 \$200 (for 52214) + \$50 (for 52204) + \$0 (for 52000) = \$250

Example 3. Two unrelated endoscopy procedures. The multiple surgery rule as depicted by indicator 2 applies:

Procedures performed	Maximum allowed payment if no other procedures performed	Amount paid	Comments
45378 endobase code	\$150	\$150	Pay 100 percent of the procedure with the highest RVU with an indicator of 2
43217 endobase code	\$75	\$37.50	Pay 50 percent of all other procedures with an indicator of 2
		\$187.50	Total amount paid is \$187.50 \$150 (for 45378) + \$37.50 (for 43217) = \$187.50

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

<u>Procedures performed</u> <u>(code listed in column A)</u>	<u>Maximum fee under</u> <u>formula in part</u> <u>5221.4020, subpart 1b</u>	<u>Maximum fee under</u> <u>part 5221.4035,</u> <u>subpart 5, item E</u>	<u>Description</u>
<u>29827</u>	<u>\$950</u>	<u>\$950</u>	<u>Pay 100 percent of the maximum fee for the procedure with the highest maximum fee under formula in part 5221.4020, subpart 1b</u>

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29828	\$790	\$390	Reduce the maximum fee by \$400 (the maximum fee for endobase code 29805)\$790 - \$400 = \$390
29823	\$540	\$140	Reduce the maximum fee by \$400 (the maximum fee for endobase code 29805)\$540 - \$400 = \$140
Total allowable payment:		\$1480	

(2) ~~Example 4.~~ For two unrelated series of endoscopy procedures, the endoscopy pricing rule is applied first, ~~within each family of endoscopy codes to all codes with the same base code in column AD.~~ The multiple surgery pricing rule as depicted by indicator 2 is then applied as follows. ~~The maximum fee for the codes in the series with the highest total value are allowed at amount calculated under this item is 100 percent of the amount calculated maximum value. The maximum fee for codes in the series with the lower total value are allowed at amount calculated under this item is 50 percent of total allowed the amount calculated maximum value.~~

(3) ~~Example 5.~~ Endoscopy procedures billed with other surgery procedures. All procedures subject to the multiple surgery pricing rule are ranked from highest to lowest to determine which codes, or groups of codes, are allowed at 100 percent or 50 percent of the their calculated maximum value. If two or more of the billed codes belong to the same endoscopy family, the endoscopy pricing rule is applied first, and the total value of the endoscopy series is used in the array.

F. For procedures with an indicator of 4 in column Y, special rules for ~~multiple procedures are specified in parts 5221.4051 and 5221.4061~~ the technical component (TC) of diagnostic imaging procedures apply if the procedure is billed with another diagnostic imaging procedure with the same indicator in column AH. If the procedure is reported in the same session on the same day as another procedure with the same family indicator, the procedures must be ranked according to the maximum fee for the technical component (TC), calculated according to the formula in part 5221.4020, subpart 1b. The technical component with the highest maximum fee is paid at 100 percent, and the technical component of each subsequent procedure is paid at 75 percent. The payments for subsequent procedures are based on the lower of (a) the actual charge, or (b) the maximum fee according to the formula in part 5221.4020, subpart 1b, reduced by the appropriate percentage. The professional component (PC) is paid at 100 percent for all procedures.

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

Subp. 6. **Coding and payment for bilateral surgeries and procedures.** Part 5221.4020, subpart 2a, item FZ, and column 9Z in parts 5221.4030 to 5221.4060 the tables incorporated by reference in part 5221.4005, subpart 1, describe codes subject to the bilateral procedures payment restrictions. Bilateral surgeries are procedures performed on both sides of the body during the same operative session or on the same day.

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

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

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

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

B. For procedures with an indicator of 1 in column 9Z, if the procedures are billed as bilateral procedures code is billed with modifier

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50 or is reported twice on the same day by any other means, such as with RT and LT modifiers or with a 2 in the units field, the allowed payment maximum fee is 150 percent of the maximum amount allowed calculated according to the formula in part 5221.4020, subpart 1b, for a single procedure code. The bilateral adjustment is applied before any multiple procedure rules as specified in subpart 5, item C, or cosurgery as specified in subpart 8, are applied.

C. For procedures with an indicator of 2, no further bilateral adjustments apply because the RVUs are already based on the procedure being performed as a bilateral procedure. If the procedure is reported with modifier 50 or is reported twice on the same day by any other means, such as with RT and LT modifiers or with a 2 in the units field, the maximum fee for both sides is the amount calculated according to part 5221.4020, subpart 1b, for a single code.

Subp. 7. **Coding and payment for assistant-at-surgery.** Part 5221.4020, subpart ~~2~~ 2a, item ~~J~~ AA, and column ~~H~~ AA in parts 5221.4030 to 5221.4060 the tables incorporated by reference in part 5221.4005, subpart 1, describe codes subject to the assistant-at-surgery payment restrictions. An assistant-at-surgery must use the appropriate CPT or HCPCS modifier in accordance with their provider type. Payment for a physician assistant-at-surgery is not allowed when payment is made for cosurgeons or team surgeons for the same procedures. For procedures with an indicator of 0 (where medical necessity is established) or 2 in column ~~H~~ AA the maximum fee for an assistant-at-surgery is as follows:

A. For a physician who is an assistant-at-surgery, 16 percent of the global surgery fee is paid. This is paid in addition to the global fee paid to the surgeon.

B. If the assistant surgery service is performed by a provider who is not a physician, but who has advanced training to act as an assistant-at-surgery consistent with their scope of practice, 13.6 percent of the global surgery fee is paid. This is paid in addition to the global fee paid to the surgeon.

Subp. 8. **Coding and payment for cosurgeons.** Part 5221.4020, subpart ~~2~~ 2a, item ~~K~~ AB, and column ~~H~~ AB in parts 5221.4030 to 5221.4060 the tables incorporated by reference in part 5221.4005, subpart 1, describe codes subject to the cosurgeon's payment adjustments. Under some circumstances, the individual skills of two or more surgeons are required to perform surgery on the same patient during the same operative session. This may be required because of the complex nature of the procedures or the patient's condition. It is cosurgery if two surgeons, each in a different specialty, are required to perform a specific procedure, for example, heart transplant. Cosurgery also refers to surgical procedures involving two surgeons performing the parts of the procedure simultaneously, for example, bilateral knee replacement. In these cases, the additional physicians are not acting as assistants-at-surgery.

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

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

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

D. If surgeons of different specialties are each performing a distinctly different procedure with specific CPT codes, cosurgery fee adjustments do not apply even if the procedures are performed through the same incision. If one of the surgeons performs multiple procedures, the multiple procedure rules in subpart 5 apply to that surgeon's services.

Subp. 9. **Coding and payment for team surgery.** Part 5221.4020, subpart ~~2~~ 2a, item ~~E~~ AC, and column ~~H~~ AC in parts 5221.4030 to 5221.4060 the tables incorporated by reference in part 5221.4005, subpart 1, govern application of the team surgery concept.

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

B. For procedures with an indicator of 1, where necessity of a team is established, or 2 in column ~~H~~ AC, the amount paid for the

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procedure is limited by part 5221.0500, subpart 2, items B to F, and *Minnesota Statutes*, section 176.136, subdivision 1b.

C. For procedures with an indicator of 0 or 9 in column ~~12~~ AC, either team surgery is not allowed or the concept of team surgery does not apply.

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

5221.4040 PATHOLOGY AND LABORATORY PROCEDURE CODES.

Subpart 1. **Key to abbreviations and terms.** For descriptions of columns, abbreviations, and terms, see part 5221.4020, subpart ~~2~~ 2a.

Subp. 2a. [Repealed, 25 SR 1142]

Subp. 2b. [Repealed, 30 SR 291]

Subp. 2c. [See repealer.]

Subp. 3. **List of pathology and laboratory codes.** The pathology and laboratory conversion factor in part 5221.4020, subpart 1b, item B, applies to the health care providers listed in part 5221.0700, subpart 3, item C, subitem (3), when they provide the services, articles, or supplies identified by procedure codes 80000 through 89999 in the Medicare Physician Fee Schedule tables described in part 5221.4005.

5221.4050 PHYSICAL MEDICINE AND REHABILITATION PROCEDURE CODES.

Subpart 1. **Key to abbreviations and terms.** For descriptions of columns, abbreviations, and terms, see part 5221.4020, subpart ~~2~~ 2a.

Subp. 2a. [Repealed, 25 SR 1142]

Subp. 2b. [Repealed, 30 SR 291]

Subp. 2c. [See repealer.]

Subp. 2d. **List of physical medicine and rehabilitation procedure codes.** The physical medicine and rehabilitation conversion factor in part 5221.4020, subpart 1b, item B, applies to the health care providers listed in part 5221.0700, subpart 3, item C, subitem (4), when they provide, within their scope of practice, the services, articles, or supplies identified by procedure codes 97001 through 97799 and V5336 to V5364 in the Medicare Physician Fee Schedule tables described in part 5221.4005.

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

5221.4051 FEE ADJUSTMENTS FOR PHYSICAL MEDICINE AND REHABILITATION SERVICES.

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

97012	Mechanical traction therapy
97014	Electric stimulation therapy
97016	Vasopneumatic device therapy
97018	Paraffin bath therapy
97020	Microwave therapy
97022	Whirlpool therapy
97024	Diathermy treatment
97026	Infrared therapy
97028	Ultraviolet therapy
97032	Electrical stimulation
97033	Electric current
97034	Contrast bath therapy

97035	Ultrasound therapy
97036	Hydrotherapy
97039	Unlisted therapy service

5221.4060 CHIROPRACTIC PROCEDURE CODES.

Subpart 1. **Key to abbreviations and terms.** For descriptions of columns, abbreviations, and terms, see part 5221.4020, subpart 2a.

Subp. 2a. [Repealed, 25 SR 1142]

Subp. 2b. [Repealed, 30 SR 291]

Subp. 2c. [See repealer.]

Subp. 2d. **List of chiropractic procedure codes.** The chiropractic conversion factor in part 5221.4020, subpart 1b, item B, applies to the health care providers listed in part 5221.0700, subpart 3, item C, subitem (5), when they provide, within their scope of practice, services, articles, or supplies identified by any of the following procedure codes in the Medicare Physician Fee Schedule tables described in part 5221.4005:

A. radiologic examination procedure codes from 72010 to 73610;

B. pathology and laboratory procedure codes 81000 and 81002;

C. physical medicine and rehabilitation procedure codes from 97010 to 97799;

D. chiropractic manipulative treatment procedure codes 98940, 98941, 98942, and 98943;

E. evaluation and management service procedure codes 99201, 99202, 99203, 99211, 99212, and 99213; and

F. procedure code 99199 (special service).

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

5221.4061 FEE ADJUSTMENTS FOR CHIROPRACTIC SERVICES.

Subpart 1. **Multiple modalities.** Maximum fees for the chiropractic modalities in the following list are determined according to the following payment schedule when more than one modality on the list is provided to the same patient on the same day: 100 percent of the fee calculated according to the formula in part 5221.4020 for the modality with the highest relative value and 75 percent of the fee calculated according to the formula in part 5221.4020 for each additional modality. All modalities after the first modality with the highest relative value, shall be coded by adding modifier 51 to the applicable modality code.

97012	Mechanical traction therapy
97014	Electrical stimulation therapy
97016	Vasopneumatic device therapy
97018	Paraffin bath therapy
97020	Microwave therapy
97022	Whirlpool therapy
97024	Diathermy treatment
97026	Infrared therapy
97028	Ultraviolet therapy
97032	Electrical stimulation
97033	Electric current
97034	Contrast bath therapy
97035	Ultrasound therapy
97036	Hydrotherapy
97039	Unlisted therapy service

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

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REPEALER. *Minnesota Rules*, parts 5221.4000; 5221.4020, subparts 1, 1a, and 2; 5221.4030, subpart 2b; 5221.4032; 5221.4040, subpart 2c; 5221.4041; 5221.4050, subpart 2c; 5221.4060, subpart 2c; and 5221.4062, are repealed for health care provider services provided on or after October 1, 2010.

EFFECTIVE DATE. The amendments to, and new rules in, parts 5221.4000 to 5221.4061 are effective for health care provider services provided on or after October 1, 2010.

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 (DNR)

Adopted Expedited Emergency Game and Fish Rules: Early Goose Hunting; Waterfowl Feeding and Resting Areas

NOTICE IS HEREBY GIVEN that the above entitled rules have been adopted through the process prescribed by *Minnesota Statutes*, Section 84.027, subdivision 13 (b). The statutory authority for the contents of the rule is *Minnesota Statutes*, Sections 97A.045, 97A.091, 97A.095, 97B.731, and 97B.803.

The emergency conditions that do not allow compliance with *Minnesota Statutes*, Sections 97A.0451 to 97A.0459, are as follows: Provisions for taking Canada geese in early seasons are based on population data that is not available until June and selection of options as allowed under federal frameworks for early season migratory bird hunting announced in June. Field recommendations on opening and closing refuges and establishing waterfowl feeding and resting areas are not available until June.

Dated: July 13, 2010

Mark Holsten, Commissioner
Department of Natural Resources

Expedited Emergency Rules

6230.0400 SPECIAL PROVISIONS FOR STATE GAME REFUGES.

[For text of subs 1 to 8, see M.R.]

Subp. 9. **Elizabeth and German Lake Game Refuges, Isanti County.** The Elizabeth and German Lake Game Refuges in Isanti County are open to all hunting and trapping, except waterfowl during the regular and late waterfowl seasons. The refuges are open for goose hunting during the early goose season. Youth who are accompanied by a nonhunting adult and participating in a mentoring program approved by the commissioner may hunt ~~Canada geese during the early goose season and~~ waterfowl on youth waterfowl day.

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

[For text of subs 10 to 59, see M.R.]

6240.1200 SPECIAL PROVISIONS ON TAKING GEESE DURING EARLY SEASONS.

Subpart 1. Taking near water.

A. Taking Canada geese during the early seasons is prohibited on or within 100 yards of all surface waters in the following areas:

(1) the Northwest, ~~Southeast, and Twin Cities Metro~~ Goose Zones Zone;

(2) ~~all within the boundaries of the Carlos Avery Wildlife Management Area, including that portion outside the Twin Cities Metro~~ Goose Zone; and

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

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

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

6240.1700 TAKING GEESE IN SOUTHEAST ZONE EARLY SEASON.

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

Subp. 2. **Daily limit.** A person may not take more than ~~two~~ five Canada geese per day during the early season.

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

6240.1850 REFUGES OPEN TO THE TAKING OF GEESE.

Subpart 1. **Goose refuges.** Those portions of the Douglas County Goose Refuge in Douglas County, the Otter Tail County Goose Refuge in Otter Tail County, and the Sauk Rapids-Rice Goose Refuge in Benton County, in the respective zone or zones in which they are located, are open to goose hunting during the early, regular, and late goose seasons for those zones. All other goose hunting regulations apply in these refuges. Taking waterfowl from public roads and their rights-of-way is prohibited. ~~The Ashby Goose Refuge in Grant County is open to Canada goose hunting during the early September goose season.~~

Subp. 2. **Game refuges.** The Fox Lake Game Refuge in Martin County and the Saint James Game Refuge in Watonwan County are open to goose hunting during the first three days of the regular goose season in the respective zones in which they are located. The Fox Lake Game Refuge is open to goose hunting ~~from the last Saturday of the December Canada goose season to the end for the last three days of the goose season in the zone in which it is located,~~ except there is no goose hunting within 100 yards of Fox and Temperence Lakes.

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

6240.2000 MIGRATORY WATERFOWL FEEDING AND RESTING AREA RESTRICTIONS.

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

Subp. 4. **Use of electric motors.** On the lakes listed in items A to ~~J~~ K, a person may use an electric motor of less than 30 pounds thrust within the designated migratory waterfowl feeding and resting area during the open waterfowl season:

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

I. Pope County: Nelson Lake; ~~and~~

J. Traverse County: Mud Lake; and

K. Freeborn County: Upper Twin Lake.

Expedited Emergency Rules

6240.2100 DESIGNATED MIGRATORY WATERFOWL FEEDING AND RESTING AREAS.

Subpart 1. **Designation of entire lakes.** The following lakes are designated as migratory waterfowl feeding and resting areas:

Name	Location	County
EE. <u>Upper Twin Lake</u>	[For text of items A to DD, see M.R.] <u>T.102N; R.22W</u> [For text of subs 2 to 9, see M.R.]	<u>Freeborn</u>

EFFECTIVE PERIOD. The expedited emergency amendments to *Minnesota Rules*, parts 6230.0400, 6240.1200, 6240.1700, 6240.1850, 6240.2000, and 6240.2100 expire January 31, 2011. After the emergency amendments expire, the permanent rules as they read prior to those amendments again take effect, except as they may be amended by permanent rule.

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*.

Department of Natural Resources (DNR)

Commissioner's Order No. INF-10-003: Designation of Infested Waters

EFFECTIVE DATE: Upon publication in the *State Register* on August 16, 2010

Statutory authority: *Minnesota Statutes*, section 84D.03, subdivision 1

Supplements: Commissioner's Order INF-07-001 dated October 4, 2007, Commissioner's Order INF-08-001 dated April 21, 2008, Commissioner's Order INF-08-002 dated July 7, 2008, Commissioner's Order INF-09-001 dated May 7, 2009, Commissioner's Order INF-09-002 dated July 9, 2009, Commissioner's Order INF-09-003 dated December 28, 2009, Commissioner's Order INF-10-001 dated April 27, 2010, and Commissioner's Order INF-10-002 dated June 13, 2010.

WHEREAS, pursuant to *Minnesota Statutes*, section 84D.03, subdivision 1, the commissioner shall designate a water of the state as an infested water if it is determined that the water contains a population of an aquatic invasive species that could spread to other waters if use of the water and related activities are not regulated to prevent spread, or the water is highly likely to be infested by an aquatic invasive species because it is connected to a water that contains a population of an aquatic invasive species.

WHEREAS, pursuant to *Minnesota Statutes*, section 84D.03, subdivision 1, the designation of infested waters by the commissioner shall be by written order published in the State Register.

WHEREAS, the following described waters in the state meet the criteria established in *Minnesota Statutes*, section 84D.03, subdivision 1, for designating infested waters and the following explanations apply to the list:

1. A lake in more than one county is listed under the county corresponding to its public waters inventory number, but the

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designation applies to the entire lake. Lake Superior and designated portions of rivers that flow through more than one county are listed under the heading Multiple Counties.

2. Ponds and wetlands that are not on the public waters inventory are listed with "none" in the number column.
3. Rivers and streams on the public waters inventory are listed without a number in the number column.
4. Changes to previous designations of infested waters are shown by underlining the new text and strikethrough of deleted text.

NOW, THEREFORE, IT IS HEREBY ORDERED, pursuant to authority vested in me by law, including but not limited to *Minnesota Statutes*, section 84D.03, subdivision 1, the following waters are designated as infested waters and previous designations are modified or removed from designation. All currently designated infested waters are listed at the Department of Natural Resources Web site at:

http://files.dnr.state.mn.us/eco/invasives/infested_waters.pdf.

Waters infested with Eurasian water milfoil.

The following water bodies are infested with Eurasian water milfoil (*Myriophyllum spicatum*) or its hybrids.

Name	DNR Public Waters Inventory Number
Blue Earth County Madison Lake	7-0044
Chisago County Chisago Lake South Lindstrom Lake	13-0012 13-0028
Dakota County Unnamed wetland (Heine Pond)	19-0153
Kandiyohi County Lake Calhoun	34-0062
Meeker County Lake Minnie-Belle	47-0119
Ramsey County Pleasant Lake	62-0046

Waters infested with zebra mussels.

The following water bodies are infested with zebra mussel (*Dreissena* spp.).

Name	DNR Public Waters Inventory Number
Hennepin County Edina Mill Pond Gray's Bay Outlet (wetland) Lake Hiawatha Meadowbrook Lake Minnehaha Creek Lake Minnetonka Minnehaha Marsh Lake Nakomis Unnamed wetland in the NE 1/4 of S20, T117N, R21W Unnamed wetland in the SW 1/4 of S20, T117N, R 21W	27-0041 27-0761 27-0018 27-0054 27-0133 27-0084 27-0019 27-0662 27-0663

Commissioner's Orders

Unnamed pond in the NW 1/4 of S14, T117, R22	27-0721
Unnamed wetland NW 1/4 of Sec 18, T117N, R21W	27-0715
Unnamed wetland in the E 1/2 of Sec 13, T117N, R22W	27-0716
Unnamed wetland in the SE 1/4 of S11 and NE 1/4 of S14, T117N, R 22W	27-0720
Unnamed wetland in the NW 1/4 of S19, T117N, R21W	27-0779

This order is effective upon publication in the State Register.

Date signed: **August 9, 2010**

Approved by: **Mark Holsten, Commissioner**
Department of Natural Resources

Minnesota Department of Health

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.

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Minnesota Board of Animal Health Notice of Quarterly Meeting 8 September 2010

The Minnesota Board of Animal Health will hold its quarterly meeting on Wednesday, September 8, 2010. The meeting will take place at B's on the River, 1455 County Rd. 27, Watertown, MN 55388 at 9:30 a.m.

Bureau of Mediation Services Notice of Acceptance of Applications for Placement on the Bureau Arbitration Roster

NOTICE IS HEREBY GIVEN that the Bureau of Mediation Services is now accepting applications for placement on the Bureau Arbitrator Roster pursuant to *Minnesota Statutes* § 179.02, subd. 4; *Minnesota Statutes* § 179A.04, subd. 3 (a) (13), and *Minnesota Rules* parts 5530.0100 to 5530.1300.

This Roster is used to provide names of arbitrators to employers and labor organizations to hear and decide grievance and interest disputes. Referrals from the roster will be made to employers and unions in both the public and private sectors in Minnesota. Members of the Roster must be willing and able to arbitrate both grievance and interest cases.

Roster members must maintain a principal place of residence in Minnesota or one of its contiguous states. The maintenance of a mailbox or mail delivery point is not sufficient to satisfy this requirement.

Minnesota Statutes § 179.02, subd. 4; *Minnesota Statutes* § 179A.04, subd. 3 (a) (13), states in pertinent part that:

Each person on the list must be knowledgeable about collective bargaining and labor relations in the public sector, well versed in state and federal labor law, and experienced in and knowledgeable about labor arbitration. To the extent practicable, the commissioner shall appoint members to the list so that the list is gender and racially diverse.

The following standards for appointment to the Arbitration Roster are required:

- A. knowledge and understanding of labor relations and collective bargaining processes and dynamics;
- B. knowledge and understanding of applicable contract, employment, and labor relations law and rules;
- C. ability to hear and decide complex labor relations issues in a fair and objective manner;
- D. ability to communicate, both orally and in writing, in a clear and concise manner;
- E. ability to conduct orderly and effective arbitration hearings in a variety of settings and locations throughout Minnesota; and
- F. reputation in the labor-management community for high professional standards of competence, ethics, and integrity.

Evidence of an applicant's qualifications may be advanced in one or a combination of the following ways:

- A. submission of six or more arbitration awards or contested case decisions that were authored and signed by the applicant in the 24-month period preceding application;
- B. a minimum of six years' experience as a full-time labor relations advocate (with direct contract negotiations experience) and submission of six arbitration awards in which the applicant acted as the principal representative for either labor or management;
- C. a minimum of six years' experience as a full-time labor mediator, including substantial grievance mediation experience;
- D. a minimum of six years' experience as a practitioner or full-time instructor of labor law or industrial relations, including substantial content in the area of collective bargaining, labor agreements, and contract administration;
- E. membership in the National Academy of Arbitrators; and
- F. completion of an internship program that has been approved by the commissioner.

No applicant or roster member may ~~currently, or within the preceding 12 month, have functioned~~ function as an advocate for any public or private sector employer, employee, or employee organization in any phase of labor-management relations. ~~This prohibition applies to employee discharge or disciplinary appeal proceedings, whether or not the employee is represented by an exclusive representative.~~

Official Notices

[NOTE: The Bureau is currently seeking to amend the rule as noted above.]

Persons meeting these standards may secure an application form and applicable rules from:

Carol S. Clifford
Bureau of Mediation Services
1380 Energy Lane, Suite Two
St. Paul, Minnesota 55108
(651) 649-5423

Applications will be accepted until September 30, 2010.

Dated: August 16, 2010

Steven G. Hoffmeyer, Commissioner
Bureau of Mediation Services

Minnesota Department of Human Services (DHS) Minnesota Board on Aging Notice of Change of Location of Alzheimer's Disease Working Group Meeting on September 14, 2010

NOTICE IS HEREBY GIVEN that a meeting of the Alzheimer's Disease Working Group, established by Laws of Minnesota 2009, Chapter 159, Section 110, will be held from 2:30 to 4:30 p.m. Tuesday, September 14, 2010 at a location different from that previously announced. The meeting will be held in room 10 of the State Office Building, 100 Rev. Martin Luther King Jr. Boulevard, St. Paul, MN 55155 to consider matters which may properly come before the Working Group.

For additional information, please call John Selstad at (651) 431-2558.

Minnesota Pollution Control Agency (MPCA) Regional Division Notice of Availability of Draft Brown's Creek Impaired Biota Total Maximum Daily Load (TMDL) Report and Request for Comment

Public comment period begins:

August 16, 2010

Public comment period ends:

September 15, 2010

The Minnesota Pollution Control Agency (MPCA) is requesting comments on the draft report for the Brown's Creek Impaired Biota Total Maximum Daily Load (TMDL). One reach within the Brown's Creek Watershed is impaired because it does not meet the ecoregion coldwater standards for fish (Trout) and macro-invertebrates.

Brown's Creek was listed on the 303(d) list of impaired water bodies in 2002 for aquatic life impairment based on a low Index of Biotic Impairment (IBI) for Class 2B¹ streams. Since this initial listing, the stream segments have changed, the classification of some of the segments was changed, and additional impairments were added (2008). This study assesses the impairment on the stretch of Brown's Creek from Hwy 15 to the St. Croix River (River ID 07030005-520), which is impaired for aquatic life due to lack of coldwater assemblage. This reach is currently classified as a Class 2A² stream.

The river's biota were assessed and found to be below the eco-region standards for diversity and species type for coldwater streams. To further assess what is causing the lack of Biota, a Stressor Identification (ID) was done to aid in testing different pollutants and finding which ones are stressing the local biota. Based on the findings of the Stressor ID it was determined that sediment, increased water temperature, and high copper were the most likely cause of the impaired aquatic life in Brown's Creek. However, the TMDL report only includes allocations for sediment and increased temperature.

Various techniques were used to estimate the most significant sources of sediment and increased temperature including the application of a watershed model. The most significant sources of sediment were found to be various urban and rural stormwater runoff and streambank erosion, the most significant sources of increased temperatures were from increased impervious runoff, stormwater, and limited stream channel shading.

The strategy to bring about the necessary reductions is outlined in the implementation section of the report. The next step will be the development of an implementation plan to identify specific measures to remove the sediments and increased temperatures exceedences causing the biological impairments.

Preliminary Determination on the Draft TMDL Report: The MPCA Commissioner has made a preliminary determination to submit this draft TMDL report to the U.S. Environmental Protection Agency (EPA) for final approval. A draft TMDL report and fact sheet are available for review at the MPCA office at the address listed below and at the MPCA Web site: <http://www.pca.state.mn.us/index.php/water/water-types-and-programs/minnesota-s-impaired-waters-and-tmdls/tmdl-projects/st.-croix-river-basin-tmdl-projects/underway-tmdl-browns-creek-lack-of-cold-water-semblage-and-impaired-biota.html>

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

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

Written comments on the draft TMDL report must be sent to the MPCA contact person listed below and received by 4:30 p.m. on September 15, 2010. The MPCA will prepare responses to comments received, make any necessary revisions of the draft TMDL report and submit it to the EPA for approval.

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

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

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

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

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

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

Official Notices

of fact means a fact question, as distinguished from a policy question, whose resolution could have a direct bearing on a final MPCA decision.

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

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

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

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

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

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

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

Dated: August 2010

Minnesota Department of Public Safety (DPS) Bureau of Criminal Apprehension Notice of Meeting of Workgroup Created in 2010 Minn. Laws Chapter 383

The Workgroup created by 2010 *Minnesota Laws*, Chapter 383, will meet beginning at 1:00 p.m. on Wednesday, August 25, 2010. The meeting will be held at the Bureau of Criminal Apprehension, 1430 Maryland Avenue East, St. Paul, Minnesota, 55106. This meeting is open to the public. Additional information about the Workgroup is available at: www.bca.state.mn.us.

Minnesota Public Utilities Commission (PUC) Notice of Filing and Public Comment Period in the Matter of the Application of Prairie Rose Wind, LLC for a Certificate of Need for a 101 MW Wind Project and Associated Facilities Located in Pipestone and Rock Counties Public Utilities Docket No: IP-6843/CN-10-80

NOTICE IS HEREBY GIVEN that on May 13, 2010 Prairie Rose Wind, LLC (Prairie Rose, the Applicant) filed an application with the Minnesota Public Utilities Commission (Commission) for a certificate of need for the Prairie Rose wind project. The project would be located west of Hardwick and south and east of Jasper, Minnesota. Associated facilities include, among other things, a 6-mile 115 kV transmission line. The project will consist of up to 67 turbines for a nominal capacity of 101 MW.

The proposed generation facility is a “large energy facility” in *Minnesota Statutes* § 216B.2421, Subd. 2 (1). Therefore, in accordance with *Minnesota Statutes* § 216B.243, Subd. 2, the facility cannot be constructed or sited in Minnesota unless the Commission issues a certificate of need.

The rules pertaining to the review of this filing are *Minnesota Rules* Chapter 7849. On July 19, 2010 the Commission accepted the Application as complete as of June 15, 2010. In the July 19, 2010 Order, the Commission noted the apparent absence of disputed material facts and ordered an informal review process under *Minnesota Rules* 7829.1200. This order and other documents associated with the need application can be viewed at www.puc.state.mn.us by clicking “Search eDockets” then enter the “year” (10) and the “docket number” (80).

Additionally, Prairie Rose filed a site permit application (10-425). The project is a Large Wind Energy Conversion System under *Minnesota Statutes* § 216F.04. Information on the site permit application can be found using eDockets with the following “year” (10) and “docket number” (425) as described in the prior paragraph.

Interested persons are encouraged to provide written comments on whether the proposed project is needed and is in the public interest. The Commission is particularly interested in whether there are any contested issues of fact with respect to the representations made in the application. Initial comments on the merits should be filed by **Friday, August 20, 2010** and reply comments by **Friday, September 10, 2010**. Public comments will be received through the Public Hearing on the project to be held in the area of the project later this year. Comments should be efiled and addressed to Burl Haar, Executive Secretary, Minnesota Public Utilities Commission, 121 - 7th Place East, Suite 350, St. Paul, MN 55101-2147. All correspondence should reference the Need Docket Number (09-937).

Questions about the Prairie Rose certificate of need review process may be directed to Bret Eknes at (651) 201-2236, or by e-mail at bret.eknes@state.mn.us or Tricia DeBleeckere at (651) 201-2254, or by e-mail at tricia.debleeckere@state.mn.us.

Department of Transportation (Mn/DOT) Engineering Services Division, Office of Construction and Innovative Contracting Notices of Suspension and Debarment

NOTICE OF SUSPENSION

NOTICE IS HEREBY GIVEN that the Department of Transportation (Mn/DOT) has ordered that the following vendors be suspended effective December 28, 2009, until final disposition of the hearing or hearing appeal:

Riley Bros. Companies Inc. and its affiliates, Morris MN
Riley Bros. Construction Inc. and its affiliates, Morris MN
Riley Bros. Properties, LLC, and its affiliates, Morris MN
Riley Bros. Utilities, Inc. dba/Chris Riley Utilities, Inc. and its affiliates, Morris MN

NOTICE OF DEBARMENT

NOTICE IS HEREBY GIVEN that the Department of Transportation (Mn/DOT) has ordered that the following vendors be debarred for a period of three (3) years effective February 24, 2010 until February 24, 2013:

Joseph Edward Riley, Morris, MN
John Thomas Riley, Morris, MN

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

- 1) any contract under which a debarred or suspended person will serve as a subcontractor or material supplier,
- 2) any business or affiliate which the debarred or suspended person exercises substantial influence or control, and
- 3) any business or entity which is sold or transferred by a debarred person remains ineligible during the period of the seller’s or transfer’s debarment.

State Grants & Loans

In addition to requests by state agencies for technical/professional services (published in the State Contracts Section), the *State Register* also publishes notices about grants and loans available through any agency or branch of state government. Although some grant and loan programs specifically require printing in a statewide publication such as the *State Register*, there is no requirement for publication in the *State Register* itself. Agencies are encouraged to publish grant and loan notices, and to provide financial estimates as well as sufficient time for interested parties to respond.

Funding for Growth

The *State Register* is one of the best ways to advertise your grants - it's a required read for public works projects. And it's cost is one of the least expensive legal advertising rates in Minnesota. At \$13.60 per 1/10 of a page you cannot go wrong.

Check up on all the "active" state grants in the "Contracts & Grants" section, available only to *State Register* subscribers. Open the *State Register* and click on Bookmarks on the left. You will also see a list of ALL the current rules, a growing INDEX, and previous years' indices. Subscribers also receive LINKS to the *State Register*. Subscriptions cost \$180 a year (an \$80 savings). Here's what you receive via e-mail:

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Department of Employment and Economic Development (DEED) Minnesota Job Skills Partnership Training Grant Deadline

The MN Job Skills Partnership (MJSP) Board solicits grant proposals for incumbent worker and new worker training programs. MJSP intends to accept proposals for the following programs: Job Skills Partnership Grant Program, Pathways Program, Healthcare and Human Services Training Program, Pre-Development, and MJSP Short Form. Specific program information can be found on the MJSP website at: **Minnesota Job Skills Partnership Training Grant Deadline** <http://www.positivelyminnesota.com/jobskills>. The full Request for Proposal, including instructions and selection criteria, can be found on the MJSP website under the **November 15, 2010** meeting notice at:

[http://www.positivelyminnesota.com/All_Programs_Services/Minnesota_Job_Skills_Partnership_Program/
The_Application_Process/Application_Schedule.aspx](http://www.positivelyminnesota.com/All_Programs_Services/Minnesota_Job_Skills_Partnership_Program/The_Application_Process/Application_Schedule.aspx).

The deadline for the submission of proposals is 4:30 p.m. on Monday, October 4, 2010, with the exception of Short Form applications, which must be submitted by 4:30 p.m. on Monday, October 25.

Questions can be directed to the Job Skills Partnership at (651) 259-7514.

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 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.

Requirements: There are no statutes or rules requiring contracts to be advertised for any specific length of time, but the Materials Management Division strongly recommends meeting the following requirements:

\$0 - \$5000 does not need to be advertised. Contact the Materials Management Division: (651) 296-2600

\$5,000 - \$25,000 should be advertised in the *State Register* for a period of at least seven calendar days;

\$25,000 - \$50,000 should be advertised in the *State Register* for a period of at least 14 calendar days; and

anything above \$50,000 should be advertised in the *State Register* for a minimum of at least 21 calendar day.

Growing Businesses

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Minnesota Department of Administration (Admin) Materials Management Division (MMD)

Notice of Request for Proposal (RFP) for Independent External Review of all Adverse Determinations of Health Care Complaints

NOTICE IS HEREBY GIVEN that the Department of Administration, in cooperation the departments of Commerce and Health, Department of Human Services and Minnesota Management and Budget, is issuing this request for proposals (RFP) for a contract with an organization or business entity to provide independent external review of all adverse determinations of health care complaints submitted for external review under *Minnesota Statutes* Section 62Q.73, including submissions from Department of Commerce, Department of Health, Department of Human Services and Minnesota Management and Budget.

RESPONSE DUE DATE AND TIME: Your Proposal must be received by the MN Department of Administration, at the address provided below, no later than 2:00 pm Central Time on Monday, September 13, 2010. Late proposals will not be considered.

FOR A COPY OF THE RFP, CONTACT: Justin Kaufman
MN Department of Administration
112 Administration Building
50 Sherburne Avenue

State Contracts

St. Paul, MN 55155
Phone: (651) 201-2456
E-mail: justin.kaufman@state.mn.us

This request for proposals does not obligate the state to award a grant or complete the project, and the state reserves the right to cancel the solicitation if it is considered to be in its best interest. All expenses incurred in responding to this notice are solely the responsibility of the responder.

Department of Administration (Admin)

State Designer Selection Board

Notice of Availability of Request for Proposal (RFP) for Designer Selection for Renovation of Building 16, Demolition and Replacement of Building 17 at the Minnesota Veterans Home – Minneapolis – RECS# 75045MPL (State Designer Selection Board Project No. 10-06)

The Department of Administration, Real Estate and Construction Services (“State”), through the State Designer Selection Board, is soliciting proposals from interested, qualified consultants for architectural and engineering design services for the above referenced project.

A full Request for Proposal is available on the Department of Administration, Real Estate and Construction Services website:
www.admin.state.mn.us/recs

Click on “Construction Services” and then “Solicitations and Announcements.” A mandatory informational meeting is scheduled for 1:00 p.m. C.D.T., August 25, 2010 at the Minnesota Veterans Home, Minneapolis Campus, Auditorium (see RFP Attachment A). The meeting will be followed by tours of Buildings 16 and 17. Project questions shall be referred to the appropriate person(s) as listed in the Request for Proposal.

Proposals Must be delivered to Sherry Van Horn, Executive Secretary, State Designer Selection Board, 309 Administration Building, 50 Sherburne Ave., St. Paul, MN 55155, **phone:** (651) 201-2376, not later than 12:00 noon C.D.T., Tuesday, September 7, 2010. Late responses will not be considered.

The Department of Administration, Real Estate Construction Services Division is not obligated to complete the proposed project and reserves the right to cancel the solicitation if it is considered to be in its best interest.

Minnesota State Colleges and Universities (MnSCU)

Bemidji State University

Notice of Request for Proposals for Owner’s Representative Services for Birch Hall Redevelopment

NOTICE IS HEREBY GIVEN that Bemidji State University is requesting proposals for Owner’s Representative Services (RFP) for the Birch Hall Redevelopment project. To receive a copy of the full RFP, please go to the following Bemidji State University website:
http://www.bemidjistate.edu/offices/procurement_logistics/rfps_bids/

Proposals are due by 4:00 p.m. CDT, Thursday, September 9, 2010 and are to be addressed to William Maki, Bemidji State University, 1500 Birchmont Drive NE #1, Bemidji, MN 56601-2699.

Any questions should be in the form of an RFI and directed to William Maki at e-mail: wmaki@bemidjistate.edu

Late responses will not be considered.

Minnesota State Colleges and Universities is not obligated to complete the proposed project and reserves the right to cancel the solicitation.

Minnesota State Colleges and Universities (MnSCU) Bemidji State University/Northwest Technical College Request for Proposals for Executive Search Consultants

Bemidji State University/Northwest Technical College is requesting proposals to assist in developing an unranked list of qualified search consultants for the academic year beginning August 23, 2010.

Bemidji State University/Northwest Technical College's agent for purposes of responding to inquiries about the RFP is:

William Maki
Vice President for Finance & Administration
Bemidji State University, #1
1500 Birchmont Drive NE
Bemidji, MN 56601
Phone: (218) 755-2012
E-mail: wmaki@bemidjistate.edu

Other persons are **NOT** authorized to discuss RFP requirements before the proposal submission deadline. Bemidji State University/Northwest Technical College shall **NOT** be bound by and responders may **NOT** rely on information regarding RFP requirements obtained from non-authorized persons.

MnSCU also reserves the right to change the evaluation criteria or any other provision in this RFP by posting the RFP and notice of change(s) as a link to: http://www.bemidjistate.edu/offices/procurement_logistics/rfps_bids/

Questions must include the name of the questioner and his/her phone number, fax number and/or e-mail address. Anonymous inquiries will not be answered.

The selection process includes the Vice President for Finance and Administration, and other designees of the President. This group will evaluate the proposals and make the final decision.

Selection and Implementation Timeline:	Monday, August 16, 2010
Publish RFP Notice in the <i>State Register</i>	Thursday, September 9, 2010, 4:00 p.m. CDT
Deadline for RFP proposal submissions	Tuesday, September 21, 2010

Complete evaluation process to establish an unranked list for fiscal year 2011.

The first contract to be awarded will be for the university Vice President for Academic Affairs search. Sealed proposals must be received at the following address not later than September 9, 2010, 4:00 p.m. CDT. The responder shall submit five (5) copies of its RFP response. Proposals are to be sealed in mailing envelopes or packages with the responder's name and address clearly written on the outside. One copy of the proposal must be unbound and signed in blue or black ink by an authorized representative of the vendor. Proof of authority of the person signing must accompany the response.

Proposals received after this date and time will be returned to the responder un-opened. Fax and e-mail responses will not be considered. Bemidji State University/Northwest Technical College desires to enter into a contract with the successful vendor(s) if and when a search is announced. The length of such contract(s) shall be for the duration of the search.

Minnesota State Colleges and Universities is not obligated to complete the proposed project and reserves the right to cancel the solicitation.

State Contracts

Minnesota State Colleges and Universities (MnSCU)

Office of the Chancellor

Request for Proposals for Financial Advising Services - Revenue Fund

Contracting Agency: Minnesota State Colleges and Universities (MnSCU)

Nature of Work/Contract: Contractor to act as a financial advisor for both debt issuance and non-debt issuance financial activities related to the MnSCU Revenue Fund.

Description of Work: MnSCU is requesting proposals from qualified vendors to provide financial advising services for both Revenue Fund debt issuance services and non-debt issuance activities to the organization. A vendor may submit a proposal for one service or both. Detailed specifications are contained in the Request for Proposal, which is found here:

<http://www.finance.mnscu.edu/facilities/design-construction/announcements/index.html>

Proposal Deadline: Proposals must be submitted no later than 4:00 pm Central Daylight Time on August 30, 2010. Late, faxed, and e-mailed proposals will not be considered. Questions in writing may be submitted to the MnSCU representative outlined in the RFP. Answers to submitted questions will be posted online under the Announcements section. MnSCU reserves the right to cancel the solicitation if it is considered to be in its best interest.

Location of Work: Minnesota State Colleges and Universities is a system of 32 colleges and universities with 54 campuses located in 46 Minnesota communities. The Office of the Chancellor is located in St. Paul, Minnesota.

Contact person: Comments and questions pertaining to this request for proposals should be directed to:

Gregory Ewig
Minnesota State Colleges and Universities
30 E 7th Street, Suite 350
St. Paul MN 55101
Phone: (651) 201-1775
E-mail: Gregory.ewig@so.mnscu.edu

Minnesota State Colleges and Universities (MnSCU)

Hennepin Technical College

Sealed Bids Sought for 2010 Courtyard Curtainwall Replacement

Sealed Bids for: 2010 Courtyard Curtainwall Replacement
Hennepin Technical College
Brooklyn Park Campus
Brooklyn Park, MN 55445

will be received by: Pauline Arnst, Purchasing Agent
Room H195
Hennepin Technical College
9000 Brooklyn Blvd
Brooklyn Park, MN 55445

Until **11:00AM**, local time, **Monday, August 30, 2010**, at which time the bids will be opened and publicly read aloud.

Project Scope: Work includes curtain wall and door replacements for five openings in the courtyard area of the Brooklyn Park Campus of Hennepin Technical College. Work also includes related flashing and sealants, brick replacement of individual broken or cracked brick at the sills, and masonry cleaning and sealing of the existing rowlock sills, as shown on the drawings.

A **Pre-Bid Meeting** will be held at **11:00 AM, Monday, August 23, 2010**, in Room H195, **Hennepin Technical College, Brooklyn Park, MN**. The Architect/Engineer and/or College/University Representatives will review the bidding procedures, Bidding Documents and other conditions with interested Bidders and answer questions.

Bidding Documents are as prepared by the Project Architect/Engineer; **Judd Allen Group**.

Interested parties may view the Bidding Documents at no cost on the website:

<http://www.finance.mnscu.edu/facilities/design-construction/index.html>

and click on "Announcements", then click on "*Advertisement for Bids (E-Plan Room)*". Bidding Documents can be downloaded for a non-refundable charge of \$10.00. Planholders are parties that have downloaded the plans and specifications. Planholders will be notified via email as addenda are issued. Parties that download the plans and specifications and need to have them printed elsewhere are solely responsible for those printing costs. The sales of paper copies for projects listed on this site are not available. Contact QuestCDN.com at (952) 233-1632 or info@questcdn.com for assistance in viewing or downloading with this digital project information.

Minnesota State Colleges and Universities (MnSCU) Metropolitan State University Request for Proposals for Delivered Catering

NOTICE IS HEREBY GIVEN that proposals will be received by the Director of Purchasing, Metropolitan State University, until 2:00 pm, Central Daylight Time on August 26, 2010, for the purpose of providing delivered catering for the Minnesota State Colleges and Universities, Metropolitan State University located at the Saint Paul Campus at 700 East Seventh Street, Saint Paul, MN and the Midway Campuses at 1450 Energy Park Drive, Saint Paul, MN and 1380 Energy Lane, Saint Paul, MN according to the specifications on file at Metropolitan State University 700 East 7th Street, Saint Paul, MN 55106.

A complete copy of the Request for Proposal can be found on the Metropolitan State University web site:

http://www.metrostate.edu/msweb/resources/depts_services/bldg_services/RFP.html

Institution: Metropolitan State University
Name: Dave Peasley
Title: Purchasing Coordinator/Buyer
Mailing Address: 700 East 7th Street, Founders Hall, Room 329
Saint Paul, MN 55106.

Sealed proposals can be hand delivered to the cashiers' window at Founders Hall, Room 327 on the Saint Paul Campus or mailed at the above address. Proposals received after this date and time will be rejected and returned unopened.

Faxed or electronic proposals are not accepted. This request for proposal does not obligate the State to complete the proposal project and the state reserves the right to cancel the solicitation process if it is considered to be in its best interest.

Minnesota State Colleges and Universities (MnSCU) Rochester Community and Technical College Sealed Bids Sought for 2010 Mass Notification System - Phase Two

Sealed Bids for: 2010 Mass Notification System – Phase Two
Rochester Community and Technical College
Rochester, Minnesota

will be received by: June Meitzner

State Contracts

Student Services, Room 153
Rochester Community and Technical College
851 - 30th Avenue S.E.
Rochester, Minnesota 55904-4999

until 14:00 (2:00 PM), local time, as observed on the clock in Room SS-153, September 8, 2010 at which time the bids will be opened and publicly read aloud. The location of the bid opening shall be announced at the Pre-Bid meeting.

Project Scope: the project consists of the demolition of the existing fire alarm and installation of a mass notification system for the Heintz Center.

A **MANDATORY** Pre-Bid Meeting will be held promptly at 10:00 AM August 24, 2010, Heintz Center Room HA - 122, Rochester Community and Technical College. Potential bidders arriving late to the meeting shall not be admitted. The Architect/Engineer and/or College/University Representatives will review the bidding procedures, Bidding Documents and other conditions with interested Bidders and answer questions. Bids submitted by contractors not attending the Pre-Bid meeting will not be accepted.

Bidding Documents are as prepared by the Project Architect/Engineer, Antal & Associates, Inc.

Interested parties may view the Bidding Documents at no cost on the website:

<http://www.finance.mnscu.edu/facilities/design-construction/index.html>

and click on "Announcements", then click on "*Advertisement for Bids (E-Plan Room)*". Bidding Documents can be downloaded for a non-refundable charge of \$10.00. Planholders are parties that have downloaded the plans and specifications. Planholders will be notified via email as addenda are issued. Parties that download the plans and specifications and need to have them printed elsewhere are solely responsible for those printing costs. The sales of paper copies for projects listed on this site are not available. Contact QuestCDN.com at (952) 233-1632 or *info@questcdn.com* for assistance in viewing or downloading with this digital project information.

Department of Education Notice of Request for Proposals for the Minnesota Assessment System

The Department of Education is soliciting proposals from qualified vendors for the development, administration, scoring, and reporting for the following six components:

1. Minnesota Comprehensive Assessments,
2. Minnesota Comprehensive Assessments-Modified (AA-MAS),
3. Minnesota Test of Academic Skills (AA-AAS),
4. Graduation-Required Assessment for Diploma,
5. Benchmark Assessments, and
6. Teaching and Learning Supports.

In addition, the contract established from this proposal will produce any other assessments or requirements determined by state or federal legislation as defined under the No Child Left Behind Act of 2001 and the statewide testing law Minn. Stat. § 120B.30.

The anticipated, original contract term is three (3) years from April 1, 2011 to March 31, 2014 with two (2), one-year extensions.

For a copy of the complete Request for Proposal and its attachments, please visit the following URL:

http://education.state.mn.us/MDE/Accountability_Programs/Prog_Account_Improve/Prof_Tech_Contracts/index.html

Proposals are due no later than 3:00 p.m. Central Standard Time on Tuesday, November 23, 2010. Late proposals will not be considered.

For questions regarding this Request for Proposal, please contact:

Diana Moore
Support to the RFP Coordinator
Minnesota Department of Education
E-mail: diana.moore@state.mn.us

Other department personnel are NOT allowed to discuss the Request for Proposal with anyone, including responders, before the proposal submission deadline.

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

Dated: 16 August 2010

Minnesota Historical Society (MHS) Notice of Request for Bids for Historic Fort Snelling Phase 2 - Stone Restoration

The Minnesota Historical Society (Society) is seeking bids from qualified firms to provide all labor, materials, equipment, and supplies for masonry repair on the North Battery, South Battery, Round Tower, Gatehouse, and perimeter walls of Historic Fort Snelling, located at 200 Tower Avenue, Saint Paul, Minnesota 55111.

A **mandatory** pre-bid meeting has been scheduled at the Fort's main gate on **Wednesday, August 25, 2010 at 9:00 a.m. Local Time.**

Bids must be received by **2:00 p.m. Local Time, Thursday, September 2, 2010.** Late bids will not be considered.

The Request for Bids (front end documents) is available by contacting Mary Green-Toussaint, Purchasing Coordinator, Minnesota Historical Society, via email: mary.green-toussaint@mhhs.org. It contains information on how interested parties may obtain additional project specifications.

Dated: 16 August 2010

Minnesota Management and Budget (MMB) Enterprise Learning & Development Notice of Availability of Contract for Training Services

Minnesota Management and Budget (MMB) is requesting proposals for the purpose of contracting with external training providers to provide an expanded catalog of course offerings to State agencies and other public sector entities, including local units of government. MMB is seeking highly qualified and experienced development professionals and provider organizations to partner with MMB in the delivery of non-credit, open enrollment courses, programs and certificates in foundational, supervisory, management and executive-level leadership development programs.

A Request for Proposals can be obtained by contacting:

Linda Draze
Minnesota Management & Budget
203 Administration Building
50 Sherburne Avenue
St. Paul, MN 55155
Telephone: (651)259-3825
E-mail: linda.draze@state.mn.us

State Contracts

Proposals submitted in response to the Request for Proposals must be received at the address above no later than 3:00 p.m. Central Time, September 7, 2010. **Late proposals will NOT be considered.**

This request for proposals does not obligate the state to award a contract. The state reserves the right to cancel this solicitation. All expenses incurred in responding to the request for proposals are solely the responsibility of the responder.

Department of Natural Resources (DNR) Division of Fish & Wildlife Request for Information in Researching the Siting of a New Shooting Range Complex in the Seven County Metropolitan Area

1. INTRODUCTION

The purpose of the Request for Information (RFI) is for the Department of Natural Resources to determine interest in, and obtain information from local units of government and other vendors that might be interested in researching the siting of a new shooting range complex on either public or privately owned lands in the seven county metropolitan area: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington Counties.

2. OBJECTIVE

The objective of the Department of Natural Resources is to work with a non-state agency or other vendor(s) to determine the potential or feasibility of one or more sites throughout the seven county metropolitan area to serve as the location of a new shooting sports complex, that will provide a home site for the Minnesota Trap Association's annual shooting competitions, as well as providing a variety of additional users the opportunity for safe shooting sports training, as well as personal and competitive shooting usage. Trap, skeet, center and rim-fire, and archery shooters would be provided safe, state of the art facilities. The 2007-8 Legislatures provided \$300,000 in funding for the planning, design and site placement of a shooting sports complex, within the seven county metro area of Minnesota. A preliminary plan and design for such a facility had been complete, using a small portion of the appropriation. Additional funding will be available for interested and eligible applicants to use, to investigate and determine the feasibility of placing the range complex, including an RV camping facility, tent camping, and a variety of support buildings (including a classroom, dining hall, lavatory facilities, storage buildings, etc.) on a minimum of 530 acres of land.

3. TECHNICAL CONSIDERATIONS

All local units of government within the metropolitan area are being contacted, to determine their interest and capability in providing land under their control, to serve as the host site for the shooting range complex. Non-governmental organizations are also encouraged to consider this request for information, and respond if interested. Funding will be provided to assist respondents showing interest and capacity via an affirmative written response, to study and chronicle the feasibility of one or more selected sites. Again, total acres required are, at a minimum, 530 acres.

4. INFORMATION BEING REQUESTED

- Vendor Qualifications
 - Provide a general description of land under your control, and potential sites for a shooting range complex of 530 or more acres. Please provide maps of your potential site(s).
- Would your agency be interested in operating or maintaining all or part of this facility?
- Provide information regarding potential impediments to the placement of this complex on land under your control.

5. RFI RESPONSES:

Four (4) copies of the response should be submitted to the address shown below no later than **4:00 PM Central Time, Tuesday, September 7, 2010**. Questions may be addressed to Chuck Niska at (612) 756-4165 or by e-mail at chuck.niska@state.mn.us.

Chuck Niska, Shooting Range Coordinator
Minnesota Department of Natural Resources
Division of Enforcement
500 Lafayette Road
St. Paul, MN 55155-4047

Minnesota Department of Transportation (Mn/DOT) Request for Proposals (RFP) for Employment Verification Checks

Notice of availability of Contract for professional services to conduct comprehensive Employment Verification Checks (EVC) on applicants for employment. The Responder must demonstrate the capacity to provide Mn/DOT with background information and verification concerning a person's address history, credit report, existence (if any) of a criminal history, driver's license classification, status and history, educational credentials, certification, licensing or registration of professional credentials, employment history, and social security verification. The Responder must show compliance with all applicable Federal and State law, including the Federal Fair Credit Reporting Act (FCRA).

Responses to this advertisement become public information under the Minnesota Government Data Practices Act. This request does not obligate Mn/DOT to complete the work contemplated in this notice, and Mn/DOT reserves the right to cancel this RFP. All expenses incurred in responding to this notice shall be borne by the responder.

The full RFP can be viewed on the Consultant Services Web Page at www.dot.state.mn.us/consult under the P/T Notices Section. If you have any questions regarding this advertisement, or are having problems viewing the RFP on the Consultant Services Web Page, you may contact:

Debbie Forschen, Contract Administrator
E-mail: debbie.forschen@state.mn.us
Telephone: (651) 366-4625

Note: RESPONSES WILL BE DUE ON SEPTEMBER 3, 2010 AT 2:00PM CENTRAL DAYLIGHT TIME.

Department of Transportation (Mn/DOT) Engineering Services Division Notice of Potential Availability of Contracting Opportunities for a Variety of General Organizational Related Activities

This document is available in alternative formats for persons with disabilities by calling Melissa McGinnis at (651) 366-4644; for persons who are hearing or speech impaired by calling the Minnesota Relay Service at 1-800-627-3529.

Mn/DOT, in conjunction with the Department of Administration, have developed a streamlined approach for fast-tracking select general organization service projects. These general organizational projects may include, but are not limited to, work in the following categories: 1) Develop, implement and summarize internal and external surveys; 2) Recommend best practices in an organizational structure; 3) Assist with organizational health structure; 4) Provide marketing support; 5) Develop, implement and provide support of ad hoc forums; 6) Establish and facilitate collaborative groups, including cross-organization and public-private teams; 7) Provide project management for non-technical initiatives; and 8) Facilitate non-technical activities and events.

This streamlined approach includes developing an email list of firms that are interested in receiving direct notification of general organizational projects. Firms will be added on an on-going basis. Fast-tracked projects will have a shorter advertising period and turn-around time. Firms will be asked to submit responses within 5 business days and will be required to work diligently with Mn/DOT toward establishing a contract upon selection. All projects will be advertised to the public. Your firm will be directly notified that there is a project posted on the Consultant Services Website (www.dot.state.mn.us/consult) that requires general organizational skills. Please note that this notice is not a solicitation or request for proposals of any kind. Being placed on the list does not guarantee work nor does it obligate Mn/DOT to provide any contracting opportunities under this program

Interested firms should send the following information to the email address below: Firm name, firm contact person, phone number, and email address.

Contact: Melissa McGinnis, Contract Administrator
E-mail: melissa.mcginis@state.mn.us
Telephone: (651) 366-4644

State Contracts

Department of Transportation (Mn/DOT)

Engineering Services Division

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

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

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

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

Mn/DOT is currently requesting applications from consultants. Refer to Mn/DOT’s Consultant Services web site, indicated below, to see which highway related professional/technical services are available for application. Applications are accepted on a continual basis. All expenses are incurred in responding to this notice will be borne by the responder. Response to this notice becomes public information under the Minnesota Government Data Practices.

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

Send completed application material to:

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

Department of Transportation (Mn/DOT)

Engineering Services Division

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

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

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

Non-State Bids, Contracts & Grants

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

More Contracts to Increase Profits

The *State Register* offers one of the cheapest, yet far reaching methods, of notifying the public about your agency's bids, contracts and grants. It is available to any government, non-profit, or private agency. Space is charged at the current rate of \$13.60 per each 1/10th of a page used in the *State Register*. Agencies are only billed for the space used in the *State Register*.

Agencies wishing to take advantage of this offer should submit what you want printed in the *State Register* via e-mail to: robin.panlener@state.mn.us. Attach to your entry a short note indicating when you wish the notice to be published (one, or many dates), if you want a copy of the issue your notice appears in (a TEAR SHEET will be sent free with your bill), and whether you want an "Affidavit of Publication."

Metropolitan Airports Commission (MAC) Public Notice for Qualifications Statements for Federal Aviation Counsel

The Metropolitan Airports Commission (MAC) is requesting qualifications statements from firms interested in representing MAC in federal aviation matters.

MAC's Request for Qualifications for Federal Aviation Counsel (RFQ) is available on MAC's website at:

<http://www.metroairports.org/business/solicitations/default.aspx>

(Select: Request for Qualifications and then Federal Aviation Counsel Request for Qualifications).

Questions regarding this RFQ must be received by 4:00 p.m. on August 25, 2010. Qualifications statements must be received on or before 4:00 p.m. on Tuesday, September 7, 2010.

The contact person for this RFQ is Wendy Bartlett, Legal Administrator, and she may be contacted at (612) 726-8192 or wendy.bartlett@mspmac.org.

Metropolitan Airports Commission (MAC) Public Notice for Qualifications Statements for General/Labor & Employment Law Legal Services

The Metropolitan Airports Commission (MAC) is requesting qualifications statements from firms interested in representing MAC with respect to general and labor & employment law legal matters.

MAC's Request for Qualifications for General/Labor & Employment Law Legal Services (RFQ) is available to download on MAC's website at: <http://www.metroairports.org/business/solicitations/default.aspx> (Select: Request for Qualifications and then General/Labor & Employment Law Legal Services Request for Qualifications).

Questions regarding this RFQ must be received by 4:00 p.m. on August 25, 2010. Qualifications statements must be received on or before 4:00 p.m. on Tuesday, September 7, 2010.

Non-State Bids, Contracts & Grants

The contact person for this RFQ is Wendy Bartlett, Legal Administrator, and she may be contacted at (612) 726-8192 or wendy.bartlett@mspmac.org.

University of Minnesota (U of M) Request for Proposal for Phase II Environmental Site Assessment and Related Services for the Former Gopher Ordnance Works at UMore Park Project # 10312-2010-0816

I. NOTICE OF REQUEST FOR PROPOSAL

The University of Minnesota is interested in obtaining proposals from qualified firms to provide a greater understanding of the environmental conditions present on the 3,500 acre Site. Several limited environmental studies have previously been conducted within the Site boundaries. These studies have identified the presence of hazardous substances in certain areas of the Site, but have not fully defined the scope and extent of those releases. Many other areas of the Site have never been the subject of an environmental study. The Respondent selected through this RFP will assemble existing sampling data into a relational database accessible by the University, and plan, scope, and perform a Phase II Environmental Site Assessment (Phase II ESA) of the Site. The Phase II ESA will further investigate areas of known releases, as well as those areas of the Site that have not previously been the subject of an environmental study. The selected Respondent will then incorporate the information gathered during the Phase II ESA and prior studies into a Phase II ESA Report, which will describe the findings of the investigation and provide recommendations for any additional investigation. The selected Respondent will also prepare a technical memorandum identifying response action alternatives for addressing the documented releases at the Site and the concept-level cost estimates for implementing each of those alternatives.

II. CONTACT FOR RFP INQUIRIES:

Refer questions to:

PURCHASING SERVICES: Denis Larson
Purchasing Services
University of Minnesota
Suite B15, Basement of the Donhowe Building
319 15th Avenue S.E.
Minneapolis, MN 55455
Phone: (612) 625-5554
Fax: (612) 624-5796

Electronic copies of the Proposal Documents may be viewed and downloaded free of charge from the U of Minnesota U Services Purchasing website at: http://www.uservices.umn.edu/purchasing/ae_services.html#ra

III. TENTATIVE SCHEDULE OF EVENTS

(Be advised that these dates are subject to change as University deems necessary)

RFP issue.....	August 16, 2010
Mandatory Pre-Proposal Mtg. (Rosemount, MN @ 10:00 am).....	August 25, 2010
All Questions E-Mailed to Purchasing by 10:00 am.....	September 1, 2010
Sealed Proposal Responses due @ 12:00 Noon.....	September 24, 2010
Notification of Short-Listed Finalist.....	October 4, 2010
Interviews	October 7 & 8, 2010
Anticipated date of Award.....	October 18, 2010

The University reserves the right, in its sole discretion, to reject any and all proposals, accept any proposal, waive informalities in proposals submitted, and waive minor discrepancies between proposal and these proposal instructions, as it deems to be in its best interest. Any waiver of the University with respect to the requirements of these proposal instructions shall apply only to the particular instance for which it was made or given, and no such waiver shall constitute a permanent or future waiver of such requirements.

Non-State Bids, Contracts & Grants

University of Minnesota (U of M) Subscribe to Bid Information Service (BIS)

The University of Minnesota offers 24-hour/day, 7-day/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 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.

Minnesota's Bookstore

660 Olive Street (Williams Hill Business Development), St. Paul, MN 55155
(1 block east of I-35E Bridge, 1 block north of University Ave.)

FREE PARKING

Phone: (651) 297-3000; Fax: (651) 215-5733
E-mail: <http://www.minnesotasbookstore.com>

WE ARE ‘MAP CENTRAL’

--- WE HAVE **THOUSANDS** OF MAPS ---

NEW: Mn/DOT has reissued their County Maps -
in **FULL COLOR** - We have them at \$1.00 per map

Woodworking for Wildlife - updated, Stock No. 275, \$19.95

Minnesota author Carrol Henderson's popular book, *Woodworking for Wildlife*, Along with designs for 28 different nest box projects, this newly-expanded edition includes 300 color photographs and information on deterring nest predators, placing and maintaining boxes, and setting up remote cameras in nest boxes. The 164-page book, which has a soft cover that opens flat for easy use, features new designs for great crested flycatchers, mergansers, dippers, bumblebees and toads. *Woodworking for Wildlife* was printed in Minnesota on recycled paper manufactured in Cloquet and certified by the Forest Stewardship Council.



Several convenient ways to order:

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

PREPAYMENT REQUIRED. Prices and availability subject to change.

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

Stock No.	Title	Quantity	Unit Price	Total

Send my order to:

Company _____

Name _____

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

City () State Zip _____

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

Credit card number: _____

Expiration date: _____ Signature: _____

Shipping Charges

<i>If Product</i>	<i>Please</i>
<i>Subtotal is:</i>	<i>Add:</i>
Up to \$15.00	\$ 5.00
\$15.01-\$25.00	\$ 6.00
\$25.01-\$50.00	\$ 9.00
\$50.01-\$100.00	\$ 14.00
\$100.01-\$1,000	\$ 17.00*
<small>*\$17 to an address in MN, WI, SD, ND, IA. If delivered to an address in other states, Canada or internationally, we will contact you if there are additional charges.</small>	
More than \$1,000	Call

Product Subtotal _____

Shipping _____

Subtotal _____

Sales tax _____

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

TOTAL _____

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