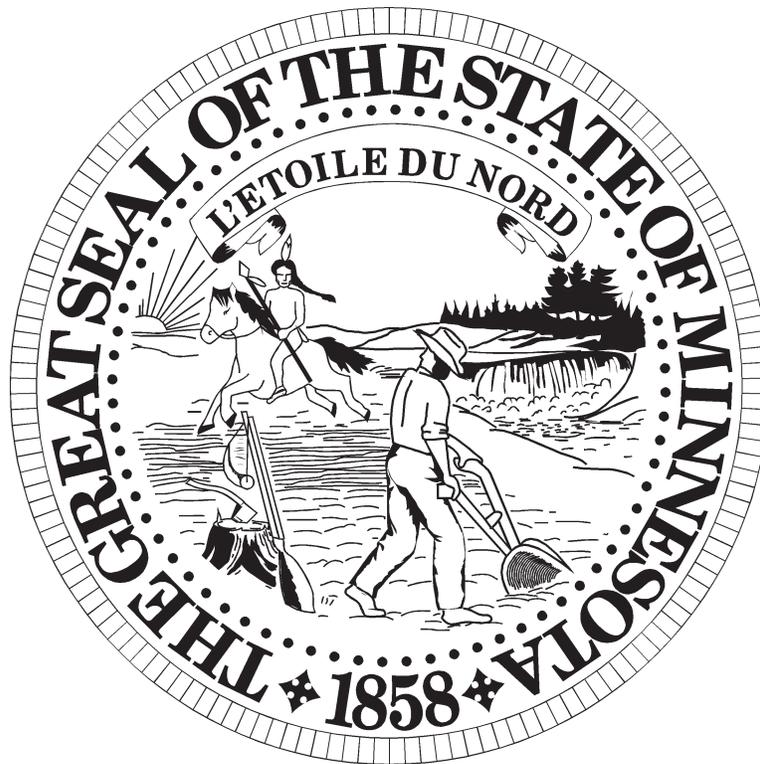


Minnesota

State Register

(Published every Monday (Tuesday when Monday is a holiday.)



**Proposed, Adopted, Emergency, Expedited, Withdrawn, Vetoed Rules;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

**Monday 16 March 2015
Volume 39, Number 37
Pages 1329 - 1372**

Minnesota State Register

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The *Minnesota 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. It contains:

- Proposed Rules
- Adopted Rules
- Exempt Rules
- Expedited Rules
- Withdrawn Rules
- Vetoed Rules
- Executive Orders of the Governor
- Appointments
- Proclamations
- Commissioners' Orders
- Revenue Notices
- Official Notices
- State Grants and Loans
- Contracts for Professional, Technical and Consulting Services
- Non-State Public Bids, Contracts and Grants

Printing Schedule and Submission Deadlines

Vol. 39 Issue Number	PUBLISH DATE (BOLDFACE shows altered publish date)	Deadline for: all Short Rules, Executive and Commissioner's Orders, Revenue and Official Notices, State Grants, Professional-Technical-Consulting Contracts, Non-State Bids and Public Contracts	Deadline for LONG, Complicated Rules (contact the editor to negotiate a deadline)
# 38	Monday 23 March	Noon Tuesday 17 March	Noon Thursday 12 March
# 39	Monday 30 March	Noon Tuesday 24 March	Noon Thursday 19 March
# 40	Monday 6 April	Noon Tuesday 31 March	Noon Thursday 26 March
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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. TTY relay service phone number: (800) 627-3529

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Proposed Rules

Comments on Planned Rules or Rule Amendments. 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, and within 60 days of the effective date of any new statutory grant of required rulemaking.

Rules to be Adopted After a Hearing. After receiving comments and deciding to hold a public hearing on the rule, an agency drafts its rule. It then publishes its rules with a notice of hearing. All persons wishing to make a statement must register at the hearing. Anyone who wishes to submit written comments may do so at the hearing, or within five working days of the close of the hearing. Administrative law judges may, during the hearing, extend the period for receiving comments up to 20 calendar days. For five business days after the submission period the agency and interested persons may respond to any new information submitted during the written submission period and the record then is closed. The administrative law judge prepares a report within 30 days, stating findings of fact, conclusions and recommendations. After receiving the report, the agency decides whether to adopt, withdraw or modify the proposed rule based on consideration of the comments made during the rule hearing procedure and the report of the administrative law judge. The agency must wait five days after receiving the report before taking any action.

Rules to be Adopted Without a Hearing. Pursuant to *Minnesota Statutes* § 14.22, an agency may propose to adopt, amend, suspend or repeal rules without first holding a public hearing. An agency must first solicit **Comments on Planned Rules** or **Comments on Planned Rule Amendments** from the public. The agency then publishes a notice of intent to adopt rules without a public hearing, together with the proposed rules, in the *State Register*. If, during the 30-day comment period, 25 or more persons submit to the agency a written request for a hearing of the proposed rules, the agency must proceed under the provisions of §§ 14.14-14.20, which state that if an agency decides to hold a public hearing, it must publish a notice of intent in the *State Register*.

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.

Minnesota Department of Labor and Industry (DLI)

Proposed Permanent Rules Establishing Criteria for Long-Term Treatment with Opioid Analgesic Medication for Workers' Compensation Injuries

DUAL NOTICE: Notice of Intent to Adopt Rules Without a Public Hearing Unless 25 or More Persons Request a Hearing, and Notice of Hearing if 25 or More Requests for Hearing Are Received; Revisor's ID Number RD-4229

Proposed Amendment to Rules Governing Long-Term Treatment with Opioid Analgesic Medication for Workers' Compensation Injuries, *Minnesota Rules*, Parts 5221.6040; 5221.6105; and 5221.6110; RD-04229

Introduction. The Department of Labor and Industry intends to adopt rules without a public hearing following the procedures in the rules of the Office of Administrative Hearings, *Minnesota Rules*, parts 1400.2300 to 1400.2310, and the Administrative Procedure Act, *Minnesota Statutes*, sections 14.22 to 14.28. If, however, 25 or more persons submit a written request for a hearing on the rules by 4:30 p.m. on April 15, 2015, the Department will hold a public hearing in the Minnesota Room at the Minnesota Department of Labor and Industry, 443 Lafayette Road North, St. Paul, MN 55155, starting at 9:30 a.m. on Tuesday, April 28, 2015. To find out whether the Department will adopt the rules without a hearing or if it will hold the hearing, you should contact the agency contact person after April 15, 2015 and before April 28, 2015.

Agency Contact Person. Submit any comments or questions on the rules or written requests for a public hearing to the agency contact person. The agency contact person is: Kathryn Berger at Minnesota Department of Labor and Industry, 443 Lafayette Road North, St. Paul, MN 55155, phone: (651) 284-5006, fax: at (651) 284-5725 and e-mail: dli.rules@state.mn.us.

Subject of Rules and Statutory Authority. The proposed rule amendments would establish criteria for treatment of patients with intractable pain due to a workers' compensation injury with daily oral, transmucosal, buccal or transdermal opioid analgesic medication for at least 90 days. The proposed rules provide safeguards for the safe and effective long-term treatment with opioid analgesic medication according to accepted medical standards, including: indications for treatment; required documentation; pain and function assessment tools; patient selection criteria; potential contraindications; opioid risk assessment; elements of the program of treatment; a written treatment contract between the patient and prescribing health care provider; monitoring treatment; prior notice to the provider of the need to initiate a plan for compliance; and application of the proposed rules to patients already receiving treatment when the rules are adopted.

Proposed Rules

The statutory authority to adopt the rules is *Minnesota Statutes*, section 176.83, subdivision 5 (b) (7), which authorizes the commissioner of the Department of Labor and Industry to adopt rules, in consultation with the Medical Services Review Board, that establish criteria for the long-term use of opioids or other scheduled medications to alleviate intractable pain and improve function, including the use of written contracts between the injured worker and the health care provider who prescribes the medication. A copy of the proposed rules is published in the *State Register* and attached to this notice as mailed.

Comments. You have until 4:30 p.m. on Wednesday, April 15, 2015, to submit written comment in support of or in opposition to the proposed rules or any part or subpart of the rules. Your comment must be in writing and received by the agency contact person by the due date. Comment is encouraged. Your comments should identify the portion of the proposed rules addressed, the reason for the comment, and any change proposed. You are encouraged to propose any change that you desire. Any comments that you have about the legality of the proposed rules must also be made during this comment period.

Request for a Hearing. In addition to submitting comments, you may also request that the Department hold a hearing on the rules. You must make your request for a public hearing in writing, which the agency contact person must receive by 4:30 p.m. on Wednesday, April 15, 2015. You must include your name and address in your written request. In addition, you must identify the portion of the proposed rules that you object to or state that you oppose the entire set of rules. Any request that does not comply with these requirements is not valid and the agency cannot count it when determining whether it must hold a public hearing. You are also encouraged to state the reason for the request and any changes you want made to the proposed rules.

Withdrawal of Requests. If 25 or more persons submit a valid written request for a hearing, the Department will hold a public hearing unless a sufficient number of persons withdraw their requests in writing. If enough requests for hearing are withdrawn to reduce the number below 25, the agency must give written notice of this to all persons who requested a hearing, explain the actions the agency took to effect the withdrawal, and ask for written comments on this action. If a public hearing is required, the agency will follow the procedures in *Minnesota Statutes*, sections 14.131 to 14.20.

Alternative Format/Accommodation. Upon request, this information can be made available in an alternative format, such as large print, braille, or audio. To make such a request or if you need an accommodation to make this hearing accessible, please contact the agency contact person at the address or telephone number listed above.

Modifications. The Department might modify the proposed rules, either as a result of public comment or as a result of the rule hearing process. It must support modifications by data and views submitted to the agency or presented at the hearing. The adopted rules may not be substantially different than these proposed rules unless the Department follows the procedure under *Minnesota Rules*, part 1400.2110. If the proposed rules affect you in any way, the Department encourages you to participate in the rulemaking process.

Cancellation of Hearing. The Department will cancel the hearing scheduled for April 28, 2015, if the agency does not receive requests for a hearing from 25 or more persons. If you requested a public hearing, the agency will notify you before the scheduled hearing whether the hearing will be held. You may also call the agency contact person at: (651) 284-5006 after April 15, 2015 to find out whether the hearing will be held or go online at http://www.dli.mn.gov/PDF/docket/5221_6020_8900TrtmPar_2.pdf.

Notice of Hearing. If 25 or more persons submit valid written requests for a public hearing on the rules, the Department will hold a hearing following the procedures in *Minnesota Statutes*, sections 14.131 to 14.20. The Department will hold the hearing on the date and at the time and place listed above. The hearing will continue until all interested persons have been heard. Administrative Law Judge LauraSue Schlatter is assigned to conduct the hearing. Judge Schlatter's Legal Assistant Denise Collins can be reached at the Office of Administrative Hearings, 600 North Robert Street, P.O. Box 64620, Saint Paul, Minnesota 55164-0620, **telephone:** (651) 361-7900, and fax: (651) 539-0300 or **e-mail:** denise.collins@state.mn.us.

Hearing Procedure. If the Department holds a hearing, you and all interested or affected persons, including representatives of associations or other interested groups, will have an opportunity to participate. You may present your views either orally at the hearing or in writing at any time before the hearing record closes. All evidence presented should relate to the proposed rules. You may also submit written material to the Administrative Law Judge to be recorded in the hearing record for five working days after the public hearing ends. At the hearing the Administrative Law Judge may order that this five-day comment period is extended for a longer period but not more than 20 calendar days. Following the comment period, there is a five-working-day rebuttal period when the agency and any interested person may respond in writing to any new information submitted. No one may submit additional evidence during the five-day rebuttal period. The Office of Administrative Hearings must receive all comments and responses submitted to the Administrative Law Judge no later than 4:30

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p.m. on the due date. All comments or responses received will be available for review at the Office of Administrative Hearings and will be posted on the Department's rule docket website at: http://www.dli.mn.gov/PDF/docket/5221_6020_8900TrtmPar_2.pdf.

This rule hearing procedure is governed by *Minnesota Rules*, parts 1400.2000 to 1400.2240, and *Minnesota Statutes*, sections 14.131 to 14.20. You may direct questions about the procedure to the Administrative Law Judge.

The agency requests that any person submitting written views or data to the Administrative Law Judge before the hearing or during the comment or rebuttal period also submit a copy of the written views or data to the agency contact person at the address stated above.

Statement of Need and Reasonableness. The statement of need and reasonableness summarizes the justification for the proposed rules, including a description of who will be affected by the proposed rules and an estimate of the probable cost of the proposed rules. It is now available from the agency contact person. You may review or obtain copies for the cost of reproduction by contacting the agency contact person. It is also available online from the Department's rule docket page at:

http://www.dli.mn.gov/PDF/docket/5221_6020_8900TrtmPar_2.pdf.

Lobbyist Registration. *Minnesota Statutes*, chapter 10A, requires each lobbyist to register with the State Campaign Finance and Public Disclosure Board. Ask any questions about this requirement of the Campaign Finance and Public Disclosure Board at: Suite #190, Centennial Building, 658 Cedar Street, St. Paul, Minnesota 55155, **telephone:** (651) 539-1180 or 1-800-657-3889.

Adoption Procedure if No Hearing. If no hearing is required, the agency may adopt the rules after the end of the comment period. The Department will submit the rules and supporting documents to the Office of Administrative Hearings for a legal review. You may ask to be notified of the date the rules are submitted to the office. If you want either to receive notice of this, to receive a copy of the adopted rules, or to register with the agency to receive notice of future rule proceedings, submit your request to the agency contact person listed above.

Adoption Procedure After a Hearing. If a hearing is held, after the close of the hearing record, the Administrative Law Judge will issue a report on the proposed rules. You may ask to be notified of the date that the Administrative Law Judge's report will become available, and can make this request at the hearing or in writing to the Administrative Law Judge. You may also ask to be notified of the date that the agency adopts the rules and the rules are filed with the Secretary of State by requesting this at the hearing or by writing to the agency contact person stated above.

Order. I order that the rulemaking hearing be held at the date, time, and location listed above.

Dated: March 4, 2015

Ken B. Peterson, Commissioner
Department of Labor and Industry

5221.6040 DEFINITIONS.

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

Subp. 8a. **Intractable pain.** "Intractable pain" is as defined in Minnesota Statutes, section 152.125.

Subp. 8a 8b. **Medical contraindication.** "Medical contraindication" means a condition that makes the use of a particular treatment or medication inadvisable because of an increased risk of harm to the patient.

[For text of subs 9 and 10, see M.R.]

Subp. 10a. **Modality.** A "modality" is the application or use of a therapeutic agent or regimen. Examples include the active treatment modalities described in subpart 2, the passive treatment modalities described in subpart 12, and the injection modalities described in subpart 13.

Subp. 10b. **Morphine-equivalent milligrams.** For purposes of part 5221.6110, subpart 8, morphine-equivalent milligrams shall be determined using the following conversions. Morphine 30 milligrams orally is equivalent to:

A. codeine 200 milligrams oral;

B. fentanyl transdermal 12.5 mcg/hr;

C. hydrocodone 30 milligrams oral;

D. hydromorphone 7.5 milligrams oral;

E. levorphanol 4 milligrams oral;

F. oxycodone 20 milligrams oral; and

G. oxymorphone 10 milligrams oral.

[For text of subp 11, see M.R.]

Subp. 11a. **Pain medicine specialist.** A “pain medicine specialist” is a health care provider with at least five years of experience in the assessment and treatment of chronic complex pain problems for more than one patient; or who has completed fellowship training in pain management.

[For text of subps 12 and 13, see M.R.]

5221.6105 MEDICATIONS.

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

Subp. 3. **Opioid analgesics.** An opioid is any agent that binds to opioid receptors. There are three broad classes of opioids: opium alkaloids, such as morphine and codeine; semisynthetic opioids such as heroin and oxycodone; and fully synthetic opioids such as meperidine and methadone. Opioid analgesics include codeine, hydrocodone, levorphanol, methadone, morphine, hydromorphone, and oxycodone.

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

C. A course of oral opioid analgesics or combination of an oral opioid and a nonopioid analgesic is limited as provided in subitems (1) to (3).

[For text of subitems (1) and (2), see M.R.]

(3) Continued prescription of oral opioid analgesics prescribed for more than 12 weeks after the injury may be for more than one month of medication per prescription if there has been a clinical evaluation to confirm the need for an efficacy of the prescription and a clinical evaluation at least every six months thereafter during continued use of opiate analgesics and must comply with all of the requirements of part 5221.6110.

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

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

5221.6110 LONG-TERM TREATMENT WITH OPIOID ANALGESIC MEDICATION.

Subpart 1. **Application.** This part applies to the use of oral, oral transmucosal, buccal, and transdermal opioid analgesic medications and does not apply to the use of parenteral or intrathecal opioid analgesic medications. The choice of specific opioid analgesic medication is governed by part 5221.6105, subpart 3. For purposes of this part, “long-term treatment with opioid analgesic medication” means that:

A. a health care provider documents a plan to initiate treatment for intractable pain by prescribing opioid analgesic medication to be taken daily for at least 90 days; or

B. a health care provider continues prescribing opioid analgesic medication for a patient who has been prescribed opioid analgesic medication to be taken daily for at least 90 days.

Subp. 2. **Indications and documentation.** Long-term treatment with opioid analgesic medication is not indicated for treatment of workers’ compensation injuries unless the requirements in this part are met. The prescribing health care provider must document in the medical record the patient selection criteria, the assessments performed, whether there are any potential contraindications to the long-term prescription of opioid analgesics, the elements of the treatment program, the written treatment contract, an objective assessment of the success of the treatment program, and the results of periodic monitoring and testing.

Subp. 3. **Pain and function assessment tools.** When a health care provider initiates a plan for long-term treatment with opioid analgesic medication, the provider must assess the patient’s level of pain and function using the following tools:

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A. a tool validated in peer-reviewed scientific literature for the assessment of pain. Examples are the Brief Pain Inventory, the Chronic Pain Grade, the Neuropathic Pain Scale, the Visual Analog Scale, the Numeric Rating Scale, or the Verbal Descriptive Scales; and

B. a tool validated in peer-reviewed scientific literature for the assessment of function. Examples are the SF-36 Health Survey, the QuickDASH Outcome Measure, the Quality of Life (QOL) Scale, the Oswestry Disability Index, the Neck Disability Index, or the Short Musculoskeletal Function Assessment.

The results of these assessments provide the baseline for determining the success of the treatment program as specified in subpart 8, item B.

Subp. 4. **Patient selection criteria.** Before initiating a plan for long-term treatment with opioid analgesic medication, the prescribing health care provider must determine that all of the following criteria are met:

A. the patient cannot maintain function at work, or in the activities of daily living, without long-term use of opioid analgesic medication;

B. the patient does not have a Somatic Symptom Disorder as defined in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5);

C. all other reasonable medical treatment options have been exhausted as determined by either a pain medicine specialist or a health care provider specializing in the treatment of the area, system, or organ of the body identified as the source of the pain;

D. the patient does not have a history of failing to comply with treatment or failing to take medication as prescribed;

E. the patient does not have a current Substance Use Disorder as defined in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5); and

F. a urine drug test confirms that the patient is not using any illegal substances.

Subp. 5. **Potential contraindications.** Items A and B apply to potential contraindications.

A. Before beginning long-term treatment with opioid analgesic medication, the prescribing health care provider must assess whether any of the following circumstances are present and, if present, whether they constitute contraindications to the long-term treatment with opioid analgesic medication:

(1) the patient has a history of respiratory depression, or a condition that can cause respiratory depression when taking opioid analgesic medications;

(2) the patient is pregnant or is planning to become pregnant during the period of treatment with opioid analgesic medications;

(3) the patient has a Substance Use Disorder in remission as defined in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5);

(4) the patient has another mental disorder referenced in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5);

(5) the patient is a suicide risk;

(6) the patient has poor impulse control; and

(7) the patient regularly engages in an activity that could be unsafe for a patient taking opioid analgesic medications.

B. The prescribing health care provider may obtain an appropriate specialty consultation to assist with the assessments in this subpart or determine if the long-term prescription of opioid analgesic medication is appropriate.

Subp. 6. **Opioid risk assessment; program of treatment.**

A. Long-term treatment with opioid analgesic medication must be part of an integrated program of treatment that complies with this

subpart and that is documented in the medical record.

B. The health care provider must complete an opioid risk assessment using a tool validated in the peer-reviewed scientific literature. Examples of this type of assessment tool are the Opioid Risk Tool; the Diagnosis, Intractability, Risk, Efficacy Scale (DIRE); and the Screener and Opioid Assessment for Patients with Pain - Revised (SOAPP-R). The provider must disclose the results of the assessment to the patient.

(1) If the assessment shows the patient to be at high risk of dependence or abuse, the provider must refer the patient to a pain medicine specialist or addiction medicine specialist for a second opinion before initiating long-term treatment with opioid analgesic medication.

(2) Following the second opinion, if long-term treatment with opioid analgesic medication is initiated in a patient at high risk, the prescribing provider must:

(a) perform urine drug testing at least twice a year;

(b) review the patient's prescription history in the Minnesota prescription monitoring program at each visit; and

(c) see the patient in clinic for follow-up every month for the first six months of treatment and every three months thereafter.

C. The patient and the prescribing health care provider must sign a formal written treatment contract that meets the requirements of subpart 7.

D. All opioid analgesic medications must be used in fixed schedules of dosing and prescribed in an amount sufficient to preclude exhaustion of a prescription on a weekend, holiday, or vacation day when the prescribing health care provider is not available.

E. Other treatment modalities are permitted in conjunction with long-term treatment with opioid analgesic medication, to the extent indicated by parts 5221.6010 to 5221.6600.

F. The prescribing health care provider must have a written plan for treatment of episodic pain due to the injury being treated, specifying the modality or medication to be used, the frequency and scheduling of the modality or dosing of medication, the duration of use, the circumstances for contacting the prescribing health care provider, and treatment of possible side effects of the medications.

G. All prescriptions for long-term treatment with opioid analgesic medication must be written only by the prescribing health care provider or the designated proxy. The patient must agree to inform the prescribing health care provider if short-term treatment with opioid analgesic medications or other controlled drugs is prescribed by other health care providers in the treatment of acute injuries or conditions so that overall care can be properly coordinated. Examples of acute medical problems are dental procedures, acute trauma, surgery, or emergency medical treatment.

H. The prescribing health care provider must discuss with the patient the risks associated with the long-term treatment with opioid analgesic medication, the specific medications to be used, and possible side effects.

I. All medications and other treatment modalities for the work-related injury must be prescribed or provided on referral by the single health care provider party to the written treatment contract or by a proxy designated in the medical record by the health care provider party to the written treatment contract.

J. The prescribing health care provider must document in the medical record the name of the drug prescribed, the dose, the dosing schedule, the amount to be dispensed, and the number of refills allowed, if any, for each opioid analgesic prescribed.

K. The prescribing health care provider must establish a schedule of follow-up visits for monitoring the treatment.

L. The prescribing health care provider must provide written reports of work ability or restrictions as required by part 5221.0410, subpart 6.

M. If long-term treatment with opioid analgesic medication is discontinued, the prescribing health care provider must prescribe a schedule of tapering dosages and ancillary medications as needed to minimize symptoms of withdrawal, taking into account the type, dose,

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and duration of the opioid medication being discontinued. The health care provider must offer alternative pain management treatment or referral to another provider.

Subp. 7. Written treatment contract. A patient receiving long-term treatment with opioid analgesic medication must enter into a written treatment contract with the prescribing health care provider as part of the integrated program of treatment. The written contract must be made part of the patient's medical record. A copy of the contract must be provided to the patient. Except when discontinuance is required by subpart 8, items E and F, the prescribing health care provider has discretion to discontinue treatment with opioid analgesic medication if the provider believes that the patient has not complied with the terms of the contract. Discontinuance must be according to a tapering schedule as described in subpart 6, item M. The contract must include the following:

A. the goals of long-term treatment with opioid analgesic medication; the program of treatment identified in subpart 6, items D, G, H, I, K, L, and M; and the monitoring described in subpart 8, items E, F, and G;

B. an agreement by the patient to comply with treatment prescribed in addition to the opioid analgesic medication;

C. an agreement by the patient that only one replacement refill or prescription is permitted in the event of lost or stolen medication or prescription, but only the first time the patient alleges that the prescription or medication was lost or stolen and only at the discretion of the prescribing health care provider;

D. an agreement by the patient that prescriptions or medications will not be renewed earlier than scheduled;

E. an agreement by the patient to notify all other health care providers of the treatment contract and its stipulations before receiving any prescription medications and to notify the prescribing health care provider party to the contract of medications received from other health care providers;

F. an agreement by the prescribing health care provider that arrangements must be made ahead of time to renew prescriptions when the prescribing health care provider is on vacation or otherwise unavailable;

G. an agreement by the prescribing health care provider to be available or provide coverage for episodic pain not responsive to planned interventions;

H. a statement that, except for the required discontinuance provided in subpart 8, items E and F, the prescribing health care provider has discretion to discontinue treatment with opioid analgesics using a schedule of tapering dosages if the patient does not comply with any of the agreements set out in the written treatment contract; and that if opioid analgesics are discontinued the provider must offer alternative pain management treatment or referral to another provider;

I. an agreement by the patient to:

(1) follow a schedule of regular visits recommended by the prescribing health care provider and take the opioid medication exactly as prescribed;

(2) abstain from all illegal drugs;

(3) cooperate with the assessments and urine drug testing requested by the prescribing health care provider;

(4) allow the prescribing health care provider to access the prescription monitoring program and contact any other health care provider who treats or has treated the patient to discuss the patient's use of opioid medication; and

(5) cooperate with referrals to other providers, as requested by the prescribing health care provider; and

J. the dated signatures of the patient and prescribing health care provider.

The commissioner shall develop a form for a model written contract addressing items A to J. If a prescribing health care provider uses the commissioner's form, then the contract shall be deemed to meet the requirements of this subpart once completed and made part of the patient's medical record. The patient and prescribing health care provider must enter into a new written contract whenever it is deemed necessary by the prescribing health care provider.

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Subp. 8. Monitoring long-term treatment with opioid analgesic medications. The prescribing health care provider who is party to the treatment contract must monitor treatment that includes long-term prescription of opioid analgesic medications. The prescribing health care provider must document the monitoring in the medical record. Monitoring must include everything in items A to G.

A. The prescribing health care provider must schedule regular follow-up visits with the patient. Visits must be at least quarterly in the first year of treatment and no less than annually thereafter, except for patients taking more than 120 morphine-equivalent milligrams per day who must be seen at least every three months, and except for patients at high risk of dependency or abuse under subpart 6, item B, who must be seen every month for the first six months and every three months thereafter.

B. At each follow-up visit, the prescribing health care provider must assess the success of the program treatment in meeting its goals. The prescribing health care provider must assess pain and function at each follow-up visit, using the same tools chosen for the initial assessment in subpart 3. The program is considered successful if there is improvement in both pain and function within six months after long-term treatment with opioid analgesic medication is initiated, and this improvement is at least maintained at subsequent follow-up assessments.

C. At each follow-up visit, the prescribing health care provider must assess the possible side effects of treatment, misuse of medications, aberrant behaviors indicative of addiction, or contraindications to continuing treatment.

D. At each follow-up visit, the prescribing health care provider must assess the patient's adherence to the entire program of treatment.

E. At least semiannually, the prescribing health care provider must review the patient's prescription history in the Minnesota prescription monitoring program to validate correct medication usage, except that the prescription history must be reviewed at every follow-up visit for each patient who is taking more than 120 morphine-equivalent milligrams per day or is at high risk for dependence or abuse under subpart 6, item B. If there is more than one instance of unreported opiate prescriptions from other providers, the health care provider must discontinue opioid medications using a schedule of tapering dosages as described in subpart 6, item M.

F. The prescribing health care provider has discretion to order urine drug testing as part of a patient's monitoring, except that monitoring must include urine drug testing at least twice per year for each patient who is taking more than 120 morphine-equivalent milligrams per day or is at high risk for dependence or abuse under subpart 6, item B.

(1) Urine drug testing protocol is within the discretion of the prescribing provider. After all tests requested by the prescribing provider are completed, urine drug testing is failed if it shows the presence of illegal substances or if the results are inconsistent with the opiate and dosage prescribed. If the urine drug testing is failed, opioid medications must be discontinued using a schedule of tapering dosages as described in subpart 6, item M.

(2) If a urine sample is sent to a laboratory for testing, the employer or insurer may designate the laboratory so long as it is accredited by the College of American Pathologists under the Forensic Urine Drug Testing Program.

G. The prescribing health care provider must provide a referral to a pain medicine specialist for consultation under any of the following circumstances:

(1) there is a sudden or progressive increase in the dosage of opioid analgesic required;

(2) the goals of the treatment program are not met; or

(3) the patient requires more than 120 morphine-equivalent milligrams per day to meet or maintain the program's treatment goals.

Subp. 9. Notice and plan for compliance. A prescribing provider's failure to comply with any requirement of this part is not a basis to deny payment for treatment with opioid analgesics unless the insurer has previously sent the provider and the patient a copy of this part and has given the provider at least 30 days to initiate a plan to come into compliance. The insurer is required to send the provider and patient the notice and provide 30 days to initiate a plan for compliance only once.

Subp. 10. Patients currently receiving treatment. For a patient who is receiving long-term treatment with opioid analgesic

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medication on the effective date of this part, the prescribing health care provider must, within three months of receipt of written notice of this part from the insurer to the provider and patient:

A. assess the patient's current level of pain and function using tools validated in peer-reviewed scientific literature as required in subpart 3;

B. meet all of the requirements of subpart 6, items C to M;

C. complete a written contract with the patient that complies with the requirements of subpart 7; and

D. establish monitoring of the treatment that complies with the requirements of subpart 8.

Subp. 11. **Incorporation by reference.** The Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5), copyrighted by the American Psychiatric Association, is incorporated by reference. It is not subject to frequent change, although the American Psychiatric Association publishes DSM-5 errata and coding updates. DSM-5 is published by American Psychiatric Publishing, Inc. (APPI), and may be purchased from them by calling 800-368-5777 or by ordering online at the APPI Web site. It is also available from other bookstores and online retailers. It is available through the Minitex interlibrary loan system.

Adopted Rules

A rule becomes effective after the requirements of *Minnesota Statutes* §§ 14.05-14.28 have been met and five working days after the rule is published in the *State Register*, unless a later date is required by statutes or specified in the rule. If an adopted rule is identical to its proposed form as previously published, a notice of adoption and a citation to its previous *State Register* publication will be printed. If an adopted rule differs from its proposed form, language which has been deleted will be printed with strikeouts and new language will be underlined. The rule's previous *State Register* publication will be cited.

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.

Minnesota Board of High Pressure Piping Systems Adopted Permanent Rules Governing High Pressure Piping Systems

The rules proposed and published at *State Register*, Volume 39, Number 20, pages 683-687, November 17, 2014 (39 SR 683), are adopted with the following modifications:

5230.0220 BIOPROCESS PIPING.

Subpart 1. **ASME BPE.** All bioprocess piping must meet the requirements of ASME BPE. For purposes of this chapter, "ASME BPE" means the 2012 edition of the Bioprocessing Equipment Standard adopted and published by ASME, ~~Three~~ Two Park Avenue, New York, New York 10016. ASME BPE is incorporated by reference and made part of the code for high pressure piping systems. ASME BPE is not subject to frequent change and a copy of ASME BPE is available in the office of the commissioner of labor and industry and at the State Law Library, 25 Rev. Dr. Martin Luther King Jr. Blvd., Saint Paul, Minnesota 55155.

5230.0260 SCOPE.

Valves, fittings, and piping for boilers, as prescribed in the ASME Code for Power Boilers, are within the scope for this code but provisions of the ASME Code for Power Boilers shall govern where they exceed corresponding requirements of this code. For purposes of this chapter, "ASME Code for Power Boilers" means the 2013 edition of the ASME Boiler and Pressure Vessel Code, section I, as adopted and published by ASME, ~~Three~~ Two Park Avenue, New York, New York 10016. The ASME Code for Power Boilers is incorporated by reference in the code for steam or heating media piping systems. The ASME Code for Power Boilers is not subject to frequent change and a copy is available in the office of the commissioner of labor and industry and at the State Law Library, 25 Rev. Dr. Martin Luther King Jr. Blvd., Saint Paul, Minnesota 55155.

Economizers, heaters, tanks, and other pressure vessels are outside the scope of this code, but connecting piping shall conform to the requirements herein specified.

5230.0265 ADOPTION OF ASME B31.1 BY REFERENCE.

For purposes of this chapter, "ASME B31.1" means the 2012 edition of the standard for power piping, as approved and published by ASME, ~~Three~~ Two Park Avenue, New York, New York 10016. ASME B31.1 is incorporated by reference and made part of the code for steam or heating media piping systems, except as amended in this chapter. Portions of this chapter reproduce text from ASME B31.1. ASME B31.1 is not subject to frequent change and a copy of ASME B31.1 is available in the office of the commissioner of labor and industry and at the State Law Library, 25 Rev. Dr. Martin Luther King Jr. Blvd., Saint Paul, Minnesota 55155. ASME B31.1 is copyright by ASME. All rights reserved.

5230.5001 INCORPORATIONS BY REFERENCE.

Subp. 2. **ASME B31.5.** For purposes of this chapter, "ASME B31.5" means the 2013 revision of the standard for ammonia refrigeration piping as approved and published by ASME, ~~Three~~ Two Park Avenue, New York, New York 10016. ASME B31.5 is incorporated by reference and made part of the code for ammonia refrigeration piping. ASME B31.5 is not subject to frequent change and a copy of ASME B31.5 is available in the office of the commissioner of labor and industry and at the State Law Library, 25 Rev. Dr. Martin Luther King Jr. Blvd., Saint Paul, Minnesota 55155.

5230.5920 QUALIFICATION OF WELDING PROCEDURES, WELDERS, AND WELDING OPERATORS.

Adopted Rules

Subp. 2. **Incorporation by reference.** For purposes of this chapter, “ASME section IX” means the 2013 edition of section IX of the Boiler and Pressure Vessel Code, as approved and published by ASME, ~~Three~~ Two Park Avenue, New York, New York 10016. ASME section IX is incorporated by reference and made a part of this chapter. ASME section IX is not subject to frequent change. A copy of ASME section IX is available in the office of the commissioner of labor and industry and at the State Law Library, 25 Rev. Dr. Martin Luther King Jr. Blvd., Saint Paul, Minnesota 55155.

Minnesota Pollution Control Agency (MPCA) Adopted Permanent Rules Relating to Human Health Methods for Water Quality

The rules proposed and published at *State Register*, Volume 38, Number 51, pages 1634-1656, June 16, 2014 (38 SR 1634), are adopted with the following modifications:

7050.0150 DETERMINATION OF WATER QUALITY, BIOLOGICAL AND PHYSICAL CONDITIONS, AND COMPLIANCE WITH STANDARDS.

Subp. 7. **Impairment of waters relating to fish for human consumption.**

B. If CS_{ft} has not been established for a pollutant with chronic standards (CS) applicable in water (CS_{dfr} , CS_{dev} , or CS_{lr} , as defined in parts 7050.0218, subpart 3, item Q, and 7050.0219, subpart 13, item B), the residue levels in fish muscle tissue established by the Minnesota Department of Health must be used to identify surface waters supporting fish for which the Minnesota Department of Health recommends a reduced frequency of fish consumption for the protection of public health. A water body will be considered impaired when the recommended consumption frequency is less than one meal per week, such as one meal per month, for any member of the population. That is, a water body will not be considered impaired if the recommended consumption frequency is one meal per week, or any less restrictive recommendation such as two meals per week, for all members of the population. The impaired condition must be supported with measured data on the contaminant levels in the resident fish.

7050.0218 FOR TOXIC POLLUTANTS: DEFINITIONS AND METHODS FOR DETERMINATION OF HUMAN HEALTH-BASED NUMERIC STANDARDS AND SITE-SPECIFIC NUMERIC CRITERIA FOR AQUATIC LIFE, HUMAN HEALTH, AND FISH-EATING WILDLIFE.

Subp. 3. **Definitions.** For the purposes of parts 7050.0217 to 7050.0227, the following terms have the meanings given them.

Q. “Chronic criterion” or “CC” and “chronic standard” or “CS” mean the highest water concentration or fish tissue concentration of a toxicant or effluent to which aquatic life, humans, or wildlife, ~~or other organisms~~ can be exposed indefinitely without causing chronic toxicity. CC represents a site-specific chronic criterion developed under this part and part 7050.0219 or part 7052.0110. CS represents a chronic standard listed in parts 7050.0220 and 7050.0222 or in part 7052.0100. CC and CS are further distinguished by the organisms they are developed to protect and medium in which they apply:

OO. “No observable adverse effect level” or “NOAEL” means an the highest exposure level at which there is no statistically or biologically significant increase in the frequency or severity of adverse effects between the exposed population and its appropriate control group.

RR. “Reference dose” or “RfD” means an estimate of a dose for a given duration to the human population, including susceptible subgroups such as infants, that is likely to be without an appreciable risk of adverse effects during a lifetime. It is derived from a suitable dose level at which there are few or no statistically or biologically significant increases in the frequency or severity of an adverse effect between the dosed population and its associated control group. The RfD includes one or more divisors, applied to the suitable dose level, accounting for:

(5) uncertainty associated with deficiencies in the available data. The product of the divisors is not to exceed 3,000 in an RfD used for a chronic standard. The RfD is expressed in units of daily dose as milligrams of chemical per kilogram of body weight-day or mg/kg-day.

7050.0219 HUMAN HEALTH-BASED CRITERIA AND STANDARDS.

Subp. 13. **Algorithms for Class 2A or 2Bd surface waters.** This subpart describes human health-based criteria or standards for classes of surface waters designated for drinking water, fish consumption, and recreational use. To develop a final chronic criteria (CC_{dfr}) or standard (CS_{dfr}) applicable to surface waters designated Class 2A or 2Bd, items A to D must be evaluated for use based on the pollutant's toxicological profile: noncarcinogen or nonlinear carcinogen (NLC); developmental susceptibility; or linear carcinogen (C).

B. Supplemental algorithm for developmental susceptibility for noncarcinogenic or NLC chemicals applicable to surface waters designated Class 2A or 2Bd to calculate:

$$\frac{CC_{\text{dev}} \text{ or } CS_{\text{dev}} = \text{RfD}_{\text{duration}_{(\text{acute, short-term, or subchronic})}} (\text{mg/kg-d}) \times \text{RSC (no units)} \times 1,000 \mu\text{g/mg}}{\text{DWIR}_{\text{duration}_{(\text{acute, short-term, or subchronic})}} (\text{L/kg-d})}$$

where: CC_{dev} or CS_{dev} = developmental-based drinking water chronic criterion or standard in $\mu\text{g/L}$ applied when shorter duration adverse effects and exposure parameters result in a more stringent chronic criterion or standard than calculated from item A

$\text{RfD}_{\text{duration}}$ = reference dose for acute, short-term, or subchronic duration in mg/kg-day

$\text{DWIR}_{\text{duration}}$ = drinking water intake rate for acute, short-term, or subchronic duration in L/kg-d ; drinking water intake rate for the acute, short-term, and subchronic durations based on a 95th percentile time-weighted average from MDH; rate may be chemical-specific with sufficient data or use default rates of 0.289, 0.289, and 0.077 L/kg-d , respectively

Other variables as defined under item A

7050.0222 SPECIFIC WATER QUALITY STANDARDS FOR CLASS 2 WATERS OF THE STATE; AQUATIC LIFE AND RECREATION.

Subp. 7. **Additional standards; Class 2 waters.** The following additional standards and requirements apply to all Class 2 waters.

D. Concentrations of noncarcinogenic or nonlinear carcinogenic (NLC) chemicals in water or fish tissue from point or nonpoint sources, singly or in mixtures, must be below levels expected to produce known adverse effects. This is accomplished through the application of an additive noncancer health risk index using common health risk index endpoints or health endpoints. Mixtures of chemicals with listed CS or site-specific CC are evaluated using the following approach:

Chemicals must be grouped according to medium (water or fish) and each health endpoint. Chemicals for which no health endpoint is specified are not grouped. Chemicals that are also linear carcinogens must be grouped as described under item E. Using the following equation, a noncancer health risk index must be determined for each group of two or more chemicals that have a common health endpoint listed in this part. To meet the protection objectives in part 7050.0217, the noncancer health risk index must not exceed a value of one.

$$\text{Noncancer health risk index by common health endpoint} = \frac{C_1}{\frac{CS_{1\text{ or } CC_1}}{CC_1}} + \frac{C_2}{\frac{CS_{2\text{ or } CC_2}}{CC_2}} + \dots + \frac{C_n}{\frac{CS_{n\text{ or } CC_n}}{CC_n}} \leq 1$$

where: C_n is the concentration of the first to the n^{th} chemical by common health endpoint and medium

$CS_1 \dots CS_n$ is the drinking water plus fish consumption and recreation chronic standard (CS_{dfr} or CS_{dev}), fish consumption and recreation chronic standard (CS_{fr}), or fish tissue chronic standard (CS_{fr}) for the first to n^{th} chemical by common health endpoint

$CC_1 \dots CC_n$ is the drinking water plus fish consumption and recreation chronic criterion (CC_{dfr} or CC_{dev}), fish consumption and recreation chronic criterion (CC_{fr}), or fish tissue chronic criterion (CC_{fr}) for the first to n^{th} chemical by common health endpoint

E. Concentrations of carcinogenic chemicals from point or nonpoint sources, singly or in mixtures, must not exceed an incremental or additional excess risk level of one in 100,000 (10^{-5}) in surface waters or fish tissue. Carcinogenic chemicals will be considered additive

Adopted Rules

in their effect according to the following equation unless an alternative model is supported by available scientific evidence. The additive equation applies to chemicals that have a human health-based chronic standard (CS) or site-specific chronic criterion (CC) calculated with a cancer potency slope factor. To meet the protection objectives in part 7050.0217, the cancer health risk index must not exceed a value of one.

$$\text{Cancer health risk index} = \frac{C_1}{\frac{\text{CS}_1\text{ or } \text{CC}_1}}{C_1}} + \frac{C_2}{\frac{\text{CS}_2\text{ or } \text{CC}_2}}{C_2}} + \dots + \frac{C_n}{\frac{\text{CS}_n\text{ or } \text{CC}_n}}{C_n}} \leq 1$$

where: $C_1 \dots C_n$ is the concentration of the first to the n^{th} carcinogen in water or fish tissue

$\text{CS}_1 \dots \text{CS}_n$ is the drinking water plus fish consumption and recreation chronic standard (CS_{dr}), fish consumption and recreation chronic standard (CS_{fr}), or fish tissue chronic standard (CS_n) for the first to n^{th} carcinogenic chemical

$\text{CC}_1 \dots \text{CC}_n$ is the drinking water plus fish consumption and recreation chronic criterion (CC_{dr}) fish consumption and recreation chronic criterion (CC_{fr}), or fish tissue chronic criterion (CC_n) for the first to n^{th} carcinogenic chemical

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.

Minnesota Department of Labor and Industry (DLI) Adopted Exempt Permanent Rules Adopting Federal OSHA Standards

The rules proposed and published at *State Register*, Volume 39, Number 29, pages 1088-1089, January 20, 2015 (39 SR 1088), are adopted as proposed.

Executive Orders

The governor has the authority to issue written statements or orders, called Executive Orders, as well as Emergency Executive Orders. The governor's authority is specified in the *Constitution of the State of Minnesota*, Article V, and in *Minnesota Statutes* § 4.035. Emergency Executive Orders, for protection from an imminent threat to health and safety, become effective immediately, are filed with the secretary of state, and published in the *State Register* as soon as possible after they are issued. Other Executive Orders become effective 15 days after publication in the *State Register* and filing with the secretary of state. Unless otherwise specified, an executive order expires 90 days after the date the governor who issued the order vacates office.

Office of the Governor

Emergency Executive Order 15-04: Providing for Relief from Regulations to Certain Motor Carriers and Drivers Operating in Minnesota

I, MARK DAYTON, GOVERNOR OF THE STATE OF MINNESOTA, by virtue of the power invested in me by the Constitution and applicable statutes, do hereby issue this Executive Order:

WHEREAS, extreme winter weather conditions have caused freezing of septic systems over much of Minnesota;

WHEREAS, it is urgent that immediate action be taken to prevent danger to public health and to avoid further damage to septic systems;

WHEREAS, the seasonal load restrictions, as described in *Minnesota Statutes*, section 169.87, are scheduled to go in effect on March 11, 2015 in the south, southeast, and metro frost zones; and will go into effect in the northern portion of the state in the near future; and

WHEREAS, these seasonal load restrictions will impair the removal of sewage from septic systems and increase the harm caused by leakage and rupture of septic systems.

NOW, THEREFORE, I hereby order that:

1. A state of emergency exists in Minnesota, and that vehicles used to pump and/or transport sewage from septic systems be exempted from the seasonal load restrictions on local and state highways and streets, imposed in *Minnesota Statutes*, section 169.87, while responding to the emergency.

Pursuant to *Minnesota Statutes*, section 4.035, subdivision 2, this Order is effective immediately and must be filed with the Secretary of State and published in the *State Register* as soon as possible after its issuance. This order shall remain in effect until June 1, 2015.

In Testimony Whereof, I have set my hand on this 11th day of March, 2015.

Signed: **Mark Dayton**
Governor

Filed According to Law

Signed: **Steve Simon**
Secretary of State

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.

Minnesota Department of Employment and Economic Development (DEED) Rehabilitation Services and Disability Determination Services Fee Schedule for Medical Consultative Examinations and Ancillary Testing Effective January 1, 2015

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D. Vocational Rehabilitation Services And Disability Determination Services Medical/Psychological Fee Schedule DISABILITY DETERMINATION SERVICES PAYMENT

The following boxed paragraphs apply to the Disability Determination Services (DDS) *only*.

INCENTIVES TO SUBMIT TIMELY REPORTS:

Psychiatric and psychological exams – DDS will pay providers 100% of either the usual and customary amount billed or 100% of the agency fee maximum, whichever is less, if the report is received from 1 to 10 days from the date of the examination (i.e. the day after the date of the examination is day 1). Reports received from 11 – 18 calendar days will be paid 90%.

Reports received 19 – 30 days from the date of the examination will be paid at a 75% rate.

For reports received 31 or more calendar days from the date of the examination, the DDS reserves the right to cancel the CE authorization invoice. Should the DDS decide to pay for such late evidence, the DDS will pay providers no more than 50% of either the usual and customary amount billed or 50% of the agency fee maximum, whichever is less.

All other consultative examinations:

Reports received by DDS 1-18 calendar days from the date of the examination (i.e. the day after the date of the examination is day 1), the DDS will pay providers 100% of either the usual and customary amount billed or 100% of the agency fee maximum, whichever is less.

Reports received by DDS from 19 – 30 days from the date of the examination will be paid 75%.

For reports received by the DDS 31 or more calendar days from the date of the examination, the DDS reserves the right to cancel the CE authorization invoice. Should the DDS decide to pay for such late evidence, the DDS will pay providers no more than 50% of either the usual and customary amount billed or 50% of the agency fee maximum, whichever is less.

Payment will not be issued until receipt of the signed CE report.

Use of our contracted medical transcription service:

Fee of \$15 (this fee is waived for treating physicians performing exams for their patients. Refer to page 14 D –13 for complete information.

Fee maximums are periodically revised and published in the State Register. You may request a copy of our current fee schedule by contacting Milla Kokotovich at 651.259.7781.

Medical/Psychological Fees

SERVICE	MAXIMUM
Comprehensive Physical Examination & Report	150.00
Office Call or Limited Examination - No more than 15 minutes, little emphasis on history, up to three specific questions and report (no teledictation fee)	50.00

Specialist Examination And Report:

SERVICE	CURRENT PROCEDURAL TERMINOLOGY CODE	MAXIMUM
1. Internal Medicine (including cardiologist)		175.00
A. Doppler studies		
1. Both legs with exercise	(technical) (93924-TC)	155.00
	(professional) (93924-26)	85.00
One office	(technical & professional) (93924)	240.00
2. Both legs without exercise	(technical) (93922-TC)	80.00
	(professional) (93922-26)	50.00
One office	(technical & professional) (93922)	130.00

B. ECG Testing			
1. Resting	(technical)	(93005)	65.00
	(professional)	(93010)	45.00
One office	(technical & professional)	(93000)	110.00
2. Exercise ECG (includes resting ECG)	(technical)	(93017)	155.00
	(professional)	(93018)	125.00
One office	(technical & professional)	(93015)	280.00
C. Echocardiography at rest and with	(technical)	(93350-TC)	108.35
cardiovascular stress test	(professional)	(93350-26)	171.87
One Office	(technical & professional)	(93350)	280.22
2. Neurological			175.00
A. Neuro-ophthalmological			150.00
3. Neuropsychiatric			185.00
4. Occupational/Physical Therapy Examination			200.00
5. Ophthalmological & Optometric (Visual Acuity & Visual Fields)			195.00
A. Funduscopic (Comprehensive)		(92004)(92015)	95.00
B. Visual Acuity Screening		(92019)	30.00
C. Visual Fields (Goldmann, HFA, or Octopus)		(92083)	100.00
6. Orthopedic (Musculoskeletal)			175.00
7. Otolaryngological			160.00
A. Otological			80.00
B. Audiometry			
Basic Comprehensive Audiometry(1 and 2, below, combined)		(92557)	80.00
1. Pure Tone (air & bone) audiometry		(92553)	43.00
2. Speech audiometry - threshold & discrimination		(92556)	37.00
3. Hearing Aid Check (Binaural)		(92593)	33.00
4. Hearing Aid Check (Monaural)		(92592)	17.00
5. Electroacoustical Testing (Monaural)		(92594)	14.00
6. Electroacoustical Testing (Binaural)		(92595)	18.00
7. Bekesy Audiometry, screening		(92560)	44.21
8. Visual Reinforcement Audiometry (for very young children)		(92579)	43.00
9. HINT-C (Hearing in Noise Test)		(92700)	53.90
Non-English Speaking Protocol: (10-13, below)			
10. Speech Detection Threshold		(92555)	25.00
11. Typanometry (impedance testing)		(92567)	35.00
12. Acoustic Reflex Testing		(92568)	25.00
13. Pure Tone, air & bone		(92553)	43.00
C. Medical evaluation speech, language, and/or hearing problems		(92506)	150.00
1. Foreign speech/lang eval (add'l fee due to difficulty of exams)			60.00
8. Pediatric			175.00
9. Physiatric (Physical Medical & Rehabilitation)			175.00
10. Psychiatric			150.00
11. Psychological			
DDS: Mental Status Examination [MSE] and activities of daily living			155.00
Failed appointment – Mental Status Exam (MSE) only			NO PAYMENT
Failed appointment – (MSE) + Psychological testing			50.00
Psychological tests with evaluation and report:			see per test fee schedule
VRS: Clinical Interview and report (without testing)			150.00
Testing with report (without clinical interview)			see per test fee schedule
Clinical interview with testing and report may be authorized in one of two ways:			
Hourly fee: (not to exceed 3 hours)Or			125/hr
Clinical Interview 150.00 plus test fee(s)			see per test fee schedule
Consultation fee			125/hr (pro-rated for less than an hour)

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Per Test Fee Schedule

TESTS:

TEST	MAXIMUM
Achenbach Child Behavior Checklist	85.00
Achenbach Child Behavior Scales	20.00
Battelle Developmental Inventory	120.00
Bayley Scales of Infant Development (Revised)	140.00
Beck Depression Scale	15.00
Bender Gestalt	20.00
Brigance Inventory of Early Development	75.00
Category Test	65.00
Clinical Interview (Children)	155.00
Columbia Test of Mental Maturity	70.00
Connors Continuous Performance Test	75.00
Connors Questionnaire for Attention Deficit Hyperactivity Disorder	60.00
Denver Developmental Screening Test	30.00
Foreign Language Exams (additional fee due to difficulty of the exams)	60.00
Gates Reading Summary	15.00
Gesell Developmental Schedules	45.00
Gray Reading Test	30.00
Hopkins Symptom Checklist 25	45.00
Leiter International Performance Scales	120.00
McCarthy Scales of Childrens' Abilities	100.00
Mental Status Exam (MSE) and Description of Activities of Daily Living (Adult)	155.00
Millon Multi-Axial Personality Inventory	75.00
Minnesota Child Development Inventory	60.00
Minnesota Multiphasic Personality Inventory (MMPI-2)	95.00
Minnesota Paper Form Test	30.00
Myers - Briggs Type Indicator	50.00
Neuropsychological Examination and Report (VRS)	Negotiated Rate
Neuropsychological Test Battery (DDS)	250.00
Neuropsychological Test Battery-Non-English Speaking (DDS)	250.00
Peabody Individual Achievement Test (PIAT)	65.00
Peabody Picture Vocabulary Test	40.00
Personality Inventory for Children	75.00
Porteus Mazes	65.00
Ravens Progressive Matrices	65.00
Rorschach	75.00
Scales of Independent Behavior	85.00
Stanford Binet Intelligence Scale, 4th Ed. (no payment for Stanford Binet subtests)	120.00
Test of Non-Verbal Intelligence - 4 (TONI-4)	65.00
Test of Variable Attention (TOVA)	100.00
Tests not listed	Negotiated Rate
Thematic Apperception Test (TAT)	45.00
Trail Making Test (A & B)	15.00
Thurstone Test of Mental Alertness	30.00
Vineland Adaptive Behavior Scale	100.00
Vineland Social Maturity Scale	50.00
Wechsler Adult Intelligence Scale - IV (WAIS-IV)	130.00
Wechsler Individual Achievement Test - III (WIAT-III)	50.00
Wechsler Intelligence Scale for Children - IV (WISC-IV)	125.00
Wechsler Memory Scale - IV (WMS-IV)	150.00
Wechsler Pre-School and Primary Scale of Intelligence – III(WPPSI- III)	125.00

Wide Range Achievement Test – 4 (WRAT-4)		65.00
Wide Range Assessment of Memory & Learning – 2 (WRAML-2)		100.00
Wisconsin Card Sort		65.00
Woodcock-Johnson Psycho-Educational Battery –Revised		120.00
	CURRENT PROCEDURAL TERMINOLOGY CODE	MAXIMUM
SERVICE		
12. Pulmonary Studies		
A. Pulmonary Spirometry, FEV₁, Total & timed vital capacity		
(three efforts) w/o bronchodilator	(94010)	98.50
Professional component only	(94010-26)	39.40
Technical component only	(94010-TC)	59.10
B. Pulmonary Spirometry, FEV₁		
(three efforts) before and after bronchodilator	(94060)	160.00
Professional component only	(94060-26)	64.00
Technical component only	(94060-TC)	96.00
C. Arterial Blood Gas Studies with Exercise	(82803)	253.00
Professional component only	(82803-26)	138.50
Technical component only	(82803-TC)	114.50
D. Functional Residual Capacity or Residual Volume	(94726)	112.50
Professional component only	(94726-26)	45.00
Technical component only	(94726-TC)	67.50
E. Pulse Oximetry with Exercise	(94760)	188.00
F. Carbon Monoxide (CO) Diffusing Capacity	(94729)	120.00
Professional Component Only	(94729-26)	48.00
Technical Component Only	(94729-TC)	72.00
13. Special Laboratory Studies		
A. Phosphatase Acid Assay	(84060)	25.00
B. Albumin Assay	(82040)	20.00
C. Alkaline Phosphatase Assay	(84075)	19.50
D. Anti-Convulsant Serum Levels		
1. Clonazepam (Benzodiazepine)	(80154)	52.60
2. Dipropylacetic acid (Valproic Acid)	(80164)	51.00
3. Mysoline (Primidone)	(80188)	85.00
4. Phenobarbital	(80184)	70.50
5. Phenytoin, total (Dilantin)	(80185)	72.50
6. Tegretol (Carbamazepine)	(80156)	70.50
7. Neurontin (Gabapentin)	(80299)	88.00
E. Antinuclear Antibodies (ANA)	(86038)	51.75
F. Bilirubin, total	(82247)	20.00
G. Complete Blood Count (CBC)	(85025)	30.00
H. Assay of ck (CPK)	(82550)	26.60
I. Creatinine Clearance	(82575)	37.00
J. Creatinine Assay	(82565)	22.00
K. Ear Debridement	(69220)	35.00
L. Glucose, quantitative	(82947)	17.50
M. Hematocrit (spun)	(85013)	13.00
N. Hemoglobin	(85018)	15.00
1. with differential (CBC)	(85025)	30.00
O. Lactate (LD) (LDH) Enzyme	(83615)	19.50
P. Blood Lead Level	(83655)	40.00
Q. Multi-Chemistry Panels		

Official Notices

1. Comprehensive Metabolic Panel	(80053)	60.00
Albumin	Phosphatase, Alkaline	
Bilirubin, Total	Potassium	
Calcium	Protein, Total	
Carbon Dioxide (bicarbonate)	Sodium	
Chloride	Transferase, alanine amino (ALT) (SGPT)	
Creatinine	Transferase, aspartate amino (AST)	
Glucose	(SGOT)Urea Nitrogen (BUN)	
2. Hepatic Function Panel	(80076)	50.00
Albumin	Protein, Total	
Bilirubin, Total	Transferase, alanine amino (ALT) (SGPT)	
Bilirubin, Direct	Transferase, aspartate amino (AST) (SGOT)	
Phosphatase, alkaline		
R. MUGA Scan, stress	(78473)	543.00
(technical)	(78473-TC)	427.00
(professional)	(78473-26)	116.00
S. Prothrombin Time	(85610)	18.00
T. Rheumatoid Factor, Qualitative	(86430)	25.00
U. Sedimentation Rate, Erythrocyte; Non-Automated	(85651)	20.00
V. Urinalysis (UA) non-automated, w/out microscopy	(81002)	15.00
W. Venipuncture (routine) or finger/heel/ear stick for collection of specimen(s)	(36415)	15.00
14. Miscellaneous		
A. Height and Weight (billable only when <u>NOT</u> a component of a CE)		30.00
B. Interpreter Fees (including sign language, tactile communication, and foreign language interpreters):		
1. For DDS Only:		
a. Up to one hour		40.00
b. Each additional (or fraction of additional) hour		40.00
c. Sign or Tactile		Negotiated Rate
d. Background Preparation When Interpreter Present		40.00
For Exam/ Exam Not Performed		
2. For VRS Only (2 hour minimum):		Negotiated Rate
C. Completion of Administrative Law Judge (ALJ) medical assessment forms		40.00
Medical Evidence of Record Review (ALJ exam only)		65/hr 2 hour max
Medical Evidence of Record Review		65/hr 2 hour max with prior approval
D. Home, Other Residential, or Off-Site Visit	additional \$50.00 plus mileage @ \$0.575 cents per mile	
E. Workshop Evaluation (DDS)		Negotiated Rate
F. Facility Evaluation (VRS)		Contract Rate
15. Medical or psychological report from records including photocopies (MER)		35.00
16. Chiropractic, Audiology & Physical Therapy report from records including photocopies		10.00
17. For VRS Only:		
Physician's or psychologist's written narrative of individual's medical or psychological history and/or condition, in response to VRS request for such		50.00

FAILED EXAMS

For Vocational Rehabilitation Exams

Official Notices

SERVICE	MAXIMUM
Failed medical appointments (<i>no shows</i>) and cancellations or rescheduling with less than 24 hours' notice	50% of examination minimum
Failed Neuropsychiatric exam	60.00
Failed Psychological exam	50.00

For Disability Determination Services (Social Security Disability) Exams

SERVICE	MAXIMUM
Failed appointment – Mental Status Exam (MSE) only	No payment
Failed appointment – (MSE) + Psychological testing	50.00
Failed (no show) or canceled appointments in all specialty areas	No Payment

MEDICAL TRANSCRIPTION FEE 15.00

When a consultative examination provider chooses to utilize the transcription services available for use, a \$15.00 fee will be deducted from the total cost of the examination. The \$15.00 fee will not be charged for dictated reports re:

1. CEs performed by treating physicians/psychologists;
2. Limited CEs and office calls performed by regular CE providers; nor for
3. Reports from treating sources summarizing medical evidence of record.

Laboratory And X-Ray Fees

The subheadings are self-explanatory. The CURRENT PROCEDURAL TERMINOLOGY CODE corresponds to the American Medical Association's Current Procedural Terminology (CPT) codes, which are used by most sources providing medical services. These may also be used for easy in-agency identification of a particular procedure. When ordering and authorizing a particular laboratory or x-ray study, however, describe the test or x-ray to be done. Do not authorize by the CPT code.

X-ray charges may be presented in two possible formats: one combines the technical (the x-ray, itself) and professional (the physician's interpretation) components when these are provided by the same facility; the other format separates the technical and professional components when these services are provided by separate facilities.

For example: For a PA Chest X-ray, single view, one would find:
 71010 Chest single view, PA \$ 55.00

This would be the acceptable maximum for an x-ray and interpretation at a single facility; however, when the **professional component** is billed separately, the procedure may be identified by adding the modifier **-26** to the usual CPT code. When the **technical component** is billed separately, the procedure may be identified by adding the modifier **-TC** to the usual CPT code.

For example:
 71010-26 Chest single view, PA—PROF COMP ONLY \$ 20.00
 71010-TC Chest single view, PA—TECH COMP ONLY \$ 35.00

X-Rays

Current Procedural Terminology

Code	Type of Service	Procedure Description	Maximum
71010	X-RAY	CHEST SINGLE VIEW, PA	\$ 55.00
71010-26	X-RAY	CHEST SINGLE VIEW, PA— PROF COMP ONLY	20.00
71010-TC	X-RAY	CHEST SINGLE VIEW, PA— TECH COMP ONLY	35.00
71020	X-RAY	CHEST 2 VIEWS, PA & LATERAL	70.00
71020-26	X-RAY	CHEST 2 VIEWS, PA & LATERAL— PROF COMP ONLY	25.00
71020-TC	X-RAY	CHEST 2 VIEWS, PA & LATERAL— TECH COMP ONLY	45.00
72040	X-RAY	SPINE, CERVICAL, 2 OR 3 VIEWS	78.00
72040-26	X-RAY	SPINE, CERVICAL, 2 OR 3 VIEWS—PROF COMP ONLY	31.20
72040-TC	X-RAY	SPINE, CERVICAL, 2 OR 3 VIEWS—TECH COMP ONLY	46.80
72070	X-RAY	SPINE, THORACIC, 2 VIEWS	70.00
72070-26	X-RAY	SPINE, THORACIC, 2 VIEWS— PROF COMP ONLY	28.00
72070-TC	X-RAY	SPINE, THORACIC, 2 VIEWS— TECH COMP ONLY	42.00

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72080	X-RAY	SPINE, THORACOLUMBAR, 2 VIEWS	75.00
72080-26	X-RAY	SPINE, THORACOLUMBAR, 2 VIEWS— PROF COMP ONLY	30.00
72080-TC	X-RAY	SPINE, THORACOLUMBAR, 2 VIEWS— TECH COMP ONLY	45.00
72090	X-RAY	SCOLIOSIS STUDY, INCL. SUPINE & ERECT	177.25
72090-26	X-RAY	SCOLIOSIS STUDY, INCL.SUPINE & ERECT-- PROF COMP ONLY	47.00
72090-TC	X-RAY	SCOLIOSIS STUDY, INCL.SUPINE & ERECT —TECH COMP ONLY	130.25
72100	X-RAY	SPINE, LUMBOSACRAL, 2 OR 3 VIEWS	78.00
72100-26	X-RAY	SPINE, LUMBOSACRAL, 2 OR 3 VIEWS—PROF COMP ONLY	31.20
72100-TC	X-RAY	SPINE, LUMBOSACRAL, 2 OR 3 VIEWS—TECH COMP ONLY	46.80
72170	X-RAY	PELVIS, 1 OR 2 VIEWS	55.00
72170-26	X-RAY	PELVIS, 1 OR 2 VIEWS—PROF COMP ONLY	22.00
72170-TC	X-RAY	PELVIS, 1 OR 2 VIEWS—TECH COMP ONLY	33.00
73000	X-RAY	CLAVICLE, COMPLETE	46.00
73000-26	X-RAY	CLAVICLE, COMPLETE— PROF COMP ONLY	18.40
73000-TC	X-RAY	CLAVICLE, COMPLETE— TECH COMP ONLY	27.60
73010	X-RAY	SCAPULA, COMPLETE	56.00
73010-26	X-RAY	SCAPULA, COMPLETE— PROF COMP ONLY	22.40
73010-TC	X-RAY	SCAPULA, COMPLETE— TECH COMP ONLY	33.60
73030	X-RAY	SHOULDER, COMPL, MINIMUM 2 VIEWS	57.00
73030-26	X-RAY	SHOULDER, COMPL, MINIMUM 2 VIEWS— PROF COMP ONLY	22.80
73030-TC	X-RAY	SHOULDER, COMPL, MINIMUM 2 VIEWS— TECH COMP ONLY	34.20
73060	X-RAY	HUMERUS, MINIMUM 2 VIEWS	52.00
73060-26	X-RAY	HUMERUS, MINIMUM 2 VIEWS— PROF COMP ONLY	20.80
73060-TC	X-RAY	HUMERUS, MINIMUM 2 VIEWS— TECH COMP ONLY	31.20
73070	X-RAY	ELBOW, AP & LATERAL	47.00
73070-26	X-RAY	ELBOW, AP & LATERAL— PROF COMP ONLY	18.80
73070-TC	X-RAY	ELBOW, AP & LATERAL— TECH COMP ONLY	28.20
73080	X-RAY	ELBOW, COMPLETE, MINIMUM 3 VIEWS	58.75
73080-26	X-RAY	ELBOW, COMPLETE, MINIMUM 3 VIEWS— PROF COMP ONLY	23.50
73080-TC	X-RAY	ELBOW, COMPLETE, MINIMUM 3 VIEWS— TECH COMP ONLY	35.25
73090	X-RAY	FOREARM, AP & LATERAL	49.50
73090-26	X-RAY	FOREARM, AP & LATERAL— PROF COMP ONLY	19.80
73090-TC	X-RAY	FOREARM, AP & LATERAL— TECH COMP ONLY	29.70
73100	X-RAY	WRIST, AP & LATERAL	48.00
73100-26	X-RAY	WRIST, AP & LATERAL— PROF COMP ONLY	19.20
73100-TC	X-RAY	WRIST, AP & LATERAL— TECH COMP ONLY	28.80
73110	X-RAY	WRIST, COMPLETE, MINIMUM 3 VIEWS	53.00
73110-26	X-RAY	WRIST, COMPLETE, MINIMUM 3 VIEWS— PROF COMP ONLY	21.20
73110-TC	X-RAY	WRIST, COMPLETE, MINIMUM 3 VIEWS— TECH COMP ONLY	31.80
73120	X-RAY	HAND, 2 VIEWS	47.70
73120-26	X-RAY	HAND, 2 VIEWS— PROF COMP ONLY	19.08
73120-TC	X-RAY	HAND, 2 VIEWS— TECH COMP ONLY	28.62
73130	X-RAY	HAND, MINIMUM 3 VIEWS	52.50
73130-26	X-RAY	HAND, MINIMUM 3 VIEWS— PROF COMP ONLY	21.00
73130-TC	X-RAY	HAND, MINIMUM 3 VIEWS— TECH COMP ONLY	31.50
73140	X-RAY	FINGER(S), MINIMUM 2 VIEWS	42.00
73140-26	X-RAY	FINGER(S), MINIMUM 2 VIEWS— PROF COMP ONLY	16.80
73140-TC	X-RAY	FINGER(S), MINIMUM 2 VIEWS— TECH COMP ONLY	25.20
73500	X-RAY	HIP, UNILATERAL, 1 VIEW	42.00
73500-26	X-RAY	HIP, UNILATERAL, 1 VIEW— PROF COMP ONLY	16.80
73500-TC	X-RAY	HIP, UNILATERAL, 1 VIEW— TECH COMP ONLY	25.20
73510	X-RAY	HIP, COMPLETE, MINIMUM 2 VIEWS	65.50
		(AP PELVIS & LAT OF AFFECTED HIP)	
73510-26	X-RAY	HIP, COMPLETE, MINIMUM 2 VIEWS— PROF COMP ONLY	26.20

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73510-TC	X-RAY	HIP, COMPLETE, MINIMUM 2 VIEWS— TECH COMP ONLY	39.30
73520	X-RAY	HIPS, BILATERAL, MINIMUM 2 VIEWS EACH HIP, INCLUDING AP OF PELVIS	100.00
73520-26	X-RAY	HIPS, BILATERAL, MINIMUM 2 VIEWS EACH HIP, INCLUDING AP OF PELVIS— PROF COMP ONLY	40.00
73520-TC	X-RAY	HIPS, BILATERAL, MINIMUM 2 VIEWS EACH HIP, INCLUDING AP OF PELVIS— TECH COMP ONLY	60.00
73550	X-RAY	FEMUR, 2 VIEWS	56.70
73550-26	X-RAY	FEMUR, 2 VIEWS— PROF COMP ONLY	22.68
73550-TC	X-RAY	FEMUR, 2 VIEWS— TECH COMP ONLY	34.02
73560	X-RAY	KNEE, AP & LATERAL	55.00
73560-26	X-RAY	KNEE, AP & LATERAL— PROF COMP ONLY	22.00
73560-TC	X-RAY	KNEE, AP & LATERAL— TECH COMP ONLY	33.00
73562	X-RAY	KNEE, AP/LAT/OBLIQUE, MINIMUM 3 VIEWS	61.00
73562-26	X-RAY	KNEE, AP/LAT/OBLIQUE, MINIMUM 3 VIEWS— PROF COMP ONLY	24.40
73562-TC	X-RAY	KNEE, AP/LAT/OBLIQUE— TECH COMP ONLY	36.60
73564	X-RAY	KNEE, COMPLETE	75.00
73564-26	X-RAY	KNEE, COMPLETE— PROF COMP ONLY	30.00
73564-TC	X-RAY	KNEE, COMPLETE— TECH COMP ONLY	45.00
73590	X-RAY	TIBIA & FIBULA, 2 VIEWS	52.00
73590-26	X-RAY	TIBIA & FIBULA, 2 VIEWS— PROF COMP ONLY	20.80
73590-TC	X-RAY	TIBIA & FIBULA, 2 VIEWS— TECH COMP ONLY	31.20
73600	X-RAY	ANKLE, AP & LATERAL	45.00
73600-26	X-RAY	ANKLE, AP & LATERAL— PROF COMP ONLY	18.00
73600-TC	X-RAY	ANKLE, AP & LATERAL— TECH COMP ONLY	27.00
73610	X-RAY	ANKLE, COMPL, MINIMUM 3 VIEWS	54.00
73610-26	X-RAY	ANKLE, COMPL, MINIMUM 3 VIEWS — PROF COMP ONLY	21.60
73610-TC	X-RAY	ANKLE, COMPL, MINIMUM 3 VIEWS— TECH COMP ONLY	32.40
73620	X-RAY	FOOT, 2 VIEWS	47.00
73620-26	X-RAY	FOOT, 2 VIEWS— PROF COMP ONLY	18.80
73620-TC	X-RAY	FOOT, 2 VIEWS— TECH COMP ONLY	28.20
73630	X-RAY	FOOT, COMPL, MINIMUM 3 VIEWS	56.00
73630-26	X-RAY	FOOT, COMPL, MINIMUM 3 VIEWS— PROF COMP ONLY	22.40
73630-TC	X-RAY	FOOT, COMPL, MINIMUM 3 VIEWS— TECH COMP ONLY	33.60
73660	X-RAY	TOE OR TOES, MINIMUM 2 VIEWS	43.25
73660-26	X-RAY	TOE OR TOES, MINIMUM 2 VIEWS— PROF COMP ONLY	17.30
73660-TC	X-RAY	TOE OR TOES, MINIMUM 2 VIEWS— TECH COMP ONLY	29.95
77072	X-RAY	BONE AGE STUDIES	55.00

Laboratory Studies

Current

Procedural

Terminology

Code	Type of Service	Procedure Description	Maximum
80053	LAB	COMPREHENSIVE METABOLIC PANEL	60.00
80076	LAB	HEPATIC FUNCTION PANEL	50.00
80154	LAB	CLONAZEPAM (BENZODIAZEPINES)	52.60
80156	LAB	TEGRETOL (CARBAMAZEPINE)	70.50
80164	LAB	DIPROPYLACETIC ACID (VALPROIC ACID)	51.00
80184	LAB	PHENOBARBITAL	70.50
80185	LAB	PHENYTOIN; (DILANTIN)	72.50
80188	LAB	PRIMIDONE (MYSOLINE)	85.00
80299	LAB	NEURONTIN (GABAPENTIN)	88.00
81000	LAB	URINALYSIS, COMPLETE WITH MICROSCOPY	20.00

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81002	LAB	URINALYSIS, WITHOUT MICROSCOPY	15.00
82040	LAB	ALBUMIN; SERUM, PLASMA, BLOOD	20.00
82247	LAB	BILIRUBIN; TOTAL	20.00
82270	LAB	BLOOD; OCCULT, FECES, SCREENING	9.75
82310	LAB	CALCIUM; TOTAL	13.70
82550	LAB	CREATINE KINASE (CK) (CPK), TOTAL	26.60
82565	LAB	CREATININE; BLOOD	22.00
82570	LAB	CREATININE; URINE	16.53
82575	LAB	CREATININE CLEARANCE; BLOOD OR URINE	37.00
82947	LAB	GLUCOSE, QUANTITATIVE	17.50
82951	LAB	GLUCOSE TOLERANCE TEST (GTT), 3 SPECIMENS (INCLUDES GLUCOSE)	48.00
83615	LAB	LACTATE DEHYDROGENASE (LD) (LDH)	19.50
83655	LAB	LEAD, QUANTITATIVE, BLOOD	40.00
84060	LAB	PHOSPHATASE, ACID; TOTAL	25.00
84075	LAB	PHOSPHATASE, ALKALINE	19.50
84132	LAB	POTASSIUM; SERUM	15.50
84133	LAB	POTASSIUM; URINE	20.00
84439	LAB	THYROXINE, FREE	40.00
84442	LAB	THYROXINE BINDING GLOBULIN (TBG)	48.80
84450	LAB	TRANSFERASE; ASPARTATE AMINO (AST) (SGOT)	20.40
84460	LAB	TRANSFERASE; ALANINE AMINO (ALT) (SGPT)	20.40
84520	LAB	UREA NITROGEN, QUANTITATIVE	15.30
84550	LAB	URIC ACID, BLOOD	19.75
84560	LAB	URIC ACID, URINE	29.20
85013	LAB	HEMATOCRIT (SPUN)	13.00
85018	LAB	HEMOGLOBIN	15.00
85025	LAB	COMPLETE BLOOD COUNT (CBC)	30.00
85008	LAB	NONDIFFERENTIAL WBC COUNT	9.00
85032	LAB	PLATELET; MANUAL COUNT	17.00
85610	LAB	PROTHROMBIN TIME	18.00
85651	LAB	SEDIMENTATION RATE, ERYTHROCYTE; NON-AUTOMATED	20.00
86038	LAB	ANTINUCLEAR ANTIBODIES (ANA)	51.75
86140	LAB	C-REACTIVE PROTEIN	23.95
86430	LAB	RHEUMATOID FACTOR, QUALITATIVE	25.00
87116	LAB	CULTURE, TUBERCLE OR OTHER ACID FAST BACILLI, WITH ISOLATION	46.30
92083	LAB	VISUAL FIELD EXAM WITH SEVERAL ISOPTERS ON GOLDMANN PERIMETRY OR EQUIVALENT	100.00
92541	LAB	SPONTANEOUS NYSTAGMUS TEST	69.12
92542	LAB	POSITIONAL NYSTAGMUS TEST	61.02
92543	LAB	CALORIC VESTIBULAR TEST	77.84
92544	LAB	OPTOKINETIC NYSTAGMUS TEST	47.33
92545	LAB	OSCILLATING TRACKING TEST	40.48
92553	LAB	PURE TONE AUDIOMETRY - AIR & BONE	43.00
92556	LAB	SPEECH AUDIOMETRY - THRESHOLD WITH SPEECH RECOGNITION	37.00
92557	LAB	BASIC COMPREHENSIVE AUDIOMETRY (92553 & 92556 COMBINED)	80.00
92560	LAB	BEKESY AUDIOMETRY, SCREENING	44.21
92567	LAB	TYMPANOMETRY (IMPEDANCE TESTING)	35.00
92568	LAB	ACOUSTIC REFLEX TESTING	25.00
92569	LAB	ACOUSTIC REFLEX DECAY TEST	28.00
92585	LAB	EVOKED RESPONSE AUDIOMETRY	242.23

Official Notices

92591	LAB	HEARING AID EXAM & SELECTION (BINAURAL)	65.00
92591	LAB	HEARING AID EXAM & SELECTION (VRS ONLY)	65.00Per Hour
92593	LAB	HEARING AID CHECK (BINAURAL)	33.00
93000	LAB	ECG, AT LEAST 12 LEADS, WITH INTERPRETATION & REPORT	80.00
93005	LAB	ECG, TRACING ONLY	50.00
93010	LAB	ECG, INTERPRETATION AND REPORT ONLY	30.00
93268	LAB	TELEPHONIC OR TELEMETRIC TRANSMISSION OF ECG RHYTHM STRIP	146.33
93015	LAB	CARDIOVASCULAR STRESS TEST, WITH INTERPRETATION AND REPORT	250.00
93017	LAB	CARDIOVASCULAR STRESS TESTING, TRACING ONLY	110.00
93018	LAB	CARDIOVASCULAR STRESS TESTING, INTERPRETATION AND REPORT ONLY	140.00
93350	LAB	ECHOCARDIOGRAPHY, DURING REST AND CV STRESS TEST, WITH INTERPRETATION AND REPORT	280.22
93350-26	LAB	ECHOCARDIOGRAPHY, DURING REST AND CV STRESS TEST - PROF COMP ONLY	171.87
93350-TC	LAB	ECHOCARDIOGRAPHY, DURING REST AND CV STRESS TEST - TECH COMP ONLY	108.35
94720	LAB	CO DIFFUSING CAPACITY, ANY METHOD	115.50
94720-26	LAB	CO DIFFUSING CAPACITY— PROF COMP ONLY	46.20
94720-TC	LAB	CO DIFFUSING CAPACITY— TECH COMP ONLY	69.30
95819	LAB	ELECTROENCEPHALOGRAM (EEG)	183.07
95819-26	LAB	EEG— PROF COMP ONLY	99.63
95819-TC	LAB	EEG— TECH COMP ONLY	83.44
95860	LAB	NEEDLE ELECTROMYOGRAPHY (EMG); ONE EXTREMITY	130.14
95860-26	LAB	EMG - ONE EXTREMITY — PROF COMP ONLY	23.03
95860-TC	LAB	EMG - ONE EXTREMITY — TECH COMP ONLY	107.10
95861	LAB	EMG - TWO EXTREMITIES	222.93
95863	LAB	EMG - THREE EXTREMITIES	264.65
95864	LAB	EMG - FOUR EXTREMITIES	346.22
95907	LAB	NERVE CONDUCTION, VELOCITY, AND/OR LATENCY STUDY; SENSORY OR MIXED, EACH NERVE	56.67
95907-26	LAB	NERVE CONDUCTION, VELOCITY, AND/OR LATENCY STUDY; SENSORY OR MIXED, EACH NERVE—PROF COMP ONLY	42.96
95907-TC	LAB	NERVE CONDUCTION, VELOCITY, AND/ORLATENCY STUDY; SENSORY OR MIXED, EACH NERVE—TECH COMP ONLY	13.70
95930	LAB	VISUAL EVOKED POTENTIAL (VEP) TESTING CENTRAL NERVOUS SYSTEM,	175.00

Transportation

Vocational Rehabilitation Services and Disability Determination Services Consultative Examination (CE) Providers

The current mileage rates for clinicians performing consultative examinations who must travel to perform a consultative examination, taken from the Commissioners Plan, are:

Private Car	\$.57.5 cents per mile
Specially Equipped Van	\$.66.5 cents per mile

Travel in excess of 50 miles: Mileage rate plus \$50.00 per hour (in 50 mile increments) round trip.

Official Notices

Minnesota Department of Health (MDH)

Division of Compliance Monitoring, Managed Care Systems Section

Notice of Application for Essential Community Provider Status for RESOURCE, Inc.

NOTICE IS HEREBY GIVEN that an application for designation as an Essential Community Provider (ECP) has been submitted to the Commissioner of Health by RESOURCE, Inc., 1900 Chicago Avenue South, Minneapolis, MN 55404.

Clinical services are offered at RESOURCE Chemical and Mental Health and Administrative Offices, 1900 Chicago Avenue South, Minneapolis, MN 55404; RESOURCE Lighthouse Community Support Program, 1825 Chicago Ave South, Minneapolis, MN 55404; RESOURCE Northwest Community Support Program, 7000 57th Avenue North, Crystal, MN 55428; RESOURCE Charaka Community Support Program, 7888 12th Avenue South, Bloomington, MN 55425; RESOURCE Health Choices and Care Coordination Teams, 900 20th Avenue South, Minneapolis, MN 55404; RESOURCE Women's Housing Partnership Supportive Housing, 1508 East Franklin Avenue, Suite 100, Minneapolis, MN 55404; Lydia Supportive Housing, 1920 LaSalle Avenue, Minneapolis, MN 55403; The Continental Supportive Housing, 66 South 12th Street, Minneapolis, MN 55403; The Lamoreaux Supportive Housing, 706 1st Avenue North, Minneapolis, MN 55403; RESOURCE Building Resilient Families Women's Residential, 1826 Chicago Avenue, Minneapolis, MN 55404; RESOURCE Chemical Health and Mental Health Services, 1506 1st Street, Princeton, MN 55371

An ECP is a health care provider that serves high-risk, special needs, and underserved individuals. In order to be designated as an ECP, a provider must demonstrate that it meets the requirements of *Minnesota Statutes* Section 62Q.19 and *Minnesota Rules* Chapter 4688. The public is allowed 30 days from the date of the publication of this notice to submit written comments on the application. The commissioner will approve or deny the application once the comment period and compliance review is complete.

For more information contact:

Michael McGinnis
Managed Care Systems Section
Division of Compliance Monitoring
Minnesota Department of Health
P.O. Box 64882
St. Paul, MN 55164-0882
Phone: (651) 201-5174

Minnesota Department of Health (MDH)

Division of Environmental Health

REQUEST FOR COMMENTS on Possible Amendments to *Minnesota Rules*, Sections 4717.1750, Pool Water Conditions

Subject of the Rules. The Minnesota Department of Health (MDH) requests comments on possible amendments to *Minnesota Rules*, Section 4717.1750, Pool Water Conditions. The amendments will improve public health protection in public pools by adopting an increased standard for "disinfectant residual," which is the amount of disinfectant in the water consistently available to swiftly counteract a fecal or blood incident in a pool. The Center for Disease Control's (CDC's) recently released Model Aquatic Pool Code (model code) recommends increases to the disinfectant residual. The only subject matter that this rulemaking will consider is the disinfection residual.

Persons Affected. The amendments would likely affect owners and operators of public pools and persons using these pools.

Statutory Authority. *Minnesota Statutes*, section 144.1222, subdivision 1, authorize MDH to adopt rules for public pools.

Public Comment. Interested persons or groups may submit comments or information on these possible rule amendments in writing

Official Notices

or orally until further notice is published in the State Register that the Department intends to adopt or to withdraw the rules. MDH will not publish a notice of intent to adopt the rules until more than 60 days have elapsed from the date of this request for comments. The proposed rule amendments may require some local units of government to adopt or amend ordinance(s) or other regulation(s) under *Minnesota Statutes*, section 14.128. MDH is requesting that affected local governments provide information about their relevant ordinance(s) to the department.

Rule Amendment Draft. The department has prepared a draft of the possible new rule language. It is available on the MDH website, <http://www.health.state.mn.us/divs/eh/pools/rule.html>, or from the agency contact person.

Agency Contact Person. Written or oral comments, questions, requests to receive a draft of the rule amendments, and requests for more information on these possible rule amendments should be directed to:

Linda D. Prail, Rule Coordinator
Food, Pools and Lodging Services Section
Environmental Health Division
Minnesota Department of Health
Freeman Building
625 Robert Street North
P. O. Box 64975
St. Paul, Minnesota 55164-0975
E-mail: linda.prail@state.mn.us
Phone: (651) 201-5792
Fax: (651) 201-4514

Technical questions on the rule amendments may be directed to:

Steve Klemm, Principal Engineer
Food, Pools and Lodging Services Section
Environmental Health Division
Minnesota Department of Health
Freeman Building
625 Robert Street North
P. O. Box 64975
St. Paul, Minnesota 55164-0975
Phone: (651) 201-4503
Fax: (651) 201-4514

Alternative Format. Upon request, this Request for Comments can be made available in all alternative formats, such as large print, Braille, or cassette tape. To make such a request, please contact the agency contact person at the address or telephone number listed above.

NOTE: Comments received in response to this notice will not be included in the formal rulemaking record submitted to the administrative law judge if and when a proceeding to adopt rules is scheduled. The agency is required to submit to the judge only those written comments received in response to the rules after they are proposed. If you submitted comments during the development of the rules and you want to ensure that the Administrative Law Judge reviews the comments, you should resubmit the comments after the rules are formally proposed.

Dated: 25 February 2015

Tom Hogan, Director
Environmental Health Division
Minnesota Department of Health

Official Notices

Minnesota Department of Transportation (Mn/DOT) Notice to Bidders: Suspensions/Debarments as of January 12, 2015

NOTICE OF DEBARMENT

NOTICE IS HEREBY GIVEN that MnDOT has ordered that the following vendors be debarred for a period of three (3) years, effective May 6, 2013 until May 6, 2016:

- Gary Francis Bauerly and his affiliates, Rice, MN
- Gary Bauerly, LLC and its affiliates, Rice, MN
- Watab Hauling Co. and its affiliates, Rice, MN

NOTICE IS HEREBY GIVEN that MnDOT has ordered that the following vendors be debarred for a period of three (3) years, effective September 17, 2014 until September 17, 2017:

- Jeffrey Plzak and his affiliates, Loretto, MN
- Laurie Plzak and her affiliates, Loretto, MN
- Honda Electric Incorporated and its affiliates, Loretto, MN
- Jeffrey and Laurie Plzak doing business as Honda Electric Logistics, and its affiliates, Loretto, MN

NOTICE IS HEREBY GIVEN that MnDOT has ordered that the following vendors be debarred for a period of three (3) years, effective January 12, 2015 until January 12, 2018:

- Marlin Dahl, Granada, MN
- Dahl Trucking, Elmore, MN
- Elmore Truck and Trailer, Inc., Elmore, MN

Minnesota Statute 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 to a relative or any other party over whose actions the debarred person exercises substantial influence or control, remains ineligible during the duration 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.

SEE ALSO: Office of Grants Management (OGM) at: <http://www.grants.state.mn.us/public/>

Minnesota Department of Health (MDH) Minnesota CSFP Program Grant Available Funds for the Commodity Supplemental Food Program (CSFP)

Minnesota CSFP Program

Eligible Applicants:	Food Banks or Nonprofit Health or Human Service agencies with multi pallet food warehouse storage, including refrigeration, a wholesale food handler's license issued by the Minnesota Department of Agriculture, and demonstrated experience in distributing food to low income seniors.
Amount of Available Funds:	Up to one million dollars in funds from the United States Department of Agriculture (USDA) is available each year of the grant. The funds are allocated by the Minnesota Department of Health based on the geographic area and number of CSFP participants served by the applicant agency.
Duration of Grants:	01/01/2016 – 12/31/2020
Notice of Intent Deadline:	April 9, 2015, 4:30 p.m.
Application Materials Available:	www.health.state.mn.us/divs/fh/csfp/index.html
Application Deadline:	May 15 th , 2015, 4:30 p.m.
Award Decision:	Within 90 days of receipt of completed application
Beginning Grant Date:	01/01/2016

Description of Grant:

NOTICE IS HEREBY GIVEN that the Minnesota Department of Health, Commodity Supplemental Food Program (a federally funded grant program administered through the Minnesota Department of Health) will have grant funds available to qualified local agencies to warehouse and distribute USDA foods and provide CSFP program services to eligible participants. All current CSFP grant agreements will terminate on 12/31/2015.

The CSFP Program provides:

- A free monthly package of USDA foods to eligible Program participants
- Referrals to health, social service and other programs
- Nutrition Education

Minnesota CSFP is also referred to as the Nutrition Assistance Program for Seniors (NAPS). CSFP serves seniors age 60 and over with a household income at or below 130 percent of federal poverty guidelines. CSFP is not a federal entitlement program and the number of individuals served on an annual basis is dependent upon the caseload allocation received from USDA. Minnesota is currently able to serve about 16,000 participants per month.

State Grants & Loans

Application Process:

An agency wishing to apply must submit the CSFP Program "Notice of Intent" form no later than April 9, 2015, 4:30 p.m. The completed application must be submitted to the CSFP Program no later than May 15, 2015, 4:30 p.m. The "Notice of Intent" form, along with the application materials is available on the CSFP website at: <http://www.health.state.mn.us/divs/fh/csfp/index.html>

Completed application materials may be sent via email attachment to: maryclare.rieschl@state.mn.us

or by U.S. Mail to: MDH-CSFP Program, GRB, 5th Floor
PO Box 64882
Saint Paul, MN 55164-0882

For additional information, please contact:

Mary Clare Rieschl maryclare.rieschl@state.mn.us (651) 201-4422

Minnesota Department of Human Services (DHS)

Children's Mental Health Division

Notice of Request for Proposals to Provide Psychiatric Consultation and Related Services to Primary Care Practitioners, Mental Health Professionals and Other Health Care Providers

NOTICE IS HEREBY GIVEN that the Minnesota Department of Human Services is requesting proposals to provide psychiatric consultation services to primary care practitioners, mental health professionals and other health care providers, in accordance with the psychiatric consultation subdivisions of *Minnesota Statutes*, 245.4862 and 256B.0625, subd. 13j. The service will work with DHS to provide comprehensive reviews of designated cases for psychotropic medications as well as all other aspects of treatment. Outreach and training will be provided to primary care practitioners related to the use of evidence-based treatments in addition to, or in place of medication where appropriate. The goal is to ensure that children in need of mental health services are being provided with treatment regimens that are the most appropriate for their individual needs.

Work is proposed to start July 1, 2015. For more information, or to obtain a copy of the Request for Proposal, contact:

Patricia Nygaard
Minnesota Department of Human Services
Children's Mental Health Division
P.O. Box 64985
444 Lafayette Road North
St. Paul, MN 55155-0985
Phone: (651) 431-2332
Fax: (651) 431-7559
E-mail: Pat.nygaard@state.mn.us

This is the only person designated to answer questions by potential responders regarding this request.

Proposals submitted in response to this Request for Proposals must be received at the address above no later than **4:00 p.m., Central Time, Monday, April 20, 2015. Late proposals will NOT be considered.** Faxed or e-mailed proposals will **NOT** be considered.

The RFP can be viewed by visiting the Minnesota Department of Human Services RFP web site:

http://www.dhs.state.mn.us/id_000102

This 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.

State Contracts

In addition to the following listing of state contracts, readers are advised to check the Statewide Integrated Financial Tools (SWIFT) Supplier Portal at: <http://supplier.swift.state.mn.us> as well as the Office of Grants Management (OGM) at: <http://www.grants.state.mn.us/public/>

Informal Solicitations: Informal solicitations for professional/technical (consultant) contracts valued at over \$5,000 through \$50,000, may either be advertised in the Supplier Portal (see link above) or posted on the Department of Administration, Materials Management Division's (MMD) Web site at: <http://www.mmd.admin.state.mn.us/solicitations.htm>.

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 advertised in the SWIFT Supplier Portal or alternatively, in the *Minnesota State Register* if the procurement is not being conducted in the SWFT system.

Minnesota State Colleges and Universities (MnSCU) / State Department of Administration (Admin) State Designer Selection Board Project No. 15-05 Notice of Availability of Request for Proposal (RFP) for Designer Selection for Rochester Community and Technical College Memorial and Plaza Halls Demolition and Renovation

The State of Minnesota, acting through its Board of Trustees of the Minnesota State Colleges and Universities, on behalf of Rochester Community and Technical College, 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 Proposals is available on the Minnesota Department of Administration's website at:
<http://mn.gov/admin/government/construction-projects/sdsb/sdsb-projects.jsp> (click 15-05).

Any questions should be directed by email only, to Shayn Jensson at Shayn.Jensson@rctc.edu. Project questions will be taken by this individual only. Questions regarding this RFP must be received by **Monday, March 23, 2015 no later than 12:00 noon**, Central Daylight Time.

Proposals must be delivered to Talia Landucci Owen, Executive Secretary, State Designer Selection Board, Real Estate and Construction Services, Room 309, Administration Building, 50 Sherburne Ave., St. Paul, MN 55155, phone: (651) 201-2372 not later than **12:00 noon on Monday, March 30, 2015**. 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 if it is considered to be in its best interest.

Minnesota State Colleges and Universities (MnSCU) Northland Community and Technical College Notice of Request for an Industrial Robot for Northland Community & Technical College

NOTICE IS HEREBY GIVEN that Northland Community & Technical College Request for Proposal (RFP) for an LR Mate 200iD/4S Robot with R-30iB Mate Controller. Item must have:

- A – Six Axis Mechanical Robot
- B – R30iB Mate Controller
- B – LR Handling Tool Software-CERT Configuration
- C – MH iPendant with Touch Screen – R-30iB Mate System.

State Contracts

- MH1 Education Training Cart
- E – Mobile Training Safety Enclosure
- F – Education Tooling Package
- G – 120VAC Transformer
- H – Air Compressor

The vendor selected will provide the necessary equipment and installation services for a complete working Robot for classroom instructional delivery system to be located at the Thief River Falls Campus of Northland Community and Technical College. To receive a copy of the full RFP, please contact George Bass either by telephone (218) 683-8575 or e-mail at george.bass@northlandcollege.edu.

Proposals are due by 5:00 p.m. central time, Monday, March 23th, 2015 and are to be addressed to George Bass, Northland Community and Technical College, 2022 Central Ave. NE, East Grand Forks, MN 56721. Any questions should be directed to **Andrew Dahlen** at e-mail andrew.dahlen@northlandcollege.edu or by phone at (218) 683-8673. 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)

Ridgewater College

Notice of Request for Proposals for the Seasonal Lease of Thirteen Acres of Tillable Crop Farmland Owned by the College

Ridgewater College is requesting proposals for the seasonal lease of thirteen (13) acres of tillable crop farmland owned by the college and located near the Hutchinson Campus located in the City of Hutchinson, County of McLeod Minnesota with intent to enter into a three (3) year contract. This RFP is undertaken by Ridgewater College pursuant to the authority contained in provisions of *Minnesota Statutes* § 136F.581 and other applicable laws.

Selection Criteria

- Attendance at pre-bid meeting is required.
- Minimum rate of at least \$200 per acre.
- Experience cultivating crop land.
- Proposed type of crop and planting schedule.
- Financial viability.

The deadline for proposals is Monday 30 March 2015 at 4:00 p.m. CT

The proposal with the highest rate will be selected and the College intends to enter into a contract with the selected proposer, and this contract will contain all the terms and conditions required by this request for proposals (RFP), as well as further terms and conditions negotiated between Ridgewater College, the System Office General Counsel and/or the Office of the Attorney General, and the selected vendor.

Contact Teren Novotny at (320) 222-5639 or: teren.novotny@ridgewater.edu for more information.

Minnesota Department of Transportation (Mn/DOT)

Notice of Availability of Contract for Navigation Systems Technicians

The Minnesota Department of Transportation is requesting proposals for the purpose of maintaining its aviation navigation systems located at airports throughout the State. FAA certification on at least one of the following is required: Thales 10 and Mark 20 ILS, Selex

State Contracts

2100 ILS, ASI 1150 VOR, ASI 1138 DME, Wilcox 476 VOR, Cardion 9467 VOR, Aerocom 5351A DME, Aerocom 5321 NDB, Aerocom 5401B NDB, Viasala AWOS, the St Cloud Control tower, or remote communications outlet

Work is proposed to begin July 1, 2015 and continue until June 30, 2017.

A Request for Proposals will be available by mail from this office through April 23, 2015. **A written request (by direct mail or fax) is required to receive the Request for Proposal.** After April 23, 2015 the Request for Proposal must be picked up in person.

The Request for Proposal can be obtained from:

Robert Milton
Office of Aeronautics
222 East Plato Blvd., M.S. 410
St. Paul, MN 55107
Phone: (651) 234-7250
E-mail: *bob.milton@state.mn.us*

Proposals submitted in response to the Request for Proposals in this advertisement must be received at the address above no later than 2:00 P.M., Central Daylight Time, April 30, 2015. **Late proposals will NOT be considered.** Fax or e-mailed proposals will **NOT** be considered.

This 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.

Minnesota 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 Kelly Arneson 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 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:

Kelly Arneson
Consultant Services
Office of Technical Support
Minnesota Department of Transportation

State Contracts

395 John Ireland Blvd. - Mail Stop 680
St. Paul, MN 55155

Minnesota 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 Public Bids, Contracts & Grants

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

Besides the following listing, readers are advised to check: <http://www.mmd.admin.state.mn.us/solicitations.htm> as well as the Office of Grants Management (OGM) at: <http://www.grants.state.mn.us/public/>.

Metropolitan Airports Commission (MAC) Public Notice of Request for Proposals for Development and Operation of a Common Use Lounge at MSP Terminal 1-Lindbergh

The Metropolitan Airports Commission (“MAC”) is issuing a Request for Proposals for qualified firms interested in financing, developing, constructing, managing, and operating a Common Use Lounge at the Minneapolis - St. Paul International Airport Terminal 1-Lindbergh. To obtain a copy of the Request for Proposals (“RFP”), please go to the following website:

<http://www.metroairports.org/Airport-Authority/Business-Opportunities/Solicitations.aspx>.

The RFP is to be released on or about March 17, 2015. Airport Contact for the RFP is Mark Bents at (612) 726-8138 or mark.bents@mspmac.org.

A mandatory informational conference will be held March 30, 2015 at 10:00am CDT in the Commission Chambers at the Airport Conference Center which is located within Terminal 1-Lindbergh. Questions regarding the RFP are due to MAC no later than 4:00 p.m. CDT on April 3, 2015. Proposals are due to MAC on or before 2:00 p.m. CDT on April 30, 2015.

Metropolitan Airports Commission (MAC) Public Notice of Request for Proposals for Minneapolis-St. Paul International Airport (MSP) 2015 Retail, Convenience News & Gift, and Food & Beverage Concessions

The Metropolitan Airports Commission (“MAC”) is requesting proposals from qualified firms interested in operating Retail, Convenience News & Gift, and Food & Beverage Concessions at the Terminal 1-Lindbergh and Terminal 2-Humphrey of the Minneapolis - St. Paul International Airport. To obtain a copy of the Request for Proposal, please go to the following website

<http://www.metroairports.org/Airport-Authority/Business-Opportunities/Solicitations.aspx>

and look under Request for Proposal. The RFP is to be released on or about March 16, 2015.

Airport Contact for the RFP is Kate Webb at (612) 726-8197 or rfp@mspmac.org.

A mandatory Pre-Proposal Conference will be held March 31, 2015 at 9:30 a.m. CT at Terminal 1-Lindbergh. Questions regarding the RFP are due in writing to MAC no later than 4:00 p.m. CT on April 13, 2015. The proposals are due on or before 2:00 p.m. CT on May 28, 2015.

Non-State Public Bids, Contracts & Grants

Metropolitan Airports Commission (MAC)

Anoka County-Blaine Airport

Notice of Call for Bids for 2015 Airfield Signage – Electrical Improvements

MAC Contract No.:

110-1-038

Bids Close at:

2:00 pm on Tuesday April 14, 2015

Notice to Contractors: Sealed Bid Proposals for the project listed above will be received by the MAC, a public corporation, at the office thereof located at 6040 - 28th Avenue South, Minneapolis, Minnesota 55450, until the date and hour indicated. Major items of work include: Airfield electrical and communication cable, lights, and signs installation.

Disadvantaged Business Enterprises (DBE): The goal of the MAC for the utilization of DBE on this project is 5%.

Bid Security: Each bid shall be accompanied by a “Bid Security” in the form of a certified check made payable to the MAC in the amount of not less than five percent (5%) of the total bid, or a surety bond in the same amount, running to the MAC, with the surety company thereon duly authorized to do business in the State of Minnesota.

Availability of Bidding Documents: Bidding documents are on file for inspection at the office of Short Elliott Hendrickson, Inc.; at the Minnesota Builders Exchange; McGraw Hill Construction Dodge; and NAMC-UM Plan Room. Bidders desiring bidding documents may secure a complete set from and make checks payable to: Northstar Imaging Services, Inc.; 1325 Eagandale Court – Suite 130; Eagan, MN, 55121; **phone:** (651) 686-0477. Deposit per set (non-refundable): \$60

MAC Internet Access of Additional Information: A comprehensive Notice of Call for Bids for this project will be available on March 16, 2015, at MAC’s web address of <http://www.metroairports.org/Airport-Authority/Business-Opportunities/Solicitations.aspx> (construction bids.)

Metropolitan Airports Commission (MAC)

Minneapolis-St. Paul International Airport

Notice of Call for Bids for Terminal 2-Humphrey Gate Expansion Phase 1

MAC Contract No.:

106-3-528

Bids Close At:

2:00 p.m. April 21, 2015

Notice to Contractors: Sealed Bid Proposals for the project listed above will be received by the MAC, a public corporation, at the office thereof located at 6040 - 28th Avenue South, Minneapolis, Minnesota 55450, until the date and hour indicated. This project includes General, Mechanical, and Electrical Construction.

Targeted Group Businesses (TGB): The goal of the MAC for the utilization of TGB on this project is 5%.

Bid Security: Each bid shall be accompanied by a “Bid Security” in the form of a certified check made payable to the MAC in the amount of not less than five percent (5%) of the total bid, or a surety bond in the same amount, running to the MAC, with the surety company thereon duly authorized to do business in the State of Minnesota.

Project Labor Agreement: This project is subject to the MAC’s Project Labor Agreement requirements. A copy or sample of the Project Labor Agreement and Contract Riders are included in the Appendix.

Availability of Bidding Documents: Bidding documents are on file for inspection at the office of Miller Dunwiddie Architecture, Inc.; at the Minnesota Builders Exchange; McGraw Hill Construction; and NAMC-UM Plan Room. Bidders bidding documents may secure a complete set from: Franz Reprographics; 2781 Freeway Blvd.; Brooklyn Center, MN 55430; **phone:** (763) 503-3401; **fax:** (763) 503-3409; **website:** www.franzrepro.com. Make checks payable to: Miller Dunwiddie Architecture, Inc. Deposit per set (refundable): \$300.00. Deposit will be refunded upon return of bidding documents in good condition within 10 days of opening of bids.

Non-State Public Bids, Contracts & Grants

MAC Internet Access of Additional Information: A comprehensive Notice of Call for Bids for this project will be available on March 16, 2015, at MAC's web address of <http://www.metroairports.org/Airport-Authority/Business-Opportunities/Solicitations.aspx> (construction bids.)

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Published by the Department of Human Services, 6" x 9", perfect bound, 205-pages, Stock No. 149, \$19.95 + tax

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Published by the Cosmetology Board, 6" x 9", Soft binding, 17-pages, Stock No. 110, \$11.00 + tax

Cosmetology Rules - NEW

Published by the Minnesota Board of Cosmetology 6"x9", saddle stitched, 45-pages, Stock No. 147, \$13.00 + tax

Criminal Code - NEW

Published by the Dept. of Public Safety, 6"x9", Loose leaf, three-hole punch, 730-pages, Stock No. 111, \$38.95 + tax.

Data Practices Laws & Rules - NEW

Published by the Department of Administration, 6"x9", perfect bound, 196-pages, Stock No. 99, \$21.95 + tax

Dentistry Laws & Rules - NEW

Published by the Board of Dentistry, 8 1/2" x 11", Perfect bound, 146-pages, Stock No. 151, \$16.95 + tax

Family In-Home Day Care Laws & Rules - NEW

Published by the Department of Human Services, 6"x9", perfect bound, 199-pages, Stock No. 148, \$19.95 + tax

Gambling Laws - NEW

Published by the Gambling Control Board, 8.5" x 11", 3-hole punched, shrink wrapped, 63-pages, Stock No. 96, \$12.95 + tax

Home & Community-Based Services Standards - NEW (known as Developmentally Disabled Laws & Rules)

Published by the Department of Human Services, 6" x 9", Perfect bound, 261-pages, Stock No. 750, \$21.95 + tax

Home Care Laws & Rules - new edition

Published by the Department of Health, 6"x 9", Perfect bound, 235-pages, Stock No. 97, \$20.95 + tax

Income & Excise Laws - NEW

Published by the Revenue Department, 6"x9", perfect bound, 292-pages, Stock No. 93, \$20.95 + tax

Lawful Gambling Manual - NEW

Gambling Control Board, 8.5" x 11", Loose leaf, shrink-wrapped, 3-hole punched, 304-pages, Stock No. 13964, \$34.95 + tax



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- ♦ **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

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Credit card number: _____

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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*
*\$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.	
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# _____