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STATE REGISTER

STATE OF MINNESOTA

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VOLUME 10, NUMBER 14

September 30, 1985

Pages 717-812



Printing Schedule for Agencies

Issue Number	*Submission deadline for Executive Orders, Adopted Rules and **Proposed Rules	*Submission deadline for State Contract Notices and other **Official Notices	Issue Date
SCHEDULE FOR VOLUME 10			
15	Monday September 23	Monday September 30	Monday October 7
16	Monday September 30	Monday October 7	Monday October 14
17	Monday October 7	Monday October 14	Monday October 21
18	Monday October 14	Monday October 21	Monday October 28

*Deadline extensions may be possible at the editor's discretion; however, none will be made beyond the second Wednesday (12 calendar days) preceding the issue date for rules, proposed rules and executive orders, or beyond the Wednesday (5 calendar days) preceding the issue date for official notices. Requests for deadline extensions should be made only in valid emergency situations.

**Notices of public hearings on proposed rules and notices of intent to adopt rules without a public hearing are published in the Proposed Rules section and must be submitted two weeks prior to the issue date.

Instructions for submission of documents may be obtained from the Office of the State Register, 506 Rice Street, St. Paul, Minnesota 55103, (612) 296-0930.

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The *State Register* is the official publication of the State of Minnesota, containing executive orders of the governor, proposed and adopted rules of state agencies, and official notices to the public. Judicial notice shall be taken of material published in the *State Register*.

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NOTICE

How to Follow State Agency Rulemaking Action in the *State Register*

State agencies must publish notice of their rulemaking action in the *State Register*. If an agency seeks outside opinion before promulgating new rules or rule amendments, it must publish a **NOTICE OF INTENT TO SOLICIT OUTSIDE OPINION** also.

The **PROPOSED RULES** section contains:

- Calendar of public hearings on proposed rules.
- Proposed new rules (including notice of hearing and/or notice of intent to adopt rules without a hearing).
- Proposed amendments to rules already in existence in the Minnesota Rules.
- Proposed emergency rules.
- Withdrawal of proposed rules (option; not required).

The **ADOPTED RULES** section contains:

- Notice of adoption of new rules and rule amendments adopted without change from the previously published proposed rules. (Unchanged adopted rules are not republished in full in the *State Register* unless an agency requests this.)
- Adopted amendments to new rules or rule amendments (adopted changes from the previously published proposed rules).
- Notice of adoption of emergency rules.
- Adopted amendments to emergency rules (changes made since the proposed version was published).
- Extensions of emergency rules beyond their original effective date.

The **OFFICIAL NOTICES** section includes (but is not limited to):

- Notice of intent to solicit outside opinion before promulgating rules.
- Additional hearings on proposed rules not listed in original proposed rules calendar.

ALL ADOPTED RULES and ADOPTED AMENDMENTS TO EXISTING RULES published in the *State Register* and filed with the Secretary of State before July 31, 1983 are published in the *Minnesota Rules 1983*. ADOPTED RULES and ADOPTED AMENDMENTS TO EXISTING RULES filed after July 31, 1983 will be included in a supplement scheduled for publication in mid-1984. Proposed and adopted EMERGENCY (formerly called TEMPORARY) RULES appear in the *State Register* but are generally not published in the *Minnesota Rules 1983* due to the short-term nature of their legal effectiveness. Those that are long-term may be published.

The *State Register* publishes partial and cumulative listings of rule in the MINNESOTA RULES AMENDMENTS AND ADDITIONS list on the following schedule:

Issues 1-13, inclusive	Issue 39, cumulative for 1-39
Issues 14-25, inclusive	Issues 40-51, inclusive
Issue 26, cumulative for 1-26	Issue 52, cumulative for 1-52
Issues 27-38, inclusive	

The listings are arranged in the same order as the table of contents of the *Minnesota Rules 1983*.

MINNESOTA RULES AMENDMENTS AND ADDITIONS

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PROPOSED RULES

Pursuant to Minn. Stat. of 1982, §§ 14.22, an agency may propose to adopt, amend, suspend or repeal rules without first holding a public hearing, as long as the agency determines that the rules will be noncontroversial in nature. The agency must first publish a notice of intent to adopt rules without a public hearing, together with the proposed rules, in the *State Register*. The notice must advise the public:

1. that they have 30 days in which to submit comment on the proposed rules;
2. that no public hearing will be held unless 25 or more persons make a written request for a hearing within the 30-day comment period;
3. of the manner in which persons shall request a hearing on the proposed rules; and
4. that the rule may be modified if the modifications are supported by the data and views submitted.

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*.

Pursuant to Minn. Stat. §§ 14.29 and 14.30, agencies may propose emergency rules under certain circumstances. Proposed emergency rules are published in the *State Register* and, for at least 25 days thereafter, interested persons may submit data and views in writing to the proposing agency.

Energy and Economic Development

Proposed Emergency Rules Relating to Qualified Economic Diversification Projects

Notice of Intent to Adopt Emergency Rules

Notice is hereby given that the Minnesota Energy and Economic Development Authority is proposing to adopt emergency rules for the Qualified Economic Diversification Projects of The Special Assistance Program. The agency is authorized by Minn. Laws 1985, Ex. Sess. Chapter 14, Article 8, sec. 18, subd. 3 to be codified as Minn. Stat., sec. 297A.257, subd. 3, to adopt emergency rules for the Qualified Economic Diversification Projects of The Special Assistance Program.

All interested parties have 25 days from the day of publication of this notice in the *State Register* to submit written comments to the agency in support of or in opposition to the proposed emergency rules, and comments are encouraged. With publication of this notice in the September 30, 1985 *State Register*, written comments must be received by the agency no later than 4:30 p.m. on October 25, 1985. Written comments should be sent to:

Terry Brown
Financial Management Division
Department of Energy & Economic Development
900 American Center Building
150 East Kellogg Boulevard
St. Paul, Minnesota 55101
Telephone: 612/297-1981

Please be advised that the proposed emergency rules may be modified as a result of the comments received. Any written material received by the agency will become part of the record in this matter.

The proposed emergency rules with any modifications adopted by the agency, will be submitted to the Attorney General for review as to form and legality after close of the comment period. Persons wishing to be informed of the date of submission of the proposed emergency rules to the Attorney General should notify the agency of such desire at the address given above. The Attorney General has ten working days to approve or disapprove the rules.

The emergency rules will be effective five working days following approval of the rules by the Attorney General. It is the agency's intent to keep the rules in effect for a period of 180 days, although the proposed emergency rules may be continued in effect for an additional period of up to 180 days if the agency publishes a separate notice to such effect in the *State Register* and mails the same notice to all persons on the agency's list to receive notice of rulemaking proceedings.

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

PROPOSED RULES

A full copy of the proposed emergency rules is available by contacting Terry Brown at the above address.

September 16, 1985

Mark B. Dayton, Commissioner
of the Department of Energy
and Economic Development and
Chairman of the Minnesota
Energy and Economic
Development Authority

Emergency Rules as Proposed (all new material)

QUALIFIED ECONOMIC DIVERSIFICATION PROJECTS OF THE SPECIAL ASSISTANCE PROGRAM

8300.3100 [Emergency] SCOPE.

Parts 8300.3100 to 8300.3106 [Emergency] specify procedures and criteria for application for qualified economic diversification projects of the special assistance program.

8300.3101 [Emergency] PURPOSE.

The purpose of the distressed counties/economic diversification projects program is to reimburse sales and property tax expenditures for qualifying businesses that expand their operations in Minnesota.

8300.3102 [Emergency] DEFINITIONS.

Subpart 1. **Statutory terms.** The definitions in Minnesota Statutes, section 116M.03, and this part apply to parts 8300.3100 to 8300.3106 [Emergency].

Subp. 2. **Act.** "Act" means the Minnesota Energy and Economic Development Authority Act.

Subp. 3. **Capital equipment.** "Capital equipment" means capital equipment as defined in Minnesota Statutes, section 297A.01, subdivision 16.

Subp. 4. **Capital investment.** "Capital investment" means investment made after July 1, 1985, in new buildings, new equipment, additions to existing buildings, or purchase of existing buildings and equipment that have not been in use for 90 days.

Subp. 5. **Commissioner.** "Commissioner" means the commissioner of energy and economic development.

Subp. 6. **Distressed county.** "Distressed county" means a county or portion of a county designated by the commissioner under Minnesota Statutes, section 297A.257, as distressed.

Subp. 7. **Permanent employee.** "Permanent employee" means the equivalent of one person employed full time for one year. The term does not include persons temporarily employed in construction or installation of the qualified economic diversification project.

Subp. 8. **Sales tax refund.** "Sales tax refund" means the reimbursement paid to a business by the commissioner of revenue under Minnesota Statutes, section 297A.15, subdivision 5, because the equipment is located in a distressed county.

8300.3103 [Emergency] PROCEDURES FOR APPLICATION FOR REIMBURSEMENT.

Subpart 1. **In general.** To apply for special assistance from the authority for a qualified economic diversification project, an applicant shall submit an application form to the commissioner on a form provided by the commissioner. An application must be completed, dated, and signed by an owner, general partner, or an authorized officer of the applicant. The commissioner shall follow the procedures under part 8300.3104 [Emergency].

Subp. 2. **Contents.** An application must contain, at a minimum, the following information:

- A. the name of applicant's business;
- B. the business location;
- C. a description of the business, as required by the Standard Industrial Classification Code found in Code of Federal Regulations, title 13, part 121;
- D. a description of the qualified economic diversification project;
- E. estimated sales tax to be paid on capital equipment purchased;
- F. estimated incremental increase in property tax as a result of the qualified economic diversification project;
- G. current employment figures;

H. projected employment figures with supporting documentation; and

I. certifications demonstrating the business' assessment of how it meets the criteria contained in Minnesota Statutes, section 116M.03, subdivision 28.

8300.3104 [Emergency] PROCEDURES FOR APPLICATION PROCESSING.

Subpart 1. **Deadline for submission.** The applicant shall submit a complete application to the commissioner by the first business day of any month in order for the authority to consider it in that month. If an application is received after the first business day of the month and can be reviewed by the commissioner for eligibility and financial feasibility prior to the authority agenda deadline, the authority may consider the application at the meeting in that month. Applications will be accepted only if there is nonencumbered money available for economic diversification projects.

Subp. 2. **Completed applications.** An application is complete when the commissioner receives all required documentation.

Subp. 3. **Incomplete applications.** If an incomplete application is received, the commissioner shall notify the applicant of specific deficiencies in the application. The applicant has 60 days from the date of mailing of the commissioner's notification to complete the application. If the application is not completed and received by the commissioner within 60 days, the application is considered rejected and the applicant shall reapply to be further considered.

Subp. 4. **Review of eligibility of project and applicant.** The commissioner shall review all completed applications to determine if the project and the applicant are eligible and meet the requirements in parts 8300.3100 to 8300.3106 [Emergency].

Subp. 5. **Ineligible project or applicant.** The commissioner shall notify the applicant in writing if the applicant or the project is ineligible. The applicant has 30 days from the date of the commissioner's notification to amend the application and resubmit it to the commissioner, or to request that the commissioner submit the rejected application to the authority for review at the next regularly scheduled meeting of the authority for which the agenda has not been established. If so submitted, the authority must evaluate the application at its board meeting, in accordance with subpart 7.

Subp. 6. **Amended application.** Upon receipt of an amended application, the commissioner shall review the amended application under subpart 4. The commissioner shall reject the amended application if the project or applicant is ineligible.

If the application is not amended and resubmitted to the commissioner within 30 days, the application will be rejected and will not receive any further consideration.

Subp. 7. **Authority evaluation procedure.** Applications approved for processing by the commissioner must be presented to the authority for approval or disapproval. The authority shall review and consider approval of an application on the basis of the criteria in Minnesota Statutes, sections 116M.03, subdivision 28; 116M.07, subdivision 11, paragraph (b); and parts 8300.3105 [Emergency] and 8300.3106 [Emergency].

Subp. 8. **Preparation of documents.** The commissioner has the authority and responsibility to prepare or cause to be prepared all necessary documents and to execute them on behalf of the authority.

8300.3105 [Emergency] SPECIAL ASSISTANCE CRITERIA.

To qualify for special assistance projects, an economic diversification project must meet at least three of the five criteria outlined in Minnesota Statutes, section 116M.07, subdivision 11, paragraph (b).

8300.3106 [Emergency] CRITERIA FOR REIMBURSEMENTS.

Subpart 1. **Distressed counties.** The authority shall provide the following special assistance to qualified economic diversification projects located in distressed counties based upon the following criteria:

A. Reimbursement of sales taxes paid for capital equipment purchased. Reimbursement will be made only if the qualified economic diversification project is not eligible for a sales tax refund.

B. A property tax reimbursement paid on an annual basis for five years. The amount of the property tax reimbursement shall be based on the amount of property tax attributable to the incremental increase in value of the property as a result of the capital investment based on the most recent assessment period.

C. An interest subsidy reimbursement for a loan used to finance the capital investment for qualified diversification projects that will create more than 50 additional permanent employees or constitutes more than five percent of the base manufacturing employment in the county. In determining the amount and term of the interest subsidy reimbursement, the authority shall consider

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PROPOSED RULES

the level of distress in the county based upon the average rate of unemployment for the 12-month period ending the previous April 30, and shall within the limit of available funds approve a greater interest subsidy for projects located in counties with a higher rate of distress.

D. The total sales tax refund and other reimbursements for a qualified economic diversification project cannot exceed \$20,000 per additional permanent employee.

E. The total sales tax refund and other reimbursements for a qualified economic diversification project cannot exceed \$500,000 per project.

Subp. 2. **Nondistressed counties.** The authority shall provide the following special assistance to qualified economic diversification projects located outside distressed counties based upon the following criteria:

A. A one percent sales tax reimbursement paid on capital equipment purchased.

B. For qualified economic diversification projects that will create more than 300 additional permanent employees or contribute more than five percent of the base manufacturing employment in the county, one or more of the following reimbursement:

(1) Reimbursement of sales taxes greater than one percent.

(2) Property tax reimbursement for up to five years. The amount of property tax reimbursement shall be based on the amount of property tax attributable to the incremental increase in value of the property as a result of the capital investment based on the most recent assessment period.

(3) An interest subsidy reimbursement for a loan used to finance the capital investment for the qualified economic diversification project.

In determining the amount and term of the sales tax reimbursement, property tax reimbursement, or interest subsidy reimbursement in item B, the authority shall consider the level of distress in the county based upon the average rate of unemployment for the 12-month period ending the previous April 30 and shall within the limit of available funds approve greater interest subsidy for projects located in counties with a higher rate of distress.

C. The total reimbursement for a qualified economic diversification project cannot exceed \$10,000 per additional permanent employee.

D. The maximum reimbursement per qualified economic diversification project is \$500,000 per project.

Department of Health

Proposed Rules Governing the Cost Effectiveness and Economic Impact of the Regulation of Human Service Occupations

Notice of Hearing and Notice of Intent to Cancel Hearing if Fewer Than Twenty-Five Persons Request a Hearing in Response to Notice of Intent to Amend and Repeal Rules without a Hearing

NOTICE IS HEREBY GIVEN that a public hearing in the above-entitled matter will be held in Room 105, of the Minnesota Department of Health Building, 717 Delaware Street Southeast, Minneapolis, Minnesota 55414 on November 8, 1985, commencing at 9:00 a.m. PLEASE NOTE, HOWEVER, THAT THE HEARING WILL BE CANCELLED IF FEWER THAN TWENTY-FIVE PERSONS REQUEST A HEARING IN RESPONSE TO THE NOTICE OF INTENT TO AMEND AND REPEAL THE SAME RULES WITHOUT A HEARING PUBLISHING IN THIS *STATE REGISTER* AND MAILED TO PERSONS REGISTERED WITH THE DEPARTMENT OF HEALTH. To verify whether a hearing will be held, please call the Department before October 30, 1985, at (612) 623-5443.

All interested or affected persons will have an opportunity to participate. Such persons may present their views either orally at the hearing or in writing at any time prior to the close of the hearing record. All evidence presented should be pertinent to the matter at hand. Written material not submitted at the time of hearing which is to be included in the hearing record may be mailed to George Beck, Administrative Law Judge, Office of Administrative Hearings, 400 Summit Bank Building, 310 Fourth Avenue South, Minneapolis, Minnesota 55415, telephone (612) 341-7601.

Unless a longer period not to exceed 20 calendar days is ordered by the Administrative Law Judge at the hearing, the hearing record will remain open for the inclusion of written material for five working days after the hearing ends. The rule hearing procedure is governed by Minn. Stat. §§ 14.01-14.28 and by Minn. Rules pt. 1400.0200-1400.1200 as amended in the *State Register* (9 SR 2276) on April 8, 1985. Questions about procedure may be directed to the Administrative Law Judge.

Comments received during the comment period shall be available for review at the Office of Administrative Hearings. The

Department and interested persons may respond in writing within three business days after the submission period ends to any new information submitted. No new evidence may be submitted during the three-day period.

If adopted, the proposed rule changes would describe standards for the evaluation of the economic impact of credentialing of a human services occupation and repeal the current rule authorizing the collection of data regarding race and ethnicity in evaluating occupations seeking credentialing by the Department of Health. A copy of the proposed rules is attached to this notice. One additional free copy may be obtained by writing to Norm Hanson, Department of Health, 717 Delaware Street Southeast, Minneapolis, Minnesota 55414. Additional copies will be available at the door on the date of the hearing.

The statutory authority of the Minnesota Department of Health to make the proposed rules' changes is contained in Minn. Stat. § 214.13, subd. 1 (1984).

The proposed rules' changes may be modified as a result of the rule hearing process. Those who are potentially affected in any manner by the substance of the proposed changes are therefore advised to participate in the process.

Minnesota Statute ch. 10A requires each lobbyist to register with the State Ethical Practices Board within five days after he or she commences lobbying. A lobbyist is defined in Minn. Stat. § 10A.01, subd. 11 as any individual:

(a) Engaged for pay or other consideration, or authorized by another individual or association to spend money, who spends more than five hours in any month or more than \$250, not including his own travel expenses and membership dues, in any year, for the purpose of attempting to influence legislative or administrative action by communicating or urging others to communicate with public officials; or

(b) Who spends more than \$250, not including his own traveling expenses and membership dues, in any year for the purpose of attempting to influence legislative or administrative action by communicating or urging others to communicate with public officials.

The statute provides certain exceptions. Questions should be directed to the Ethical Practices Board, 41 State Office Building, St. Paul, Minnesota 55155, telephone (612) 296-5615.

Pursuant to rules of the Office of Administrative Hearings please note that:

"Any person may request notification of the date on which the Administrative Law Judge's Report will be available, after which date the Department of Health may not take any final action on the rules for a period of five working days. If you desire to be so notified, you may so indicate at the hearing. After the hearing, you may request notification by sending a written request to the Administrative Law Judge (in the case of the Administrative Law Judge Report), or the Department of Health (in the case of the Department of Health's submission or resubmission to the Attorney General). Any person may request notification of the date on which the rules were adopted and filed with the Secretary of State. The notice must be mailed on the same date that the rules are filed. If you want to be so notified, you may so indicate at the hearing or send a request to the Department at any time prior to the filing of the rules with the Secretary of State."

Notice is hereby given that a Statement of Need and Reasonableness is now available for review at the agency and at the Office of Administrative Hearings. This Statement of Need and Reasonableness includes a summary of all the evidence and argument which the agency anticipates presenting at the hearing justifying both the need for and the reasonableness of the proposed rules. Copies of the Statement of Need and Reasonableness may be reviewed at the agency or the Office of Administrative Hearings and copies may be obtained from the Office of Administrative Hearings at the cost of reproduction.

Promulgation of these proposed rules' changes will not result in the expenditure of public monies by local public bodies. In accordance with Minn. Stat. § 14.115, the Department's consideration of any such effect on small businesses will be addressed in the Statement of Need and Reasonableness. Persons representing small businesses are invited to participate in the rule hearing process.

Sister Mary Madonna Ashton
Commissioner
Department of Health

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PROPOSED RULES

Rule as Proposed

4695.0300 TYPES OF INFORMATION.

Subpart 1. **Information from licensed or registered individuals.** Individuals who are licensed or registered by the commissioner or the boards shall submit to the commissioner, on forms provided by him/her, the following types of information:

- A. permanent license or registration number;
- B. ~~race or ethnicity;~~
- ~~C.~~ locality of principal residence;
- ~~D.~~ C. educational background which shall include:
 - (1) to (4) [Unchanged.]
- ~~E.~~ D. professional, activity status in the occupation which shall include:
 - (1) to (4) [Unchanged.]
- ~~F.~~ E. locality where currently working in the occupation;
- ~~G.~~ F. type of setting where currently working in the occupation;
- ~~H.~~ G. category of current form of employment in the occupation;
- ~~I.~~ H. occupational specialty;
- ~~J.~~ I. current active licensure or registration held in other states.

Subp. 2. to 4. [Unchanged.]

4695.0800 FACTORS FOR DETERMINING THE NECESSITY OF REGULATION.

Subpart 1. to 4. [Unchanged.]

Subp. 5. **Overall cost of effectiveness and economic impact.** In determining whether the overall cost effectiveness and economic impact would be positive for citizens of the state, the following shall be considered:

A. Positive cost effectiveness and economic impact results where the benefits expected to accrue to the public from a decision to regulate an occupation are greater than the costs resulting from that decision.

(1) Cost effectiveness means the relationship of the benefits anticipated from a decision to regulate an occupation to the overall costs to the public resulting from that decision.

(2) Economic impact means the direct and indirect effects on the price and supply of services provided by the occupation under consideration for regulation. Direct effects include impacts on the cost and supply of practitioners who would be regulated. Indirect effects include: the degree to which the existing practitioners will be precluded from practice because of regulation; the degree to which persons aspiring to practice the occupation, who if not for regulation could practice the occupation successfully, but will be prohibited because of inability to meet entry requirements; impact on ability of minorities or protected classes to enter occupation; or impact on innovations in the delivery of care or services as a result of regulation.

(3) Costs of a decision to regulate include the estimated costs to state and local governments of administering the proposed regulatory program; educational requirements and training costs including costs associated with experiential requirements of the proposed mode of regulation; and costs to the public such as reduced or increased access by potential or existing providers to labor markets.

(4) Benefits of a decision to regulate an occupation include access to less expensive but similar providers; measurable improvements in quality of care; reductions in costs of services; process for seeking redress for injury from malpractice, or other unprofessional conduct, and reduction in the potential for public harm from unregulated practice.

B. Cost effectiveness and economic impact can be evaluated through consideration of the following factors:

(1) degree to which regulation directly or indirectly impacts the costs and prices of goods or services provided by applicant group;

(2) impact upon the current and future supply of practitioners of the regulated occupation;

(3) degree to which the existing practitioners will be precluded from practice because of regulation;

(4) impact, if any, on innovations in the delivery of care or services as a result of regulation;

(5) costs of additional education and training required as a result of the regulation of the occupation;

(6) manner in which and degree to which regulation will result in improvement in the quality of care;

(7) degree to which services of the applicant group substitute for currently regulated occupations and estimated comparative costs of applicant group and currently regulated practitioners;

(8) degree to which services of the applicant group supplement currently regulated occupations;

(9) whether regulation confers or facilitates access to reimbursement for government assistance programs such as medicare and medicaid; estimated impact on program budgets; and

(10) impact on expenditures by government and private third party payors, if any, resulting from regulation of the occupation.

Subp. 6. Nonlimiting guidelines. Subparts 2 to 4 5 shall be considered nonlimiting guidelines to be used in applying the statutory factors contained in Minnesota Statutes, section 214.001, subdivision 2. Additional elements may be considered if necessary to permit a thorough review and evaluation of an applicant group questionnaire in light of the statutory factors; provided, however, that the additional elements shall be identified during the course of the review and evaluation process, all interested persons given the opportunity to comment thereon, and shall be specifically addressed in the commissioner's written decision required by part 4695.1500.

Department of Health

Proposed Rules Relating to Merit System

Notice of Hearing

NOTICE IS HEREBY GIVEN that a public hearing on the above-entitled matter will be held in Room 10, State Office Building, 435 Park Street, St. Paul, Minnesota 55155, on October 30, 1985, commencing at 9:30 a.m. and continuing until all interested or affected persons have an opportunity to be heard. The proposed rules may be modified as a result of the hearing process. Therefore, if you are affected in any manner by the proposed rules, you are urged to participate in the rule hearing process.

Following the agency's presentation at the hearing, all interested or affected persons will have an opportunity to participate. Such persons may present their views either orally at the hearing or in writing at any time prior to the close of the hearing record. All evidence presented should be pertinent to the matter at hand. Written material not submitted at the time of hearing which is to be included in the hearing record may be mailed to Howard Kaibel, Administrative Law Judge, Office of Administrative Hearings, 400 Summit Bank Building, 310 Fourth Avenue South, Minneapolis, Minnesota 55415, telephone (612) 341-7608 either before the hearing or within five working days after the public hearing ends. The Administrative Law Judge may, at the hearing, order that the record be kept open for a longer period not to exceed 20 calendar days. The comments received during the comment period shall be available for review at the Office of Administrative Hearings. Following the close of the comment period the agency and all interested persons have three business days to respond in writing to any new information submitted during the comment period. During the three-day period, the agency may indicate in writing whether there are amendments suggested by other persons which the agency is willing to adopt. No additional evidence may be submitted during this three-day period. The written responses shall be added to the rulemaking record. Upon the close of the record the Administrative Law Judge will write a report as provided for in Minnesota Statutes, section 14.50. The rule hearing is governed by Minnesota Statutes, section 14.01-14.56 and by Minnesota Rules parts 1400.0200-1400.1200. Questions about procedure may be directed to the Administrative Law Judge.

The Minnesota Merit System rules apply to all positions funded in whole or in part by federal monies requiring a merit system of personnel administration. The rules cover such areas as classification of positions, compensation, recruitment and examinations, certification and appointment, leaves of absence, separation, tenure and reinstatement, and, in general, provide standards for agencies to follow so as to ensure compliance with the Federal Standards for a Merit System of Personnel Administration (5 CFR Part 900).

Several minor revisions to the rules are proposed involving the re-lettering or re-numbering of certain provisions, correcting typographical errors and certain rule and statutory references.

A summary of major proposed revisions to the rules is as follows:

Proposed revisions in Minn. Rules part 4670.0100 provide definitions for six new terms or phrases: "balanced class," "com-

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PROPOSED RULES

parability adjustment," "comparable work value," "equitable compensation relationship," "female-dominated class," and "male-dominated class."

Proposed revisions to parts 4670.0900 and 4670.0950 require that classifications be evaluated by use of a formal job evaluation system.

Proposed revisions to part 4670.0930 deletes language that relates to junior-senior plans of promotion.

Proposed revisions to part 4670.1000 provides for new language requiring equitable compensation relationships in accordance with Minn. Stat. §§ 471.991-471.999.

Proposed revisions to part 4670.1200 provide that the Merit System Supervisor annually review and, if necessary, adjust the Merit System compensation plan to correct compensation inequities based on comparable work value.

Proposed revisions to part 4670.1220 allow counties to hire individuals at or below the third step of the salary range without prior approval of the Merit System Supervisor.

Proposed revisions to part 4670.1320 provide for a general salary adjustment of 4% for Merit System employees effective January 1, 1986.

Proposed revisions to part 4670.3070 provides for Martin Luther King's birthday as a holiday in accordance with Minnesota Statutes, section 645.44, subd. 5.

Proposed deletion of parts 4670.3900-4670.3940 eliminates language on salary adjustments and increases that is already contained in parts 4670.1300-4670.1500.

Proposed revisions to part 4670.4050 require that overtime be computed in accordance with the Federal Fair Labor Standards Act rather than the Minnesota Fair Labor Standards Act.

Proposed revisions to parts 4670.4200-4670.4240 (the compensation plan) provide for adjustments of varying amounts to the minimum and maximum salaries for classes covered by the Merit System. These adjustments have been proposed to correct compensation inequities based upon comparable work value and also have been based upon the results of a labor market survey conducted by the Merit System.

The agency's authority to adopt the proposed rules is contained in Minnesota Statutes, section 144.071. The cost to local public bodies of implementing the proposed rule changes will not exceed \$100,000 for calendar year 1986.

A fiscal note explaining the costs to local agencies of complying with the rule has been prepared according to the requirements of Laws of Minnesota 1985 Special Session, Chapter 10, sections 34-38. A free copy of the fiscal note may be obtained by contacting Ralph W. Corey, Department of Human Services, Centennial Office Building, St. Paul, Minnesota 55155, telephone (612) 296-3996.

Copies of the proposed rules are now available and at least one free copy may be obtained by writing to Ralph W. Corey, Department of Human Services, Centennial Office Building, St. Paul, Minnesota 55155, telephone (612) 296-3996. Additional copies will be available at the hearing. If you have any questions on the content of the rule amendments, contact Ralph W. Corey.

NOTICE: Any person may request notification of the date on which the Administrative Law Judge's report will be available, after which date the agency may not take any final action on the rules for a period of five working days. If you desire to be so notified, you may so indicate at the hearing. After the hearing you may request notification by sending a written request to the Administrative Law Judge. Any person may request notification of the date on which the rules were adopted and filed with the Secretary of State. The notice must be mailed on the same day the rules are filed. If you want to be so notified you may so indicate at the hearing or send a request in writing to the agency at any time prior to the filing of the rules with the Secretary of State.

NOTICE IS HEREBY GIVEN that a Statement of Need and Reasonableness is available for review at the agency and at the Office of Administrative Hearings. The Statement of Need and Reasonableness includes a summary of all the evidence and argument justifying both the need for and the reasonableness of the proposed rules. Copies of the Statement of Need and Reasonableness may be obtained from the Office of Administrative Hearings at a minimal charge.

Minn. Stat. Ch. 10A requires each lobbyist to register with the State Ethical Practices Board within five days after he or she commences lobbying. A lobbyist is defined in Minn. Stat. § 10A.01, subd. 11 as any individual:

(a) Engaged for pay or other consideration, or authorized by another individual or association to spend money, who spends more than five hours in any month or more than \$250, not including his own travel expenses and membership dues, in any year, for the purpose of attempting to influence legislative or administrative action by communicating or urging others to communicate with public officials; or

(b) Who spends more than \$250, not including his own traveling expenses and membership dues, in any year for the purpose of attempting to influence legislative or administrative action by communicating or urging others to communicate with public officials.

The statute provides certain exceptions. Questions should be directed to the Ethical Practices Board, 41 State Office Building, St. Paul, Minnesota 55155, telephone (612) 296-5615.

September 3, 1985

Sister Mary Madonna Ashton, Commissioner
Department of Health

Rules as Proposed

4670.0100 DEFINITIONS.

Subpart 1. to 3. [Unchanged.]

Subp. 3a. **Balanced class.** “Balanced class” means any class in which no more than 80 percent of the members are male and no more than 70 percent of the members are female.

Subp. 4. to 7. [Unchanged.]

Subp. 7a. **Comparability adjustment.** “Comparability adjustment” means a salary range adjustment for a particular classification to correct a compensation inequity based on comparable work value.

Subp. 7b. **Comparable work value.** “Comparable work value” means the value of work measured by the skill, effort, responsibility, and working conditions required in the performance of the work.

Subp. 8. to 17. [Unchanged.]

Subp. 17a. **Equitable compensation relationship.** “Equitable compensation relationship” means that a primary consideration in establishing, recommending, and approving total compensation is comparable work value in relationship to other employee positions within the merit system.

Subp. 18. **Exclusive representative.** “Exclusive representative” has the meaning given in Minnesota Statutes, section 479A.02 179A.03, subdivision 8.

Subp. 19. [Unchanged.]

Subp. 19a. **Female-dominated class.** “Female-dominated class” means any class in which 70 percent or more of the members are female.

Subp. 20. to 26. [Unchanged.]

Subp. 26a. **Male-dominated class.** “Male-dominated class” means any class in which 80 percent or more of the members are male.

Subp. 27. to 50. [Unchanged.]

4670.0900 PRESENTATION AND ADOPTION.

The commissioner of health shall formally adopt a comprehensive classification plan for all positions covered by parts 4670.0100 to 4670.4300 which shall be published as part of the health merit system manual. The plan shall be based on investigation and analysis of the duties and responsibilities of positions and shall be so developed and maintained that all positions that are substantially similar in the kind, difficulty, and responsibility of work are included in the same class. The plan shall be developed after consultation with supervisory officials, classification specialists, and persons technically familiar with the character of the work. All classifications shall be evaluated by use of a formal job evaluation system.

Class titles established by the classification plan shall be used in all personnel and financial records of the Minnesota Department of Health and the local public health agencies, as well as in all examination procedures.

Any subsequent amendment shall be submitted to the council for review and recommendation in relation to the merit system program of recruitment and examination.

4670.0930 INCUMBENTS OF RECLASSIFIED POSITIONS.

Subpart 1. and 2. [Unchanged.]

Subp. 3. and 4. [See Repealer.]

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PROPOSED RULES

4670.0950 REVISION OF PLAN.

Existing classes may be abolished or changed and new classes added in the same manner as outlined in part 4670.0900. All new or revised classes shall be evaluated by use of a formal job evaluation system.

4670.1000 COMMISSIONER'S ADOPTION.

In accordance with the Administrative Procedure Act, the commissioner shall formally adopt and make effective a for comprehensive compensation plan, including minimum and maximum salary rates as provided in parts 4670.4200 to 4670.4240, and recommended intervening steps as published in the Health Merit System Manual as amended through May 29, 1982, for all classes of positions. The plan shall apply to all agencies covered by the merit system except as otherwise negotiated for employees in a bargaining unit in an agency where there is an exclusive representative or in those instances where the requirements of part 4670.1310, item C have been satisfied. The plan shall include salary ranges for the various classes, with the salary of each class consistent with the duties and responsibilities outlined in the class specifications. Minimum, intervening, and maximum rates of pay for each class shall be established to provide for salary advancement without change of duty, in recognition of meritorious service. The advice and suggestions of appointing authorities, prevailing salary rates for similar and competing types of employment in business and government, and other relevant factors shall be taken into consideration in developing the salary ranges. Equitable compensation relationships shall be established between female-dominated classes, male-dominated classes, and balanced classes of employees in accordance with Minnesota Statutes, sections 471.991 to 471.999. Classes shall be evaluated in order to determine comparable work value and to establish equitable compensation relationships between classes of positions.

4670.1200 ADJUSTMENT OF THE OFFICIAL SALARY SCHEDULE OF THE MINNESOTA MERIT SYSTEM.

Subpart 1. to 3. [Unchanged.]

Subp. 4. **Review of consumer price index.** In every even-numbered year, the supervisor shall conduct a review of the changes in the consumer price index for urban wage earners and clerical workers for Minneapolis-Saint Paul, as published by the Bureau of Labor Statistics, new series index (1967 = 100). Except for those classes for which a different comparability adjustment to the salary range is required as provided in subpart 6, the supervisor shall recommend that all rates of pay a general adjustment to the salary ranges for classes in the professional and administrative, health services support personnel, clerical, and building maintenance salary schedules be adjusted by in an amount equal to 80 percent of the increase between the consumer price index for June of the current year and the consumer price index for June of the preceding year. This amount shall be rounded to the nearest tenth of a percent and may not exceed nine percent. The new recommended monthly salary rates shall be rounded to the nearest whole dollar. The same percentage increase general adjustment recommended by the supervisor for all rates of pay to the salary ranges for classes in the professional and administrative, health services support, clerical, and building maintenance salary schedules in an amount equal to 80 percent of the increase between the consumer price index for June of the current year and June of the preceding year shall also be recommended as a general salary adjustment for all incumbents of positions in the professional and administrative, health services support personnel, clerical, and building maintenance salary schedules. An amended compensation plan resulting from these recommendations shall not be effective until the next succeeding January 1, or for those agencies on a biweekly or four-week payroll period on the beginning of the first payroll period following the next succeeding January 1.

Subp. 5. [Unchanged.]

Subp. 6. Comparability adjustments. The supervisor shall annually adjust the merit system compensation plan, as necessary, to correct compensation inequities based on comparable work value.

4670.1220 ADMINISTRATION OF PLAN; MINIMUM RATES OF PAY.

In agencies without an exclusive representative or where the collective bargaining agreement is silent regarding initial salaries, the entrance salary for any new employee shall normally be at the minimum rate of pay for the class to which the appointment is made. Appointments may be made up to and including the third step of the salary range without prior approval of the supervisor. Requests to appoint above the minimum rate of pay third step of the salary range may be made based on the exceptional qualifications of the candidate or the unavailability of candidates at the minimum a lower rate, giving consideration to the salaries of current employees in the same classification. All candidates with similar exceptional qualifications must be offered the same rate of pay which shall be one of the established steps in the agency's adopted salary range for the class to which the appointment is made. A request to appoint above the minimum rate of pay Requests, including the reasons for appointment above the third step of the salary range, must be submitted in writing by the appointing authority to the supervisor for prior approval and must include the reasons why the request is being made.

4670. 1320 RECOMMENDED ADJUSTMENTS.

The merit system general adjustment recommended for incumbents is 4 ~~4.40~~ four percent for employees on the professional and administrative, health services support, clerical, and building maintenance salary schedules.

4670.3070 HOLIDAYS.

Subpart 1. **Holidays.** Full-time permanent, probationary, provisional, and limited-term employees whose normally scheduled work day falls on a holiday listed below shall receive time off with pay for that day. Compensatory time off shall be allowed for work done on these days except when payment is received. Emergency employees are not eligible for holiday pay. The following are holidays:

- A. New Year's Day, January 1;
- B. Martin Luther King's Birthday, the third Monday in January;
- C. Lincoln's and Washington's Birthday, the third Monday in February;
- ~~C.~~ D. Memorial Day, the last Monday in May;
- ~~D.~~ E. Independence Day, July 4;
- ~~E.~~ F. Labor Day, the first Monday in September;
- ~~F.~~ G. Veteran's Day, November 11;
- ~~G.~~ H. Thanksgiving Day, the fourth Thursday in November; and
- ~~H.~~ I. Christmas Day, December 25.

Subp. 2. to 6. [Unchanged.]

4670.4050 OVERTIME COMPENSATION.

Except for the provisions of the ~~Minnesota~~ Federal Fair Labor Standards Act, no additional compensation shall be paid for overtime, whether in the discharge of duties of the position or for the duties of another position, except in an emergency in which the local public health authority orders such overtime; or when such overtime is otherwise approved in advance by the local public health authority or its designee; or as may be otherwise negotiated. Rates of pay and method of payment for this overtime work shall be ~~decided by the local public health authority and it shall be discretionary with the local public health authority whether the employee shall have compensatory time off or overtime pay; except as provided in the Minnesota in accordance with the Federal~~ decided by the local public health authority and it shall be discretionary with the local public health authority whether the employee shall have compensatory time off or overtime pay; except as provided in the Minnesota in accordance with the Federal Fair Labor Standards Act ~~or as modified through contractual agreement in those agencies where employees have an exclusive representative.~~ When payment is made for overtime, the rate and the number of hours worked shall be shown in the "Remarks" column on the payroll report.

4670.4200 PUBLIC HEALTH COMPENSATION PLAN, ~~1985-1986.~~

The tables in parts 4670.4210 to 4670.4240 list minimum and maximum salary steps in monthly salary amounts for the specified classes of positions.

4670.4210 PROFESSIONAL AND ADMINISTRATIVE COMPENSATION PLAN.

Subpart 1. **Plan A.**

	Minimum		Maximum	
Assistant Director of Environmental Health	1985	<u>1972</u>	2833	<u>2819</u>
Assistant Director of Public Health Nursing	1813		2711	
Business Administrator	1813		2590	
Business Supervisor	1330		1896	
Director of Environmental Health	<u>2270</u>	<u>2257</u>	<u>3242</u>	<u>3219</u>
Director of Public Health Nursing I	1813	<u>1845</u>	2711	<u>2757</u>
Director of Public Health Nursing II	1985		2833	
Medical Technologist	1453		1896	
Public Health Educator I	1453	<u>1581</u>	1985	<u>2257</u>
Public Health Educator II	1813		2477	
Public Health Nurse	1520	<u>1581</u>	2081	<u>2257</u>
Public Health Nurse (Team Leader)	1590	<u>1728</u>	2170	<u>2466</u>
Public Health Nutritionist	1662		2270	

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PROPOSED RULES

	Minimum	Maximum
Registered Nurse (A.A. Degree, 3 year Diploma, or B.S. Degree)	1453 <u>1511</u>	1896 <u>2164</u>
Sanitarian I	1453 <u>1446</u>	1738 <u>2164</u>
Sanitarian II	1590	2170
Sanitarian III	1738	2477
Sanitarian IV	1896	2711
School Health Coordinator	1520	2081
Senior Public Health Nurse	1662 <u>1728</u>	2270 <u>2576</u>

Subp. 2. Plan B.

	Minimum	Maximum
Assistant Director of Environmental Health	2081 <u>2064</u>	2963 <u>2946</u>
Assistant Director of Public Health Nursing	1896	2833
Business Administrator	1896	2711
Business Supervisor	1390	1985
Director of Environmental Health	2371 <u>2361</u>	3391 <u>3372</u>
Director of Public Health Nursing I	1896 <u>1926</u>	2833 <u>2880</u>
Director of Public Health Nursing II	2081	2963
Medical Technologist	1520	1985
Public Health Educator I	1520 <u>1654</u>	2081 <u>2361</u>
Public Health Educator II	1896	2590
Public Health Nurse	1590 <u>1654</u>	2170 <u>2361</u>
Public Health Nurse (Team Leader)	1662 <u>1808</u>	2270 <u>2576</u>
Public Health Nutritionist	1738	2371
Registered Nurse (A.A. Degree, 3 year Diploma, or B.S. Degree)	1520 <u>1581</u>	1985 <u>2257</u>
Sanitarian I	1520 <u>1511</u>	1813 <u>2257</u>
Sanitarian II	1662	2270
Sanitarian III	1813	2590
Sanitarian IV	1985	2833
School Health Coordinator	1590	2170
Senior Public Health Nurse	1738 <u>1808</u>	2371 <u>2694</u>

Subp. 3. Plan C.

	Minimum	Maximum
Assistant Director of Environmental Health	2170 <u>2164</u>	3095 <u>3082</u>
Assistant Director of Public Health Nursing	2081	2963
Business Administrator	1985	2833
Business Supervisor	1453	2081
Director of Environmental Health	2477 <u>2466</u>	3544 <u>3527</u>
Director of Public Health Nursing I	2081 <u>2111</u>	2963 <u>3013</u>
Director of Public Health Nursing II	2170	3095
Medical Technologist	1590	2081
Public Health Educator I	1590 <u>1728</u>	2170 <u>2466</u>
Public Health Educator II	1985	2711
Public Health Nurse	1774 <u>1808</u>	2420 <u>2466</u>
Public Health Nurse (Team Leader)	1852 <u>2016</u>	2532 <u>2757</u>
Public Health Nutritionist	1813	2477
Registered Nurse (A.A. Degree, 3 year Diploma, or B.S. Degree)	1700 <u>1728</u>	2217 <u>2361</u>
Sanitarian I	1590 <u>1581</u>	1896 <u>2361</u>
Sanitarian II	1738	2371
Sanitarian III	1896	2711
Sanitarian IV	2081	2963
School Health Coordinator	1662	2270
Senior Public Health Nurse	1938 <u>1972</u>	2651 <u>2819</u>

PROPOSED RULES

4670.4220 HEALTH SERVICES SUPPORT PERSONNEL COMPENSATION PLAN.

Subpart 1. Plan A.

	Minimum	Maximum
Animal Warden	4038	4359
Bookkeeper	4087 <u>1080</u>	4553 <u>1545</u>
Home Health Aide	834 <u>885</u>	4038 <u>1265</u>
Home Health Aide Coordinator	4139 <u>1185</u>	4486 <u>1615</u>
Inspector I	4165 <u>1185</u>	4330 <u>1615</u>
Inspector II	4270	4662
Laboratory Technician	994	4298
Licensed Practical Nurse	4112 <u>1185</u>	4390 <u>1615</u>
Medical Laboratory Assistant	4038	4359
Nutrition Assistant	4087	4486
Public Health Aide	697 <u>796</u>	940 <u>1310</u>

Subp. 2. Plan B.

	Minimum	Maximum
Animal Warden	4087	4419
Bookkeeper	4139 <u>1130</u>	4623 <u>1615</u>
Home Health Aide	868 <u>924</u>	4087 <u>1321</u>
Home Health Aide Coordinator	4190 <u>1238</u>	4553 <u>1688</u>
Inspector I	4216 <u>1238</u>	4390 <u>1688</u>
Inspector II	4330	4738
Laboratory Technician	4038	4359
Licensed Practical Nurse	4165 <u>1238</u>	4453 <u>1688</u>
Medical Laboratory Assistant	4087	4419
Nutrition Assistant	4139	4553
Public Health Aide	734 <u>831</u>	954 <u>1185</u>

Subp. 3. Plan C.

	Minimum	Maximum
Animal Warden	4139	4486
Bookkeeper	4190 <u>1185</u>	4700 <u>1688</u>
Home Health Aide	940 <u>966</u>	4139 <u>1383</u>
Home Health Aide Coordinator	4244 <u>1294</u>	4623 <u>1768</u>
Inspector I	4270 <u>1294</u>	4453 <u>1768</u>
Inspector II	4390	4813
Laboratory Technician	4087	4419
Licensed Practical Nurse	4216 <u>1294</u>	4520 <u>1768</u>
Medical Laboratory Assistant	4139	4486
Nutrition Assistant	4190	4623
Public Health Aide	765 <u>867</u>	994 <u>1238</u>

4670.4230 CLERICAL COMPENSATION PLAN.

Subpart 1. Plan A.

	Minimum	Maximum
Clerk I	724 <u>750</u>	984 <u>1020</u>
Clerk II	824 <u>857</u>	1122 <u>1222</u>
Clerk III	948 <u>1020</u>	1256 <u>1396</u>

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PROPOSED RULES

	Minimum	Maximum
Clerk-Typist I	755 <u>785</u>	1026 <u>1117</u>
Clerk-Typist II	824 <u>857</u>	1122 <u>1222</u>
Clerk-Typist III	918 <u>998</u>	1256 <u>1427</u>
Clerk-Steno I	791 <u>893</u>	1074 <u>1222</u>
Clerk-Steno II	897	1228
Switchboard Operator I	824 <u>823</u>	1122 <u>1117</u>
Switchboard Operator II	875	1202

Subp. 2. Plan B.

	Minimum	Maximum
Clerk I	824 <u>857</u>	1074 <u>1117</u>
Clerk II	938 <u>976</u>	1228 <u>1331</u>
Clerk III	1048 <u>1140</u>	1372 <u>1488</u>
Clerk-Typist I	859 <u>893</u>	1122 <u>1222</u>
Clerk-Typist II	938 <u>976</u>	1228 <u>1331</u>
Clerk-Typist III	1048 <u>1140</u>	1372 <u>1488</u>
Clerk-Steno I	897 <u>1020</u>	1175 <u>1331</u>
Clerk-Steno II	1026	1342
Switchboard Operator I	938 <u>933</u>	1228 <u>1222</u>
Switchboard Operator II	1003	1309

Subp. 3. Plan C.

	Minimum	Maximum
Clerk I	897 <u>933</u>	1175 <u>1222</u>
Clerk II	1026 <u>1067</u>	1342 <u>1458</u>
Clerk III	1149 <u>1195</u>	1499 <u>1559</u>
Clerk-Typist I	938 <u>976</u>	1228 <u>1331</u>
Clerk-Typist II	1026 <u>1067</u>	1342 <u>1458</u>
Clerk-Typist III	1149 <u>1195</u>	1499 <u>1559</u>
Clerk-Steno I	981 <u>1117</u>	1280 <u>1458</u>
Clerk-Steno II	1122	1466
Switchboard Operator I	1026 <u>1020</u>	1342 <u>1331</u>
Switchboard Operator II	1096	1431

4670.4240 BUILDING MAINTENANCE COMPENSATION PLAN.

Subpart 1. [Unchanged.]

Subp. 2. Plan A.

	Minimum	Maximum
Custodian	799	938
Janitor	938	1202

Subp. 3. Plan B.

	Minimum	Maximum
Custodian	938	1109
Janitor	1109	1426

REPEALER. Minnesota Rules, parts 4670.0930, subparts 3 and 4; 4670.3900; 4670.3910; 4670.3920; 4670.3930; and 4670.3940 are repealed.

Department of Human Services

Proposed Rules Relating to Merit System

Notice of Hearing

NOTICE IS HEREBY GIVEN that a public hearing on the above-entitled matter will be held in Room 10, State Office Building, 435 Park Street, St. Paul, Minnesota 55155, on October 30, 1985, commencing at 9:30 a.m. and continuing until all interested or affected persons have an opportunity to be heard. The proposed rules may be modified as a result of the hearing process. Therefore, if you are affected in any manner by the proposed rules, you are urged to participate in the rule hearing process.

Following the agency's presentation at the hearing, all interested or affected persons will have an opportunity to participate. Such persons may present their views either orally at the hearing or in writing at any time prior to the close of the hearing record. All evidence presented should be pertinent to the matter at hand. Written material not submitted at the time of hearing which is to be included in the hearing record may be mailed to Howard Kaibel, Administrative Law Judge, Office of Administrative Hearings, 400 Summit Bank Building, 310 Fourth Avenue South, Minneapolis, Minnesota 55415, telephone (612) 341-7608 either before the hearing or within five working days after the public hearing ends. The Administrative Law Judge may, at the hearing, order that the record be kept open for a longer period not to exceed 20 calendar days. The comments received during the comment period shall be available for review at the Office of Administrative Hearings. Following the close of the comment period the agency and all interested persons have three business days to respond in writing to any new information submitted during the comment period. During the three-day period, the agency may indicate in writing whether there are amendments suggested by other persons which the agency is willing to adopt. No additional evidence may be submitted during this three-day period. The written responses shall be added to the rulemaking record. Upon the close of the record the Administrative Law Judge will write a report as provided for in Minnesota Statutes, section 14.50. The rule hearing is governed by Minnesota Statutes, section 14.01-14.56 and by Minnesota Rules parts 1400.0200-1400.1200. Questions about procedure may be directed to the Administrative Law Judge.

The Minnesota Merit System rules provide for a system of personnel administration for 75 county welfare and human service agencies. The rules apply to all positions and employees engaged in the administration of community social services or income maintenance programs funded in whole or in part by federal grants-in-aid requiring a merit system of personnel administration. The rules cover such areas as classification of positions, compensation, recruitment and examinations, certification and appointment, leaves of absence, separation, tenure and reinstatement, and, in general, provide standards for agencies to follow so as to ensure compliance with the Federal Standards for a Merit System of Personnel Administration (5 CFR Part 900).

Several minor revisions to the rules are proposed involving the re-lettering or re-numbering of certain provisions, correcting typographical errors and certain rule and statutory references.

A summary of major proposed revisions to the rules is as follows:

Proposed revisions in Minn. Rules part 9575.0010 provide definitions for six new terms or phrases: "balanced class," "comparability adjustment," "comparable work value," "equitable compensation relationship," "female-dominated class," and "male-dominated class."

Proposed revisions to part 9575.0300 provides for new language requiring equitable compensation relationships in accordance with Minn. Stat. §§ 471.991-471.999.

Proposed revisions to part 9575.0320 provide that the Merit System Supervisor annually review and, if necessary, adjust the Merit System compensation plan to correct compensation inequities based on comparable work value.

Proposed revisions to part 9575.0340 allow counties to hire individuals at or below the third step of the salary range without prior approval of the Merit System Supervisor.

Proposed revisions to part 9575.0350 provide for a general salary adjustment of 4% for Merit System employees effective January 1, 1986.

Proposed revisions to part 9575.1070 provides for Martin Luther King's birthday as a holiday in accordance with Minnesota Statutes, section 645.44, subd. 5.

Proposed revisions to part 9575.1400 require that overtime be computed in accordance with the Federal Fair Labor Standards Act rather than the Minnesota Fair Labor Standards Act.

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PROPOSED RULES

Proposed revisions to parts 9575.1500 (the compensation plan) provide for adjustments of varying amounts to the minimum and maximum salaries for classes covered by the Merit System. These adjustments have been proposed to correct compensation inequities based upon comparable work value and also have been based upon the results of a labor market survey conducted by the Merit System.

Proposed revisions to parts 9575.1550 and 9575.1570 require that classifications be evaluated by use of a formal job evaluation system.

Proposed revisions to part 9575.1580 delete language that relates to junior-senior plans of promotion.

The agency's authority to adopt the proposed rules is contained in Minnesota Statutes, section 256.012. The cost to local public bodies of implementing the proposed rule changes will not exceed \$100,000 for calendar year 1986.

A fiscal note explaining the costs to local agencies of complying with the rule has been prepared according to the requirements of Laws of Minnesota 1985 Special Session, Chapter 10, sections 34-38. A free copy of the fiscal note may be obtained by contacting Ralph W. Corey, Department of Human Services, Centennial Office Building, St. Paul, Minnesota 55155, telephone (612) 296-3996.

Copies of the proposed rules are now available and at least one free copy may be obtained by writing to Ralph W. Corey, Department of Human Services, Centennial Office Building, St. Paul, Minnesota 55155, telephone (612) 296-3996. Additional copies will be available at the hearing. If you have any questions on the content of the rule amendments, contact Ralph W. Corey.

NOTICE: Any person may request notification of the date on which the Administrative Law Judge's report will be available, after which date the agency may not take any final action on the rules for a period of five working days. If you desire to be so notified, you may so indicate at the hearing. After the hearing you may request notification by sending a written request to the Administrative Law Judge. Any person may request notification of the date on which the rules were adopted and filed with the Secretary of State. The notice must be mailed on the same day the rules are filed. If you want to be so notified you may so indicate at the hearing or send a request in writing to the agency at any time prior to the filing of the rules with the Secretary of State.

NOTICE IS HEREBY GIVEN that a Statement of Need and Reasonableness is available for review at the agency and at the Office of Administrative Hearings. The Statement of Need and Reasonableness includes a summary of all the evidence and argument justifying both the need for and the reasonableness of the proposed rules. Copies of the Statement of Need and Reasonableness may be obtained from the Office of Administrative Hearings at a minimal charge.

Minn. Stat. Ch. 10A requires each lobbyist to register with the State Ethical Practices Board within five days after he or she commences lobbying. A lobbyist is defined in Minn. Stat. § 10A.01, subd. 11 as any individual:

(a) Engaged for pay or other consideration, or authorized by another individual or association to spend money, who spends more than five hours in any month or more than \$250, not including his own travel expenses and membership dues, in any year, for the purpose of attempting to influence legislative or administrative action by communicating or urging others to communicate with public officials; or

(b) Who spends more than \$250, not including his own traveling expenses and membership dues, in any year for the purpose of attempting to influence legislative or administrative action by communicating or urging others to communicate with public officials.

The statute provides certain exceptions. Questions should be directed to the Ethical Practices Board, 41 State Office Building, St. Paul, Minnesota 55155, telephone (612) 296-5615.

September 4, 1985

Leonard W. Levine, Commissioner
Department of Human Services

Rules as Proposed

9575.0010 DEFINITIONS.

Subpart 1. to 3. [Unchanged.]

Subp. 3a. Balanced class. "Balanced class" means any class in which no more than 80 percent of the members are male and no more than 70 percent of the members are female.

Subp. 4. to 7. [Unchanged.]

Subp. 7a. Comparability adjustment. "Comparability adjustment" means a salary range adjustment for a particular classification to correct a compensation inequity based on comparable work value.

Subp. 7b. Comparable work value. “Comparable work value” means the value of work measured by the skill, effort, responsibility, and working conditions required in the performance of the work.

Subp. 8. to 18. [Unchanged.]

Subp. 18a. Equitable compensation relationship. “Equitable compensation relationship” means that a primary consideration in establishing, recommending, and approving total compensation is comparable work value in relationship to other employee positions within the merit system.

Subp. 19. and 20. [Unchanged.]

Subp. 20a. Female-dominated class. “Female-dominated class” means any class in which 70 percent or more of the members are female.

Subp. 1. to 24. [Unchanged.]

Subp. 24a. Male-dominated class. “Male-dominated class” means any class in which 80 percent or more of the members are male.

Subp. 25 to 49. [Unchanged.]

9575.0300 PREPARATION AND ADOPTION.

Subpart 1. **Preparation of plan.** In accordance with the Administrative Procedure Act, the commissioner shall formally adopt and make effective a comprehensive compensation plan including minimum and maximum salary rates as published in part 9575.1500, and recommended intervening steps as published in the ~~Public Welfare~~ Human Services Merit System Manual, as amended through May 29, 1982, for all classes of positions. The plan shall apply to all agencies covered by the merit system except as otherwise negotiated for employees in a bargaining unit in agencies where there is an exclusive representative or in those instances where the requirements of part 9575.0350, subpart 2, item C have been satisfied. The plan shall include salary schedules for the various classes, with the salary of each class consistent with the functions outlined in the class specifications. Minimum, intervening, and maximum rates of pay for each class shall be established to provide for salary advancement without change in duty, in recognition of meritorious service. The advice and suggestions of appointing authorities, prevailing salary rates for similar and competing types of employment in business and government, and other relevant factors shall be taken into consideration in developing the salary schedules. Equitable compensation relationships shall be established between female-dominated classes, male-dominated classes, and balanced classes of employees in accordance with Minnesota Statutes, sections 471.991 to 471.999. Classes shall be evaluated in order to determine comparable work value and to establish equitable compensation relationships between classes of positions.

Subp. 2. **Review by council.** The proposed compensation plan, and any amendments to it, shall be submitted to the merit system council for review and recommendation. Upon review and recommendation by the council and after compliance with ~~the provisions of~~ Minnesota Statutes, chapter ~~45~~ 14 Administrative Procedure Act, the commissioner shall formally adopt the compensation plan which shall be the official salary schedule of the Minnesota merit system, effective the date specified.

Subp. 3. [Unchanged.]

9575.0320 ADJUSTMENT OF THE OFFICIAL SALARY SCHEDULE OF THE MINNESOTA MERIT SYSTEM.

Subpart 1. and 2. [Unchanged.]

Subp. 3. **Plan amendments.** From the results of this study, the supervisor shall propose amendments to the compensation plan in accordance with ~~the provisions of~~ Minnesota Statutes, chapter ~~45~~ 14, Administrative Procedure Act, and as outlined in part 9575.0300. An amended compensation plan shall not be effective until the next succeeding January 1, or for those agencies on a bi-weekly or four-week payroll period on the beginning date of the first payroll period following the next succeeding January 1.

Subp. 4. **Biennial review of consumer price index.** In every even-numbered year, the supervisor shall conduct a review of the changes in the consumer price index for urban wage earners and clerical workers for Minneapolis-Saint Paul, as published by the Bureau of Labor Statistics, new series index (1967 = 100). Except for those classes for which a different comparability adjustment to the salary range is required as provided for in subpart 6, the supervisor shall recommend ~~that all rates of pay~~ a general adjustment to the salary ranges for classes in the professional, support, clerical, and maintenance and trades salary schedules ~~be adjusted by~~ in an amount equal to 80 percent of the increase between the consumer price index for June of the current year and the consumer price

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index for June of the preceding year. This amount shall be rounded to the nearest tenth of a percent and may not exceed 9 nine percent. The new recommended monthly salary rates shall be rounded to the nearest whole dollar. The same ~~percentage increase~~ general adjustment recommended by the supervisor ~~for all rates of pay to the salary ranges for classes in the professional, support, clerical, and maintenance and trades salary schedules in an amount equal to 80 percent of the increase between the consumer price index for June of the current year and the consumer price index for June of the preceding year~~ shall also be recommended as a general salary adjustment for all incumbents of positions in the professional, support, clerical, and maintenance and trades salary schedules. An amended compensation plan resulting from these recommendations shall not be effective until the next succeeding January 1, or for those agencies on a bi-weekly or four-week payroll period on the beginning date of the first payroll period following the next succeeding January 1.

Subp. 5. **Plan adjustments.** The appointing authority may implement an adjusted compensation plan by adjusting the salaries of the employees to the same numerically designated salary rate on the adjusted plan that ~~such~~ the employees were paid under the former plan.

Subp. 6. Comparability adjustments. The supervisor shall annually adjust the merit system compensation plan, as necessary, to correct compensation inequities based on comparable work value.

9575.0340 ADMINISTRATION OF THE PLAN.

In those agencies without an exclusive representative or where the collective bargaining agreement is silent regarding initial salaries, the entrance salary for any new employee shall normally be at the minimum rate of pay for the class to which the appointment is made. Appointments may be made up to and including the third step of the salary range without prior approval of the supervisor. Requests to appoint above the ~~minimum rate of pay~~ third step of the salary range may be made based on the exceptional qualifications of the candidate or the unavailability of candidates at the ~~minimum~~ a lower rate, giving consideration to the salaries of current employees in the same classification. All candidates with similar exceptional qualifications must be offered the same rate of pay which shall be one of the established steps in the agency's adopted salary range for the class to which the appointment is made. Requests, including the reasons for appointment above the third step of the salary range, must be submitted in writing by the appointing authority to the supervisor for prior approval.

9575.0350 SALARY ADJUSTMENTS AND INCREASES.

Subpart 1. and 2. [Unchanged.]

Subp. 3. **Recommended adjustment.** The merit system general adjustment recommended for incumbents is 4 ~~4+10~~ four percent for employees on the professional, support, clerical, and maintenance and trades salary schedules.

Subp. 4. and 5. [Unchanged.]

9575.1070 HOLIDAYS.

Subpart 1. **In general.** Full-time permanent, probationary, provisional, limited-term, and trainee employees whose normally scheduled work day falls on a holiday listed below shall receive time off with pay. Compensatory time off shall be allowed for work done on these days except when payment is received. Emergency employees are not eligible for holiday pay. The following days are holidays:

- A. New Year's Day, January 1;
- B. Martin Luther King's Birthday, the third Monday in January;
- C. Lincoln's and Washington's Birthday, the third Monday in February;
- ~~C- D.~~ Memorial Day, the last Monday in May;
- ~~D- E.~~ Independence Day, July 4;
- ~~E- F.~~ Labor Day, the first Monday in September;
- ~~F- G.~~ Veteran's Day, November 11;
- ~~G- H.~~ Thanksgiving Day, the fourth Thursday in November;
- ~~H- I.~~ Christmas Day, December 25;

Appointing authorities may designate one or both of the following as holidays: Christopher Columbus Day, the second Monday in October; and the Friday after Thanksgiving.

Subp. 2. to 5. [Unchanged.]

9575.1400 OVERTIME COMPENSATION.

Except for the provisions of the Minnesota Federal Fair Labor Standards Act, no additional compensation shall be paid for overtime, whether in the discharge of duties of the position or for the duties of another position, except:

- A. in an emergency in which the appointing authority orders ~~such~~ overtime;
- B. when ~~such~~ overtime is otherwise approved in advance by the appointing authority or its designee; or
- C. as may be otherwise negotiated.

Rates of pay and method of payment for this overtime work shall be ~~decided by the appointing authority and it shall be discretionary with the appointing authority, whether the employee shall have compensatory time off or overtime pay, except as provided in the Minnesota in accordance with the Federal~~ Fair Labor Standards Act ~~and/or as modified through contractual agreement in those agencies where employees have an exclusive representative~~. When payment is made for overtime, the rate and the number of hours worked shall be shown in the "remarks" column on the payroll report.

9575.1500 COMPENSATION PLAN; ~~PUBLIC WELFARE, 1985~~ HUMAN SERVICES, 1986.

Subpart 1. **Professional: plan A.** The following minimum and maximum salary steps in monthly salary amounts shall be applicable to the specified classes of positions:

	Minimum		Maximum	
Accountant	1738	<u>1581</u>	2477	<u>2257</u>
Accounting Supervisor	1985	<u>1845</u>	2963	<u>2757</u>
Administrative Assistant I	1852	<u>1926</u>	2769	<u>2880</u>
Administrative Assistant II	2030	<u>2111</u>	3024	<u>3145</u>
Administrative Assistant III	2371	<u>2413</u>	3391	<u>3447</u>
Adult Day Care Center Supervisor	1520	<u>1615</u>	2270	<u>2413</u>
Assistant Human Services Director	2477	<u>2757</u>	3544	<u>3929</u>
Assistant Welfare Director	3095	<u>3219</u>	4405	<u>4581</u>
Associate Methods & Procedures Analyst	1453		1662	
Auditor	1813	<u>1845</u>	2711	<u>2757</u>
Center Coordinator	1662	<u>1654</u>	2477	<u>2466</u>
Chemical Dependency Coordinator	1662	<u>1654</u>	2477	<u>2466</u>
Collection Services Supervisor II	1774	<u>1768</u>	2651	<u>2633</u>
Community-Health Services Supervisor	1852	<u>1926</u>	2897	<u>3013</u>
Community-Relations Specialist	1896	<u>1886</u>	2711	<u>2694</u>
Computer Programmer	1453	<u>1511</u>	1896	<u>2164</u>
Day Care Center Teacher	1390	<u>1446</u>	2081	<u>2164</u>
Developmental Achievement Center Director	1520	<u>1808</u>	2270	<u>2576</u>
Developmental Achievement Center Teacher	1390	<u>1446</u>	2081	<u>2164</u>
Developmental Disabilities Coordinator	1520		2270	
Dietitian	1453		2081	
Director of Business Management I	2217	<u>2111</u>	3024	<u>2880</u>
Director of Business Management II	2711	<u>2517</u>	3861	<u>3605</u>
Director of Financial Assistance	2477	<u>2517</u>	3544	<u>3605</u>
Director of Planning	2477	<u>2517</u>	3544	<u>3605</u>
Director of Public Health Nursing I	1813	<u>1845</u>	2711	<u>2757</u>
Director of Social Services	2477	<u>2517</u>	3544	<u>3605</u>
Director of Support Services	2477		3544	
Education Supervisor	1738	<u>1808</u>	2477	<u>2576</u>
Employment Guidance Counselor I	1390	<u>1383</u>	1985	<u>1972</u>
Employment Guidance Counselor II	1453		2081	
Employment Guidance Counselor III	1520		2170	
Family Service Coordinator II	1590	<u>1581</u>	2170	<u>2164</u>
Financial Assistance Supervisor III	1852		2769	
Financial Assistance Supervisor IV <u>II</u>	2030	<u>1972</u>	3024	<u>2946</u>
Fiscal Manager	2477	<u>2257</u>	3544	<u>3219</u>
Fiscal Supervisor III	1738		2477	

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	Minimum	Maximum
Fiscal Supervisor IV <u>II</u>	4985 <u>1808</u>	2963 <u>2694</u>
Gerontology Counselor	4662 <u>1688</u>	2477 <u>2517</u>
Homemaker Supervisor	4738 <u>1808</u>	2477 <u>2576</u>
Human Services Director III	2833 <u>3013</u>	4030 <u>4284</u>
Human Services Supervisor I	4852 <u>1926</u>	2769 <u>2880</u>
<u>Human Services Supervisor II</u>	<u>2361</u>	<u>3372</u>
Marriage Counselor	4813	2590
Medical Care Advisor	4520	2170
Mental Health Program Manager	2030 <u>2111</u>	3024 <u>3145</u>
Mental Health Worker	4662 <u>1728</u>	2477 <u>2576</u>
Methods & Procedures Analyst	4700 <u>1688</u>	2420 <u>2413</u>
Methods & Procedures Supervisor	4985	2833
Nutrition Project Assistant Director	4390 <u>1446</u>	2081 <u>2164</u>
Nutrition Project Director	4852 <u>1886</u>	2769 <u>2819</u>
Office Manager	4390 <u>1383</u>	4985 <u>1972</u>
Office Services Supervisor II	4390 <u>1383</u>	4985 <u>1972</u>
Personnel Officer	4390 <u>1446</u>	2081 <u>2164</u>
Personnel Director	4938 <u>2413</u>	2897 <u>3447</u>
Planner (Human Services)	4738 <u>1808</u>	2477 <u>2576</u>
Programmer Analyst	4738	2371
Psychologist I	4662 <u>1688</u>	2371 <u>2517</u>
Psychologist II	4985 <u>1972</u>	2833 <u>2819</u>
Psychologist III	2320	3170
Psychologist IV <u>III</u>	2532 <u>2633</u>	3466 <u>3605</u>
Public Health Educator I	4453 <u>1581</u>	4985 <u>2257</u>
Public Health Educator II	4813	2477
Public Health Nurse	4520 <u>1581</u>	2081 <u>2257</u>
Public Health Nurse (Team Leader)	4590 <u>1728</u>	2170 <u>2466</u>
Registered Nurse (A.A. Degree, 3 year Diploma, or B.S. Degree)	4453 <u>1511</u>	4896 <u>2164</u>
Resident Activity Coordinator	4390 <u>1446</u>	2081 <u>2164</u>
Sanitarian I	4453 <u>1446</u>	4738 <u>2164</u>
Sanitarian II	4590	2170
Senior Public Health Nurse	4662 <u>1728</u>	2270 <u>2576</u>
Social Worker I (<u>Licensing Specialist</u>)	4390 <u>1446</u>	2081 <u>2164</u>
Social Worker II	4520 <u>1446</u>	2270 <u>2257</u>
<u>Social Worker (Child Protection Specialist)</u>	<u>1446</u>	<u>2257</u>
Social Worker III (<u>MSW</u>)	4662 <u>1688</u>	2477 <u>2517</u>
<u>Social Worker (Child Protection Specialist) (MSW)</u>	<u>1688</u>	<u>2517</u>
Social Services Supervisor I	4852 <u>1926</u>	2769 <u>2880</u>
Social Services Supervisor II	2030 <u>2164</u>	3024 <u>3219</u>
Social Welfare Supervisor III	2371	3391
Staff Development Specialist	4662 <u>1654</u>	2477 <u>2466</u>
Staff Training Supervisor I	4896 <u>1926</u>	2711 <u>2757</u>
Staff Training Supervisor II	2081	2963
Student Social Worker (Intern)	Rate proposed by appointing authority.	
Student Social Worker (SWEP)	Rate proposed by appointing authority.	
Systems Programmer Analyst	4985 <u>1972</u>	2711 <u>2694</u>
<u>Telecommunications Analyst</u>	<u>1845</u>	<u>2633</u>
Trainee	Rate proposed by appointing authority and approved by the merit system supervisor and the commissioner of human services.	
Volunteer Services Coordinator I	4390 <u>1446</u>	2081 <u>2164</u>
Volunteer Services Coordinator II	4738 <u>1808</u>	2477 <u>2576</u>
Welfare Director I	2170 <u>2306</u>	3242 <u>3447</u>

PROPOSED RULES

	Minimum	Maximum
Welfare Director II	2371 <u>2576</u>	3544 <u>3686</u>
Welfare Director III	2651 <u>2757</u>	3778 <u>3929</u>
Welfare Director IV	2897 <u>3013</u>	4119 <u>4284</u>
Welfare Director V	3861 <u>4015</u>	5613 <u>5705</u>
Work-Experience & Training Specialist	1738 <u>1728</u>	2477 <u>2466</u>

Subp. 2. **Professional: plan B.** The following minimum and maximum salary steps in monthly salary amounts shall be applicable to the specified classes of positions:

	Minimum	Maximum
Accountant	1738 <u>1654</u>	2477 <u>2361</u>
Accounting Supervisor	1985 <u>1926</u>	2963 <u>2880</u>
Administrative Assistant I	1938 <u>2016</u>	2897 <u>3013</u>
Administrative Assistant II	2122 <u>2207</u>	3170 <u>3297</u>
Administrative Assistant III	2477 <u>2517</u>	3544 <u>3605</u>
Adult Day Care Center Supervisor	1590 <u>1688</u>	2371 <u>2517</u>
Assistant Human Services Director	2477 <u>2757</u>	3544 <u>3929</u>
Assistant Welfare Director	3095 <u>3219</u>	4405 <u>4581</u>
Associate Methods & Procedures Analyst	1520	1738
Auditor	1896 <u>1926</u>	2833 <u>2880</u>
Center Coordinator	1738 <u>1728</u>	2590 <u>2576</u>
Chemical Dependency Coordinator	1738 <u>1728</u>	2590 <u>2576</u>
Collections Services Supervisor II	1852 <u>1845</u>	2769 <u>2757</u>
Community-Health Services Supervisor	1938 <u>2016</u>	3024 <u>3145</u>
Community-Relations Specialist	1985 <u>1972</u>	2833 <u>2819</u>
Computer Programmer	1520 <u>1581</u>	1985 <u>2257</u>
Day Care Center Teacher	1453 <u>1511</u>	2170 <u>2257</u>
Development Achievement Center Director	1590 <u>1886</u>	2371 <u>2694</u>
Developmental Achievement Center Teacher	1453 <u>1511</u>	2170 <u>2257</u>
Developmental Disabilities Coordinator	1590	2371
Dietitian	1520	2170
Director of Business Management I	2217 <u>2207</u>	3024 <u>3013</u>
Director of Business Management II	2711 <u>2633</u>	3861 <u>3762</u>
Director of Financial Assistance	2590 <u>2633</u>	3700 <u>3762</u>
Director of Planning	2590 <u>2633</u>	3700 <u>3762</u>
Director of Public Health Nursing I	1896 <u>1926</u>	2833 <u>2880</u>
Director of Social Services	2590 <u>2633</u>	3700 <u>3762</u>
Director of Support Services	2590	3700
Education Supervisor	1813 <u>1886</u>	2590 <u>2694</u>
Employment Guidance Counselor I	1453 <u>1446</u>	2081 <u>2064</u>
Employment Guidance Counselor II	1520	2170
Employment Guidance Counselor III	1590	2270
Family Service Coordinator II	1662 <u>1654</u>	2270 <u>2257</u>
Financial Assistance Supervisor III	1938	2897
Financial Assistance Supervisor IV <u>II</u>	2122 <u>2064</u>	3170 <u>3082</u>
Fiscal Manager	2477 <u>2361</u>	3544 <u>3372</u>
Fiscal Supervisor III	1738	2477
Fiscal Supervisor IV <u>II</u>	1985 <u>1886</u>	2963 <u>2819</u>
Gerontology Counselor	1738 <u>1768</u>	2590 <u>2633</u>
Homemaker Supervisor	1813 <u>1886</u>	2590 <u>2694</u>
Human Services Director III	2833 <u>3013</u>	4030 <u>4284</u>

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PROPOSED RULES

	Minimum	Maximum
Human Services Supervisor I	1938 <u>2016</u>	2897 <u>3013</u>
<u>Human Services Supervisor II</u>	2466	<u>3527</u>
Marriage Counselor	1896	2711
Medical Care Advisor	1590	2270
Mental Health Program Manager	2122 <u>2207</u>	3170 <u>3297</u>
Mental Health Worker	1738 <u>1808</u>	2590 <u>2694</u>
Methods & Procedures Analyst	1774 <u>1768</u>	2532 <u>2517</u>
Methods & Procedures Supervisor	2081	2963
Nutrition Project Assistant Director	1453 <u>1511</u>	2170 <u>2257</u>
Nutrition Project Director	1938 <u>1972</u>	2897 <u>2946</u>
Office Manager	1453 <u>1446</u>	2081 <u>2064</u>
Office Services Supervisor II	1453 <u>1446</u>	2081 <u>2064</u>
Personnel Officer	1453 <u>1511</u>	2170 <u>2257</u>
Personnel Director	2030 <u>2517</u>	3024 <u>3605</u>
Planner (Human Services)	1813 <u>1886</u>	2590 <u>2694</u>
Programmer Analyst	1813	2477
Psychologist I	1738 <u>1768</u>	2477 <u>2633</u>
Psychologist II	2081 <u>2064</u>	2963 <u>2946</u>
Psychologist III	2420	3314
Psychologist IV <u>III</u>	2651 <u>2757</u>	3617 <u>3762</u>
Public Health Educator I	1520 <u>1654</u>	2081 <u>2361</u>
Public Health Educator II	1896	2590
Public Health Nurse	1590 <u>1654</u>	2170 <u>2361</u>
Public Health Nurse (Team Leader)	1662 <u>1808</u>	2270 <u>2576</u>
Registered Nurse (A.A. Degree, 3 year Diploma, or B.S. Degree)	1520 <u>1581</u>	1985 <u>2257</u>
Resident Activity Coordinator	1453 <u>1511</u>	2170 <u>2257</u>
Sanitarian I	1520 <u>1511</u>	1813 <u>2257</u>
Sanitarian II	1662	2270
Senior Public Health Nurse	1738 <u>1808</u>	2371 <u>2694</u>
Social Worker I (<u>Licensing Specialist</u>)	1453 <u>1511</u>	2170 <u>2257</u>
Social Worker II	1590 <u>1511</u>	2371 <u>2361</u>
<u>Social Worker (Child Protection Specialist)</u>	<u>1511</u>	<u>2361</u>
Social Worker III (<u>MSW</u>)	1738 <u>1768</u>	2590 <u>2633</u>
<u>Social Worker (Child Protection Specialist) (MSW)</u>	<u>1768</u>	<u>2633</u>
Social Services Supervisor I	1938 <u>2016</u>	2897 <u>3013</u>
Social Services Supervisor II	2122 <u>2257</u>	3170 <u>3372</u>
Social Welfare Supervisor III	2477	3544
Staff Development Specialist	1738 <u>1728</u>	2590 <u>2576</u>
Staff Training Supervisor I	1985 <u>2016</u>	2833 <u>2880</u>
Staff Training Supervisor II	2170	3095
Student Social Worker (Intern)	Rate proposed by appointing authority.	
Student Social Worker (SWEP)	Rate proposed by appointing authority.	
Systems Programmer Analyst	2081 <u>2064</u>	2833 <u>2819</u>
<u>Telecommunications Analyst</u>	<u>1926</u>	<u>2757</u>
Trainee	Rate proposed by appointing authority and approved by the merit system supervisor and the commissioner of human services.	
Volunteer Services Coordinator I	1453 <u>1511</u>	2170 <u>2257</u>
Volunteer Services Coordinator II	1813 <u>1886</u>	2590 <u>2694</u>
Welfare Director I	2170 <u>2306</u>	3242 <u>3447</u>
Welfare Director II	2371 <u>2576</u>	3544 <u>3686</u>
Welfare Director III	2651 <u>2757</u>	3778 <u>3929</u>
Welfare Director IV	2897 <u>3013</u>	4119 <u>4284</u>

PROPOSED RULES

	Minimum	Maximum
Welfare Director V	3864 <u>4015</u>	5613 <u>5705</u>
Work-Experience & Training Specialist	1813 <u>1808</u>	2590 <u>2576</u>

Subp. 3. **Professional: plan C.** The following minimum and maximum salary steps in monthly salary amounts shall be applicable to the specified classes of positions:

	Minimum	Maximum
Accountant	1738 <u>1728</u>	2477 <u>2466</u>
Accounting Supervisor	1985 <u>2016</u>	2963 <u>3013</u>
Administrative Assistant I	2030 <u>2111</u>	3024 <u>3145</u>
Administrative Assistant II	2217 <u>2306</u>	3314 <u>3447</u>
Administrative Assistant III	2590 <u>2633</u>	3700 <u>3762</u>
Adult Day Care Center Supervisor	1662 <u>1768</u>	2477 <u>2633</u>
Assistant Human Services Director	2477 <u>2757</u>	3544 <u>3929</u>
Assistant Welfare Director	3095 <u>3219</u>	4405 <u>4581</u>
Associate Methods & Procedures Analyst	1590	1813
Auditor	1985 <u>2016</u>	2963 <u>3013</u>
Center Coordinator	1813 <u>1808</u>	2711 <u>2694</u>
Chemical Dependency Coordinator	1813 <u>1808</u>	2711 <u>2694</u>
Collections Services Supervisor II	1938 <u>1926</u>	2897 <u>2880</u>
Community-Health Services Supervisor	2122 <u>2111</u>	3170 <u>3297</u>
Community-Relations Specialist	2081 <u>2064</u>	2963 <u>2946</u>
Computer Programmer	1590 <u>1654</u>	2081 <u>2361</u>
Day Care Center Teacher	1520 <u>1581</u>	2270 <u>2361</u>
Developmental Achievement Center Director	1662 <u>1972</u>	2477 <u>2819</u>
Developmental Achievement Center Teacher	1520 <u>1581</u>	2270 <u>2361</u>
Developmental Disabilities Coordinator	1662	2477
Dietitian	1590	2270
Director of Business Management I	2217 <u>2306</u>	3024 <u>3145</u>
Director of Business Management II	2711 <u>2757</u>	3861 <u>3929</u>
Director of Financial Assistance	2711 <u>2757</u>	3861 <u>3929</u>
Director of Planning	2711 <u>2757</u>	3861 <u>3929</u>
Director of Public Health Nursing I	2081 <u>2111</u>	2963 <u>3013</u>
Director of Social Services	2711 <u>2757</u>	3861 <u>3929</u>
Director of Support Services	2711	3861
Education Supervisor	1896 <u>1972</u>	2711 <u>2819</u>
Employment Guidance Counselor I	1520 <u>1511</u>	2170 <u>2164</u>
Employment Guidance Counselor II	1590	2270
Employment Guidance Counselor III	1662	2371
Family Service Coordinator II	1738 <u>1728</u>	2371 <u>2361</u>
Financial Assistance Supervisor III	2030	3024
Financial Assistance Supervisor IV <u>II</u>	2217 <u>2164</u>	3314 <u>3219</u>
Fiscal Manager	2477 <u>2466</u>	3544 <u>3527</u>
Fiscal Supervisor III	1738	2477
Fiscal Supervisor IV <u>II</u>	1985 <u>1972</u>	2963 <u>2946</u>
Gerontology Counselor	1813 <u>1845</u>	2711 <u>2757</u>
Homemaker Supervisor	1896 <u>1972</u>	2711 <u>2819</u>
Human Services Director III	2833 <u>3013</u>	4030 <u>4284</u>
Human Services Supervisor I	2030 <u>2111</u>	3024 <u>3145</u>
<u>Human Services Supervisor II</u>	<u>2576</u>	<u>3686</u>
Marriage Counselor	1985	2833

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PROPOSED RULES

	Minimum		Maximum	
Medical Care Advisor	1662		2371	
Mental Health Program Manager	2217	2306	3314	3447
Mental Health Worker	1813	1886	2711	2819
Methods & Procedures Analyst	1852	1845	2651	2633
Methods & Procedures Supervisor	2170		3095	
Nutrition Project Assistant Director	1520	1581	2270	2361
Nutrition Project Director	2030	2064	3024	3082
Office Manager	1520	1511	2170	2164
Office Services Supervisor II	1520	1511	2170	2164
Personnel Officer	1520	1581	2270	2361
Personnel Director	2122	2633	3170	3762
Planner (Human Services)	1896	1972	2711	2819
Programmer Analyst	1896		2590	
Psychologist I	1813	1845	2590	2757
Psychologist II	2170	2164	3095	3082
Psychologist III	2532		3466	
Psychologist IV III	2769	2880	3778	3929
Public Health Educator I	1590	1728	2170	2466
Public Health Educator II	1985		2711	
Public Health Nurse	1774	1808	2420	2466
Public Health Nurse (Team Leader)	1852	2016	2532	2757
Registered Nurse (A.A. Degree, 3 year Diploma, or B.S. Degree)	1700	1728	2217	2361
Resident Activity Coordinator	1520	1581	2270	2361
Sanitarian I	1590	1581	1896	2361
Sanitarian II	1738		2371	
Senior Public Health Nurse	1938	1972	2651	2819
Social Worker I (Licensing Specialist)	1520	1581	2270	2361
Social Worker II	1662	1581	2477	2466
Social Worker (Child Protection Specialist)		1581		2466
Social Worker III (MSW)	1813	1845	2711	2757
Social Worker (Child Protection Specialist) (MSW)		1845		2757
Social Services Supervisor I	2030	2111	3024	3145
Social Services Supervisor II	2217	2361	3314	3527
Social Welfare Supervisor III	2590		3700	
Staff Development Specialist	1813	1808	2711	2694
Staff Training Supervisor I	2081	2111	2963	3013
Staff Training Supervisor II	2270		3242	
Student Social Worker (Intern)	Rate proposed by appointing authority.			
Student Social Worker (SWEP)	Rate proposed by appointing authority.			
Systems Programmer Analyst	2170	2164	2963	2946
Telecommunications Analyst		2016		2880
Trainee	Rate proposed by appointing authority and approved by the merit system supervisor and the commissioner of human services.			
Volunteer Services Coordinator I	1520	1581	2270	2361
Volunteer Services Coordinator II	1896	1972	2711	2819
Welfare Director I	2170	2306	3242	3447
Welfare Director II	2371	2576	3544	3686
Welfare Director III	2651	2757	3778	3929
Welfare Director IV	2897	3013	4119	4284
Welfare Director V	3861	4015	5613	5705
Work-Experience & Training Specialist	1896	1886	2711	2694

PROPOSED RULES

Subp. 4. **Support personnel: plan A.** The following minimum and maximum salary steps in monthly salary amounts shall be applicable to the specified classes of positions:

	Minimum		Maximum	
Account Clerk	1017	<u>1034</u>	1390	<u>1413</u>
Accounting Technician	1087	<u>1080</u>	1486	<u>1476</u>
Adult Day Care Center Program Coordinator	1038	<u>1080</u>	1486	<u>1615</u>
Assistant Residential Facility Operator(s)	834		1139	
Case Aide	1038	<u>1080</u>	1486	<u>1615</u>
Chemical Dependency Counselor	1330	<u>1350</u>	1738	<u>1768</u>
Child Health Aide	910	<u>924</u>	1244	<u>1265</u>
Child Support Officer I	1270	<u>1265</u>	1813	<u>1808</u>
Child Support Officer II	1419	<u>1446</u>	1938	<u>1972</u>
Collections Officer	1270	<u>1265</u>	1813	<u>1808</u>
Collection Services Supervisor I	1623	<u>1615</u>	2217	<u>2207</u>
Community Service Aide	697	<u>796</u>	910	<u>1130</u>
Computer Operations Specialist	1216	<u>1212</u>	1590	<u>1581</u>
Coordinator of Aging	1063	<u>1212</u>	1520	<u>1808</u>
Data Entry Supervisor	1270		1738	
Developmental Achievement Center Instructor	834	<u>1058</u>	1038	<u>1581</u>
Family Service Aide I	834	<u>885</u>	1038	<u>1265</u>
Family Service Aide II	910	<u>989</u>	1244	<u>1413</u>
Family Service Coordinator I	1139	<u>1185</u>	1486	<u>1615</u>
Family Service/Home Health Aide	834	<u>885</u>	1038	<u>1265</u>
Financial Assistance Specialist	1330	<u>1383</u>	1813	<u>1972</u>
Financial Assistance Supervisor I	1553	<u>1615</u>	2217	<u>2413</u>
Financial Assistance Supervisor II	1700		2420	
Financial Worker I	1038	<u>1080</u>	1486	<u>1615</u>
Financial Worker II	1165		1662	
Fiscal Officer	1330	<u>1446</u>	1896	<u>2164</u>
Fiscal Supervisor I	1453	<u>1446</u>	2081	<u>2164</u>
Fiscal Supervisor II	1623		2320	
Food Stamp Quality Control Reviewer	1330	<u>1350</u>	1813	<u>1845</u>
Home Health Aide	834	<u>885</u>	1038	<u>1265</u>
Home Health Aide Coordinator	1139	<u>1185</u>	1486	<u>1615</u>
Housekeeper	Rate proposed by appointing authority and approved by the merit system supervisor and the commissioner of human services.			
Housing Coordinator	1298	<u>1581</u>	1852	<u>2257</u>
Housing Rehabilitation Specialist	1270	<u>1265</u>	1813	<u>1808</u>
Licensed Practical Nurse	1112	<u>1185</u>	1390	<u>1615</u>
Office Services Supervisor I	1216	<u>1212</u>	1662	<u>1654</u>
Personnel Aide	1165	<u>1156</u>	1590	<u>1581</u>
Public Health Aide	697	<u>796</u>	910	<u>1130</u>
Residential Facility Operator(s)	868		1190	
Senior Case Aide	1165		1662	
Senior Citizen's Aide	697	<u>885</u>	910	<u>1265</u>
Welfare Fraud Investigator	1623	<u>1615</u>	2122	<u>2111</u>

Subp. 5. **Support personnel: plan B.** The following minimum and maximum salary steps in monthly salary amounts shall be applicable to the specified classes of positions:

	Minimum		Maximum	
Account Clerk	1063	<u>1080</u>	1453	<u>1476</u>

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PROPOSED RULES

	Minimum		Maximum	
Accounting Technician	1139	<u>1130</u>	1553	<u>1545</u>
Adult Day Care Center Program Coordinator	1087	<u>1130</u>	1553	<u>1688</u>
Assistant Residential Facility Operator(s)	868		1190	
Case Aide	1087	<u>1130</u>	1553	<u>1688</u>
Chemical Dependency Counselor	1390	<u>1413</u>	1813	<u>1845</u>
Child Health Aide	951	<u>966</u>	1298	<u>1321</u>
Child Support Officer I	1330	<u>1321</u>	1896	<u>1886</u>
Child Support Officer II	1486	<u>1511</u>	2030	<u>2064</u>
Collections Officer	1270	<u>1321</u>	1813	<u>1886</u>
Collection Services Supervisor I	1700	<u>1688</u>	2320	<u>2306</u>
Community Service Aide	731	<u>831</u>	951	<u>1185</u>
Computer Operations Specialist	1270	<u>1265</u>	1662	<u>1654</u>
Coordinator of Aging	1112	<u>1265</u>	1590	<u>1886</u>
Data Entry Supervisor	1330		1813	
Developmental Achievement Center Instructor	868	<u>1106</u>	1087	<u>1654</u>
Family Service Aide I	868	<u>924</u>	1087	<u>1321</u>
Family Service Aide II	951	<u>1034</u>	1298	<u>1476</u>
Family Service Coordinator I	1190	<u>1238</u>	1553	<u>1688</u>
Family Service/Home Health Aide	868	<u>924</u>	1087	<u>1321</u>
Financial Assistance Specialist	1390	<u>1446</u>	1896	<u>2064</u>
Financial Assistance Supervisor I	1623	<u>1688</u>	2320	<u>2517</u>
Financial Assistance Supervisor II	1774		2532	
Financial Worker I	1087	<u>1130</u>	1553	<u>1688</u>
Financial Worker II	1216		1738	
Fiscal Officer	1330	<u>1511</u>	1896	<u>2257</u>
Fiscal Supervisor I	1453	<u>1511</u>	2081	<u>2257</u>
Fiscal Supervisor II	1623		2320	
Food Stamp Quality Control Reviewer	1390	<u>1413</u>	1896	<u>1926</u>
Home Health Aide	868	<u>924</u>	1087	<u>1321</u>
Home Health Aide Coordinator	1190	<u>1238</u>	1553	<u>1688</u>
Housekeeper	Rate proposed by appointing authority and approved by the merit system supervisor and the commissioner of human services.			
Housing Coordinator	1359	<u>1654</u>	1938	<u>2361</u>
Housing Rehabilitation Specialist	1330	<u>1321</u>	1896	<u>1886</u>
Licensed Practical Nurse	1165	<u>1238</u>	1453	<u>1688</u>
Office Services Supervisor I	1270	<u>1265</u>	1738	<u>1728</u>
Personnel Aide	1216	<u>1212</u>	1662	<u>1654</u>
Public Health Aide	731	<u>831</u>	951	<u>1185</u>
Residential Facility Operator(s)	910		1244	
Senior Case Aide	1216		1738	
Senior Citizen's Aide	731	<u>924</u>	951	<u>1321</u>
Welfare Fraud Investigator	1700	<u>1688</u>	2217	<u>2207</u>

Supb. 6. **Support personnel: plan C.** The following minimum and maximum salary steps in monthly salary amounts shall be applicable to the specified classes of positions:

	Minimum		Maximum	
Account Clerk	1112	<u>1130</u>	1520	<u>1545</u>
Accounting Technician	1190	<u>1185</u>	1623	<u>1615</u>
Adult Day Care Center Program Coordinator	1139	<u>1185</u>	1623	<u>1768</u>
Assistant Residential Facility Operator(s)	910		1244	
Case Aide	1139	<u>1185</u>	1623	<u>1768</u>
Chemical Dependency Counselor	1453	<u>1476</u>	1896	<u>1926</u>
Child Health Aide	994	<u>1058</u>	1359	<u>1446</u>
Child Support Officer I	1390	<u>1383</u>	1985	<u>1972</u>
Child Support Officer II	1553	<u>1581</u>	2122	<u>2164</u>
Collections Officer	1390	<u>1383</u>	1985	<u>1972</u>

PROPOSED RULES

	Minimum		Maximum	
Collection Services Supervisor I	1774	<u>1768</u>	2420	<u>2413</u>
Community Service Aide	765	<u>867</u>	994	<u>1238</u>
Computer Operations Specialist	1330	<u>1321</u>	1738	<u>1728</u>
Coordinator of Aging	1165	<u>1321</u>	1662	<u>1972</u>
Data Entry Supervisor	1390		1896	
Developmental Achievement Center Instructor	910	<u>1156</u>	1139	<u>1728</u>
Family Service Aide I	910	<u>966</u>	1139	<u>1383</u>
Family Service Aide II	994	<u>1080</u>	1359	<u>1545</u>
Family Service Coordinator I	1244	<u>1294</u>	1623	<u>1768</u>
Family Service/Home Health Aide	910	<u>966</u>	1139	<u>1383</u>
Financial Assistance Specialist	1453	<u>1511</u>	1985	<u>2164</u>
Financial Assistance Supervisor I	1700	<u>1845</u>	2420	<u>2757</u>
Financial Assistance Supervisor II	1852		2651	
Financial Worker I	1139	<u>1185</u>	1623	<u>1768</u>
Financial Worker II	1270		1813	
Fiscal Officer	1330	<u>1581</u>	1896	<u>2361</u>
Fiscal Supervisor I	1453	<u>1581</u>	2081	<u>2361</u>
Fiscal Supervisor II	1623		2320	
Food Stamp Quality Control Reviewer	1453	<u>1476</u>	1985	<u>2016</u>
Home Health Aide	910	<u>966</u>	1139	<u>1383</u>
Home Health Aide Coordinator	1244	<u>1294</u>	1623	<u>1768</u>
Housekeeper	Rate proposed by appointing authority and approved by the merit system supervisor and the commissioner of human services.			
Housing Coordinator	1419	<u>1728</u>	2030	<u>2466</u>
Housing Rehabilitation Specialist	1390	<u>1383</u>	1985	<u>1972</u>
Licensed Practical Nurse	1216	<u>1294</u>	1520	<u>1768</u>
Office Services Supervisor I	1330	<u>1321</u>	1813	<u>1808</u>
Personnel Aide	1270	<u>1265</u>	1738	<u>1728</u>
Public Health Aide	765	<u>867</u>	994	<u>1238</u>
Residential Facility Operator(s)	951		1298	
Senior Case Aide	1270		1813	
Senior Citizen's Aide	765	<u>966</u>	994	<u>1383</u>
Welfare Fraud Investigator	1774	<u>1768</u>	2320	<u>2306</u>

Subp. 7. **Clerical: plan A.** The following minimum and maximum salary steps in monthly salary amounts shall be applicable to the specified classes of positions:

	Minimum		Maximum	
Administrative Secretary	1003	<u>1020</u>	1372	<u>1396</u>
Clerk I	721	<u>750</u>	981	<u>1020</u>
Clerk II	824	<u>857</u>	1122	<u>1222</u>
Clerk III	918	<u>1020</u>	1256	<u>1396</u>
Clerk-Typist I	755	<u>785</u>	1026	<u>1117</u>
Clerk-Typist II	824	<u>857</u>	1122	<u>1222</u>
Clerk-Typist III	918	<u>998</u>	1256	<u>1427</u>
Clerk-Steno I	791	<u>893</u>	1074	<u>1222</u>
Clerk-Steno II	897		1228	
Data Entry Operator	824	<u>823</u>	1122	<u>1117</u>
Information Systems Specialist	918	<u>910</u>	1256	<u>1250</u>
Legal Secretary	960	<u>1020</u>	1309	<u>1396</u>
Switchboard Operator I	824	<u>823</u>	1122	<u>1117</u>
Switchboard Operator II	875		1202	

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PROPOSED RULES

Employees in the class of Clerk-Typist I who are assigned on a full-time basis to transcribing machine operation may be paid within the county range for Clerk-Stenographer I.

Supb. 8. **Clerical: plan B.** The following minimum and maximum salary steps in monthly salary amounts shall be applicable to the specified classes of positions:

	Minimum		Maximum	
Administrative Secretary	1149	<u>1140</u>	1499	<u>1488</u>
Clerk I		<u>824</u>	1074	<u>1117</u>
Clerk II		<u>938</u>	1228	<u>1331</u>
Clerk III		<u>1048</u>	1372	<u>1488</u>
Clerk-Typist I		<u>859</u>	1122	<u>1222</u>
Clerk-Typist II		<u>938</u>	1228	<u>1331</u>
Clerk-Typist III		<u>1048</u>	1372	<u>1488</u>
Clerk-Steno I		<u>897</u>	1175	<u>1331</u>
Clerk-Steno II		<u>1026</u>	1342	
Data Entry Operator		<u>938</u>	<u>933</u>	<u>1228</u>
Information Systems Specialist		<u>1048</u>	<u>1043</u>	<u>1361</u>
Legal Secretary		<u>1096</u>	<u>1140</u>	<u>1488</u>
Switchboard Operator I		<u>938</u>	<u>933</u>	<u>1228</u>
Switchboard Operator II		<u>1003</u>	1309	

Employees in the class of Clerk-Typist I who are assigned on a full-time basis to transcribing machine operation may be paid within the county range for Clerk-Stenographer I.

Supb. 9. **Clerical: plan C.** The following minimum and maximum salary steps in monthly salary amounts shall be applicable to the specified classes of positions:

	Minimum		Maximum	
Administrative Secretary	1256	<u>1250</u>	1638	<u>1632</u>
Clerk I		<u>897</u>	<u>933</u>	<u>1222</u>
Clerk II		<u>1026</u>	<u>1067</u>	<u>1458</u>
Clerk III		<u>1149</u>	<u>1195</u>	<u>1559</u>
Clerk-Typist I		<u>938</u>	<u>976</u>	<u>1331</u>
Clerk-Typist II		<u>1026</u>	<u>1067</u>	<u>1458</u>
Clerk-Typist III		<u>1149</u>	<u>1195</u>	<u>1559</u>
Clerk-Steno I		<u>981</u>	<u>1117</u>	<u>1458</u>
Clerk-Steno II		<u>1122</u>	1466	
Data Entry Operator		<u>1026</u>	<u>1020</u>	<u>1331</u>
Information Systems Specialist		<u>1149</u>	<u>1140</u>	<u>1488</u>
Legal Secretary		<u>1202</u>	<u>1195</u>	<u>1569</u>
Switchboard Operator I		<u>1026</u>	<u>1020</u>	<u>1331</u>
Switchboard Operator II		<u>1096</u>	1431	

Employees in the class of Clerk-Typist I who are assigned on a full-time basis to transcribing machine operation may be paid within the county range for Clerk-Stenographer I.

Supb. 10. **Maintenance and trades: plan A.** The following minimum and maximum salary steps in monthly salary amounts shall be applicable to the specified classes of positions. Janitors who are required to work for a period of at least five hours after 6 p.m. on a regularly scheduled basis may be paid a shift differential in the amount of one salary step above their normal day-work rate.

	Minimum	Maximum
Auto Driver	860	1109
Bus Driver	938	1202
Janitor	938	1202
Laborer	\$5.39/hr.	\$5.39/hr.

Supb. 11. **Maintenance and trades: plan B.** The following minimum and maximum salary steps in monthly salary amounts shall be applicable to the specified classes of positions. Janitors who are required to work for a period of at least five hours after 6 p.m. on a regularly scheduled basis may be paid a shift differential in the amount of one salary step above their normal day-work rate.

	Minimum	Maximum
Auto Driver	1109	1426
Bus Driver	1155	1487
Laborer	\$6.64/hr.	\$6.64/hr.

9575.1550 PREPARATION AND ADOPTION OF CLASSIFICATION PLAN.

Subpart 1. **Commissioner's duty.** The commissioner of human services shall formally adopt and make effective a comprehensive classification plan for all positions covered by chapter 9575 which shall be published as part of the ~~Public Welfare~~ Human Services Merit System Manual. The plan shall be based on investigation and analysis of the duties and responsibilities of each position, and each position shall be allocated to its proper class in the classification plan. The plan shall be developed after consultation with supervisory officials, classification specialists, and persons technically familiar with the character of the work. All classifications shall be evaluated by use of a formal job evaluation system. When complete, the classification plan shall include for each class of positions an appropriate class title, a description of the duties and responsibilities, and the minimum requirements of training, experience, and other qualifications.

Subp. 2. [Unchanged.]

9575.1570 REVISION OF PLAN.

Existing classes may be abolished or changed, or new classes added, in the same manner as the classification plan is originally adopted. All new or revised classes shall be evaluated by use of a formal job evaluation system.

9575.1580 INCUMBENTS OF RECLASSIFIED POSITIONS.

Subpart 1. to 3. [Unchanged.]

Subp. 4. to 6. [See Repealer.]

REPEALER. Minnesota Rules, part 9575.1580, subparts 4, 5, and 6, are repealed.

Board of Medical Examiners

Proposed Rule Relating to Medical Board Licensing Fees

Notice of Intent to Adopt Rules without a Public Hearing

Notice is hereby given that the Minnesota Board of Medical Examiners proposes to adopt the above entitled rules without a public hearing. The Board has determined that the proposed adoption of these rules will be noncontroversial in nature and has elected to follow the procedures set forth in Minnesota Statutes sections 14.21-14.28 (1982).

Minnesota Statutes sections 147.02 and 214.06 establishes the authority for licensing boards, with the approval of the Commissioner of Finance, to adjust fees so that the total fees collected by a board will be as close as possible equal to anticipated expenditures.

A copy of the proposed rule is attached to this notice. Additional copies may be obtained at the address below.

Because board fees are fixed by rule rather than by law, the procedures for adoption of noncontroversial rules will be used except that no public hearing will be held unless 20 percent of the persons who will be required to pay the fee submit to the Medical Board (during the 30-day period allowed for a comment) a written request for a public hearing on the proposed rule. See Minnesota Statutes, section 16A.128, subdivision 2.A. (1984).

THE PUBLIC IS HEREBY ADVISED that:

1. They have 30 days in which to submit comment in support of or in opposition to the proposed amendments, and comment is encouraged;
2. Each comment should identify the portion of the proposed amendment addressed, the reason for the comment, and any changes proposed;

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

PROPOSED RULES

3. All comments shall be submitted to David Ziegenhagen, Acting Executive Director, Minnesota Board of Medical Examiners, Minnesota Department of Health Building, 717 Delaware Street Southeast, Minneapolis, Minnesota 55440;
4. The proposed amendments may be modified if the modifications are supported by the data and views submitted and do not result in a substantial change in the proposed language;
5. Under the procedure for adopting noncontroversial rules, the Board must submit any action on its rules to the Attorney General for review of the form and legality of the rule change. Notice of the date of submission of the proposed amendments to the attorney general for review will be mailed to any person requesting to receive the notice. Requests to receive notice must be submitted to Mr. Ziegenhagen at the above address.
6. Authority to amend Minn. rule pt. 5600.2500 is contained in Minn. Stat. §§ 16A.128, 150A.04, subd. 5, and 214.06 subd. 1. Additionally, a Statement of Need and Reasonableness that describes the need for and reasonableness of the proposed amendment has been prepared and is now available. Anyone wishing to receive a copy of this document may contact Mr. Ziegenhagen at the above address.
7. The approval of the Commissioner of Finance for amendments of rules relating to fees is required by Minn. Stat. § 214.06, subd. 1. A document entitled "Commissioner of Finance Approval" in which the Commissioner has approved the proposed amendments to Minn. Rules pt. 5600.2500 is available. Anyone wishing to receive a copy of this document may contact Mr. Ziegenhagen at the above address.
8. Any rule change made pursuant to this proceeding shall be effective five working days after publication in the *State Register* of a notice of the adoption of the change.

Board of Medical Examiners
David Ziegenhagen
Acting Executive Director

Rules as Proposed

5600.2500 ANNUAL REGISTRATION FEE FEES.

The annual registration fee referred to in Minnesota Statutes, section 146.13 is hereby fixed at the sum of \$20. fees charged by the board are fixed at the following rates:

- A. examination fee, \$300;
- B. application fee, \$100;
- C. physician annual registration, \$40;
- D. osteopath annual registration, \$40;
- E. temporary graduate training permit, \$15;
- F. certification to other states, \$10; and
- G. temporary licenses, \$40.

Pollution Control Agency

Proposed Rules Relating to Environment; Solid Waste Management Planning and Certificate of Need

Notice of Hearing

Notice is given that a hearing will be held pursuant to Minnesota Statutes, section 14.14, subdivision 1 (1984), in the above-entitled matter in the Minnesota Pollution Control Agency Board Room, 1935 West County Road B-2, Roseville, Minnesota, on October 30, 1985. The hearing will commence at 10:00 a.m., and continue until all persons or representatives of associations or other interested groups have had an opportunity to be heard concerning adoption of the proposed rules by submitting their oral or written data, statements, or arguments. Statements or briefs may be submitted without appearing at the hearing.

The Minnesota Pollution Control Agency (hereinafter "Agency" or "MPCA") proposes to adopt rules requiring all nonmetropolitan counties to have comprehensive solid waste management plans and to update those plans as conditions change. The rules also will require the Agency to certify the need for additional mixed municipal solid waste disposal capacity. The proposed rules are authorized by Minn. Stat. §§ 115A.42, 115A.46, 115A.917, and 116.07, subd. 4 (1984).

The proposed rules were published in the *State Register*, Volume 10, Number 3 on Monday, July 15, 1985, on pages 97-106 (10 S.R. 97). One free copy of the rules is available upon request from the Agency. Please contact the person whose name and address appears below. Additional copies will be available at the door on the date of the hearing.

The proposed rules may be modified if the data and views received by the Agency through the hearing process warrant such modification. The proposed rules as modified may then be adopted if there has been no substantial change as defined in Minn. Rules Pt. 1400.1100, subp. 2.

Minnesota Statutes Chapter 10A requires each lobbyist to register with the State Ethical Practices Board within five days after he or she commences lobbying. A lobbyist is defined in Minn. Stat. § 10A.01, subd. 11, as any individual:

(a) Engaged for pay or other consideration, or authorized by another individual or association to spend money, who spends more than five hours in any month or more than \$250, not including his own travel expenses and membership dues, in any year, for the purpose of attempting to influence legislative or administrative action by communicating or urging others to communicate with public officials; or

(b) Who spends more than \$250, not including his own traveling expenses and membership dues, in any year, for the purpose of attempting to influence legislative or administrative action by communicating or urging others to communicate with public officials.

This statute provides certain exceptions. Questions should be directed to the Ethical Board, 41 State Office Building, St. Paul, Minnesota 55155, telephone (612) 296-5615.

Written material may be submitted and recorded in the hearing record for five working days after the public hearing ends. The comment period may be extended for a longer period not to exceed twenty calendar days if ordered by the Administrative Law Judge at the hearing. The comments received during the comment period shall be available for review at the Office of Administrative Hearings. Within three business days after the submission period ends, the Agency and interested persons may respond in writing to any new information submitted. No additional evidence may be submitted during the three day period.

Any person may request notification of the date on which the Administrative Law Judge's report will be available, after which date the Agency may not take any final action on the rules for a period of five working days. Persons desiring notice may indicate this at the hearing. After the hearing, notice may be requested by writing the Administrative Law Judge.

Any person may request notification of the date on which the rules were adopted and filed with the Secretary of State. This notice will be mailed on the same day that the rules are filed. Those desiring such notice may indicate this at the hearing or send a request in writing to the Agency at any time prior to the filing of rules with the Secretary of State.

A Statement of Need and Reasonableness in support of the proposed rules is now available for review at the Agency and at the Office of Administrative Hearings. This Statement of Need and Reasonableness includes a summary of all evidence and argument which the Agency anticipates presenting at the hearing to establish both the need for and the reasonableness of the proposed rules. Copies of the Statement of Need and Reasonableness may be reviewed at the Agency or the Office of Administrative Hearings, and copies may be obtained from the Office of Administrative Hearings at the cost of reproduction.

Copies of the proposed rules and the Statement of Need and Reasonableness may be reviewed at the five regional offices of the Agency:

Region I
John Pegors, Regional Director
Duluth Government Service Center
Room 704
320 West Second Street
Duluth, Minnesota 55802

Region III
Willis Mattison
Regional Director
116 East Front Street
Detroit Lakes, Minnesota 56501

Region V
Larry Landherr, Regional Director
1200 South Broadway
Suite 140
Rochester, Minnesota 55904

Region II
Larry Shaw
Regional Director
304 East River Road
Suite 3
Brainerd, Minnesota 56401

Region IV
Mark Jacobs
Box 286
1104 East College Drive
Marshall, Minnesota 56258

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PROPOSED RULES

Copies of the Statement of Need and Reasonableness and of the proposed rules also may be obtained by contacting:

Cathy Berg Moeger
Minnesota Pollution Control Agency
1935 West County Road B-2
Roseville, Minnesota 55113
Telephone: (612) 296-7247

Pursuant to Minn. Stat. § 14.11 (1984), notice is given that the total cost to all local public bodies in the state to implement the proposed rules for the two years immediately following the adoption of the rule will exceed \$100,000 in each of those years. The Agency estimates that the development of the solid waste management plans required by the proposed rules will cost about \$26,000 each. Total estimated costs to local public bodies statewide in 1986 are \$390,000. In 1987, estimated costs are \$650,000. The Agency has set out its analysis of these costs in its Statement of Need and Reasonableness.

It is further advised, pursuant to Minn. Stat. § 14.115 (1984) (Small Business Considerations in Rulemaking), that the proposed rules will affect small businesses both positively and negatively. On the positive side, many counties and districts will hire consultants and contract for technical professional services to assist them in completing and implementing the planning requirements of the proposed rules. Implementing new waste management systems will create opportunities for entrepreneurs and may decrease solid waste management costs for small businesses. However, to the extent solid waste is diverted from land disposal facilities due to the plans, current land disposal businesses may be negatively affected.

The rule hearing procedure is governed by Minn. Stat. §§ 14.14-14.20 (1984) and by Minn. Rules Pts. 1400.0200-1400.1200. Questions about procedure may be directed to the Administrative Law Judge assigned to hear this proceeding:

Phyllis A. Reha
Administrative Law Judge
Office of Administrative Hearings
400 Summit Bank Building
310 South Fourth Street
Minneapolis, Minnesota 55415
(612) 341-7611

Thomas J. Kalitowski
Executive Director
Pollution Control Agency

Board of Psychology

Proposed Rule Relating to Fees

Notice of Intent to Adopt Rules without a Public Hearing

Notice is hereby given that the Minnesota Board of Psychology proposes to adopt the above-entitled rules without a public hearing. The Board has determined that the proposed adoption of these rules will be noncontroversial in nature and has elected to follow the procedures set forth in Minnesota Statutes, sections 14.22 to 14.28 and 16A.128. The specific statutory authority to adopt the rule is found at Minn. Stat. § 148.90, subd. 2 (1984).

Persons interested in this rule shall have 30 days to submit comments in support of or in opposition to the proposed rule, and that comment is encouraged. Each comment should identify the portion of the proposed rule addressed, the reason for the comment, and any change proposed.

The proposed rule may be modified if the modifications are supported by the data and views submitted to the agency and do not result in a substantial change in the proposed language.

No hearing will be held on these proposed rules unless 20 percent of the persons who will be required to pay the fee submit to the Board, during the 30-day period allowed for comment, a written request for a public hearing on the proposed rules.

Persons who wish to submit comments or a written request for a public hearing should submit such comments or requests to:

Lois E. Mizuno
Executive Secretary
Minnesota Board of Psychology
717 Delaware Street Southeast
Minneapolis, Minnesota 55414

A Statement of Need and Reasonableness that describes the need for and reasonableness of each provision of the proposed rule and identifies the data and information relied upon to support the proposed rule has been prepared and is available from Lois Mizuno upon request at the above listed address.

Upon adoption of the rule, the rule and the required supporting documents will be delivered to the Attorney General for review as to form and legality, to the extent the form relates to legality. Any person may request notification of the date of submission to the Attorney General. Persons who wish to be advised of the submission of this material to the Attorney General, or who wish to receive a copy of the final rule as proposed for adoption, should submit a written statement of such request to Lois E. Mizuno at the above address.

A copy of the proposed rule is attached to the notice.

Copies of the notice and the proposed rules are available and may be obtained by contacting Lois E. Mizuno at the above address.

Lois E. Mizuno
Executive Director
Board of Psychology

Rule as Proposed (all new material)

7200.6100 FEES.

Fees for licensure of psychologists are as follows:

- A. The fee for application for admission to examination is \$115.
- B. The fee for application for licensure is \$125.
- C. The fee for renewal of license is \$150.
- D. The fee for late renewal of license is \$75.

Department of Public Safety

Proposed Rules Relating to Merit System

Notice of Hearing

NOTICE IS HEREBY GIVEN that a public hearing on the above-entitled matter will be held in Room 10, State Office Building, 435 Park Street, St. Paul, Minnesota 55155, on October 30, 1985, commencing at 9:30 a.m. and continuing until all interested or affected persons have an opportunity to be heard. The proposed rules may be modified as a result of the hearing process. Therefore, if you are affected in any manner by the proposed rules, you are urged to participate in the rule hearing process.

Following the agency's presentation at the hearing, all interested or affected persons will have an opportunity to participate. Such persons may present their views either orally at the hearing or in writing at any time prior to the close of the hearing record. All evidence presented should be pertinent to the matter at hand. Written material not submitted at the time of hearing which is to be included in the hearing record may be mailed to Howard Kaibel, Administrative Law Judge, Office of Administrative Hearings, 400 Summit Bank Building, 310 Fourth Avenue South, Minneapolis, Minnesota 55415, telephone (612) 341-7608 either before the hearing or within five working days after the public hearing ends. The Administrative Law Judge may, at the hearing, order that the record be kept open for a longer period not to exceed 20 calendar days. The comments received during the comment period shall be available for review at the Office of Administrative Hearings. Following the close of the comment period the agency and all interested persons have three business days to respond in writing to any new information submitted during the comment period. During the three-day period, the agency may indicate in writing whether there are amendments suggested by other persons which the agency is willing to adopt. No additional evidence may be submitted during this three-day period. The written responses shall be added to the rulemaking record. Upon the close of the record the Administrative Law Judge will write a report as provided for in Minnesota Statutes, section 14.50. The rule hearing is governed by Minnesota Statutes, section 14.01-14.56 and by Minnesota Rules parts 1400.0200-1400.1200. Questions about procedure may be directed to the Administrative Law Judge.

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PROPOSED RULES

The Minnesota Merit System rules provide for a system of personnel administration for emergency services agencies. The rules apply to all positions funded in whole or in part by federal monies requiring a merit system of personnel administration. The rules cover such areas as classification of positions, compensation, recruitment and examinations, certification and appointment, leaves of absence, separation, tenure and reinstatement, and, in general, provide standards for agencies to follow so as to ensure compliance with the Federal Standards for a Merit System of Personnel Administration (5 CFR Part 900).

Several minor revisions to the rules are proposed involving the re-lettering or re-numbering of certain provisions, correcting typographical errors and certain rule and statutory references.

A summary of major proposed revisions to the rules is as follows:

Proposed revisions to Minn. Rules part 7520.0100 provide definitions for six new terms or phrases: "balanced class," "comparability adjustment," "comparable work value," "equitable compensation relationship," "female-dominated class," and "male-dominated class."

Proposed revisions to parts 7520.0500 and 7520.0550 require that classifications be evaluated by use of a formal job evaluation system.

Proposed revisions to part 7520.0530 deletes language that relates to junior-senior plans of promotion.

Proposed revisions to part 7520.0600 provides for new language requiring equitable compensation relationships in accordance with Minn. Stat. §§ 471.991-471.999.

Proposed revisions to part 7520.0620 provide that the Merit System Supervisor annually review and, if necessary, adjust the Merit System compensation plan to correct compensation inequities based on comparable work value.

Proposed revisions to part 7520.0640 allow counties to hire individuals at or below the third step of the salary range without prior approval of the Merit System Supervisor.

Proposed revisions to part 7520.0650 provide for a general salary adjustment of 4% for Merit System employees effective January 1, 1986.

Proposed revisions to part 7520.0700 subp. 8 require that overtime be computed in accordance with the Federal Fair Labor Standards Act rather than the Minnesota Fair Labor Standards Act.

Minnesota Rules part 7520.0200, subp. 2 makes Minnesota Rules parts 9575.0400-9575.1300 which are the rules of the Department of Human Services Merit System, applicable to county and local emergency services agencies. A copy of the notice of hearing for the Department of Human Services is published on pages 735-749 for your information. If the Department of Human Services adopts the proposed changes to part 9575.1070, this rule will also apply to emergency services agencies.

Proposed revisions to parts 7520.1000-7520.1100 (the compensation plan) provide for adjustments of varying amounts to the minimum and maximum salaries for classes covered by the Merit System. These adjustments have been proposed to correct compensation inequities based upon comparable work value and also have been based upon the results of a labor market survey conducted by the Merit System.

The agency's authority to adopt the proposed rules is contained in Minnesota Statutes, section 12.22, subd 3. The cost to local public bodies of implementing the proposed rule changes will not exceed \$100,000 for calendar year 1986.

A fiscal note explaining the costs to local agencies of complying with the rule has been prepared according to the requirements of Laws of Minnesota 1985 Special Session, Chapter 10, sections 34-38. A free copy of the fiscal note may be obtained by contacting Ralph W. Corey, Department of Human Services, Centennial Office Building, St. Paul, Minnesota 55155, telephone (612) 296-3996.

Copies of the proposed rules are now available and at least one free copy may be obtained by writing to Ralph W. Corey, Department of Human Services, Centennial Office Building, St. Paul, Minnesota 55155, telephone (612) 296-3996. Additional copies will be available at the hearing. If you have any questions on the content of the rule amendments, contact Ralph W. Corey.

NOTICE: Any person may request notification of the date on which the Administrative Law Judge's report will be available, after which date the agency may not take any final action on the rules for a period of five working days. If you desire to be so notified, you may so indicate at the hearing. After the hearing you may request notification by sending a written request to the Administrative Law Judge. Any person may request notification of the date on which the rules were adopted and filed with the Secretary of State. The notice must be mailed on the same day the rules are filed. If you want to be so notified you may so indicate at the hearing or send a request in writing to the agency at any time prior to the filing of the rules with the Secretary of State.

NOTICE IS HEREBY GIVEN that a Statement of Need and Reasonableness is available for review at the agency and at the Office of Administrative Hearings. The Statement of Need and Reasonableness includes a summary of all the evidence and argument justifying both the need for and the reasonableness of the proposed rules. Copies of the Statement of Need and Reasonableness may be obtained from the Office of Administrative Hearings at a minimal charge.

Minn. Stat. Ch. 10A requires each lobbyist to register with the State Ethical Practices Board within five days after he or she commences lobbying. A lobbyist is defined in Minn. Stat. § 10A.01, subd. 11 as any individual:

(a) Engaged for pay or other consideration, or authorized by another individual or association to spend money, who spends more than five hours in any month or more than \$250, not including his own travel expenses and membership dues, in any year, for the purpose of attempting to influence legislative or administrative action by communicating or urging others to communicate with public officials; or

(b) Who spends more than \$250, not including his own traveling expenses and membership dues, in any year for the purpose of attempting to influence legislative or administrative action by communicating or urging others to communicate with public officials.

The statute provides certain exceptions. Questions should be directed to the Ethical Practices Board, 41 State Office Building, St. Paul, Minnesota 55155, telephone (612) 296-5615.

September 4, 1985



Rudy Perpich, Governor

Rules as Proposed

7520.0100 DEFINITIONS.

Subpart 1. to 3. [Unchanged.]

Subp. 3a. **Balanced class.** “Balanced class” means any class in which no more than 80 percent of the members are male and no more than 70 percent of the members are female.

Subp. 4. to 7. [Unchanged.]

Subp. 7a. **Comparability adjustment.** “Comparability adjustment” means a salary range adjustment for a particular classification to correct a compensation inequity based on comparable work value.

Subp. 7b. **Comparable work value.** “Comparable work value” means the value of work measured by the skill, effort, responsibility, and working conditions required in the performance of the work.

Subp. 8. to 17. [Unchanged.]

Subp. 17a. **Equitable compensation relationship.** “Equitable compensation relationship” means that a primary consideration in establishing, recommending, and approving total compensation is comparable work value in relationship to other employee positions within the merit system.

Subp. 18. and 19. [Unchanged.]

Subp. 19a. **Female-dominated class.** “Female-dominated class” means any class in which 70 percent or more of the members are female.

Subp. 20. to 26. [Unchanged.]

Subp. 26a. **Male-dominated class.** “Male-dominated class” means any class in which 80 percent or more of the members are male.

Subp. 27. to 50. [Unchanged.]

7520.0500 CLASSIFICATION PLAN: PREPARATION AND ADOPTION.

Subpart 1. **Procedure.** The governor, through the commissioner of public safety shall formally adopt a comprehensive classification plan for all positions covered by parts 7520.0100 to 7520.1200 which shall be published as part of the public safety merit

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PROPOSED RULES

system manual. The plan shall be based on investigation and analysis of the duties and responsibilities of positions and shall be so developed and maintained that all positions that are substantially similar in the kind, difficulty, and responsibility of work are included in the same class. The plan must be developed after consultation with supervisory officials, classification specialists, and persons technically familiar with the character of the work. All classifications must be evaluated by use of a formal job evaluation system. Class titles established by the classification plan shall be used in all personnel and financial records of the Department of Public Safety and the local civil defense agency, as well as in all examination procedures.

Subp. 2. [Unchanged.]

7520.0550 CLASSIFICATION PLAN REVISION.

Existing classes may be abolished or changed, or new classees added, in accordance with part 7520.0500. All new or revised classes must be evaluated by use of a formal job evaluation system.

7520.0600 PREPARATION AND ADOPTION OF COMPENSATION PLAN.

Subpart 1. **Preparation of plan.** In accordance with the Administrative Procedure Act, the governor, through the commissioner of public safety, shall formally adopt and make effective a comprehensive compensation plan including minimum and maximum salary rates as published in parts 7520.1000 and 7520.1100, and recommended intervening steps as published in the public safety merit system manual, as amended through May 29, 1982, for all classes of positions. The plan shall apply to all agencies covered by the merit system, except as otherwise negotiated for employees in a bargaining unit in agencies where there is an exclusive representative or in those instances where the requirements of part 7520.0650, subpart 2, item C have been satisfied. The plan shall include salary ranges for the various classes, with the salary of each class consistent with the duties and responsibilities outlined in the class specifications. Minimum, intervening, and maximum rates of pay for each class shall be established to provide for salary advancement without change of duty, in recognition of meritorious service. The advice and suggestions of appointing authorities, prevailing salary rates for similar and competing types of employment in business and government, and other relevant factors shall be taken into consideration in developing the ranges. Equitable compensation relationships must be established between female-dominated, male-dominated, and balanced classes of employees in accordance with Minnesota Statutes, sections 471.991 to 471.999. Classes must be evaluated in order to determine comparable work value and to establish equitable compensation relationships between classes of positions.

Subp. 2. and 3. [Unchanged.]

7520.0620 ADJUSTMENT OF THE OFFICIAL SALARY SCHEDULE OF THE MINNESOTA MERIT SYSTEM.

Subpart 1. to 3. [Unchanged.]

Subp. 4. **Biennial review of consumer price index.** In every even-numbered year, the supervisor shall conduct a review of the changes in the consumer price index for urban wage earners and clerical workers for Minneapolis-St. Paul, as published by the Bureau of Labor Statistics, new series index (1967 = 100). Except for those classes for which a different comparability adjustment to the salary range is required as provided for in subpart 6, the supervisor shall recommend that all rates of pay a general adjustment to the salary ranges for classes in the professional and clerical salary schedules be adjusted by in an amount equal to 80 percent of the increase between the consumer price index for June of the current year and the consumer price index for June of the preceding year. This amount shall be rounded to the nearest one-tenth of one percent and may not exceed nine percent. The new recommended monthly salary rates shall be rounded to the nearest whole dollar. The same percentage increase recommended by the supervisor for all rates of pay general adjustment recommended by the supervisor to the salary ranges for classes in the professional and clerical salary schedules in an amount equal to 80 percent of the increase between the Consumer Price Index for June of the current year and the Consumer Price Index for June of the preceding year shall also be recommended as a general salary adjustment for all incumbents of positions in the professional and clerical salary schedules. An amended compensation plan resulting from these recommendations shall not be effective until the next succeeding January 1, or for those agencies on a biweekly or four-week payroll period on the beginning date of the first payroll period following the next succeeding January 1.

Subp. 5. [Unchanged.]

Subp. 6. Comparability adjustments. The supervisor shall annually adjust the Merit System Compensation Plan, as necessary, to correct compensation inequities based on comparable work value.

7520.0640 ADMINISTRATION OF THE PLAN.

In those agencies without an exclusive representative or if the collective bargaining agreement is silent regarding initial salaries, the entrance salary for any new employee shall normally be at the minimum rate of pay for the class to which the appointment is made. Appointments may be made up to, and including, the third step of the salary range without prior approval of the supervisor. Requests to appoint above the minimum rate of pay third step of the salary range may be made based on the exceptional qualifications of the candidate or the unavailability of candidates at the minimum lower rate, giving consideration to the salaries of current employees in the same classification. All candidates with similar exceptional qualifications must be offered the same rate of pay

which shall be one of the established steps in the agency's adopted salary range for the class to which the appointment is made. ~~The request~~ Requests, including the reasons for appointment above the third step of the salary range, must be submitted in writing by the appointing authority to the supervisor for prior approval.

7520.0650 SALARY ADJUSTMENTS AND INCREASES.

Subpart 1. and 2. [Unchanged.]

Subp. 3. **Recommended adjustment.** The merit system general adjustment recommended for incumbents is ~~4 4/40~~ four percent for employees on the professional and clerical salary schedules.

Subp. 4. and 5. [Unchanged.]

7520.0700 SALARY COMPUTATION.

Subpart 1. to 7. [Unchanged.]

Subp. 8. **Overtime compensation.** Except for the provisions of the ~~Minnesota Federal~~ Fair Labor Standards Act, no additional compensation shall be paid for overtime, whether in the discharge of duties of the position or for the duties of another position, except in:

- A. an emergency in which the local civil defense authority orders ~~such~~ overtime;
- B. when ~~such~~ overtime is ~~otherwise~~ approved in advance by the local civil defense authority or its designee; or
- C. as may be otherwise negotiated.

Rates of pay and method of payment for this overtime work shall be ~~decided by the local civil defense authority and it shall be discretionary with the local civil defense authority whether the employee shall have compensatory time off or overtime pay; except as provided in accordance with the Minnesota Federal Fair Labor Standards Act and/or as modified through contractual agreement in these agencies where employees have an exclusive representative.~~ When payment is made for overtime, the rate and the number of hours worked shall be shown in the "Remarks" column on the payroll report.

7520.1000 COMPENSATION PLAN (EMERGENCY SERVICES), ~~1985~~ 1986; PROFESSIONAL.

Subpart 1. **Plan A.**

	Minimum	Maximum
Administrative Officer	1520 <u>1581</u>	2081 <u>2164</u>
Assistant Civil Defense Director I	1017	1390
Assistant Civil Defense Director II	1246 <u>1383</u>	1662 <u>1972</u>
Assistant Civil Defense Director III	1453	1985
Assistant Civil Defense Director IV	1738	2371
Communications Officer	1330 <u>1383</u>	1813 <u>1886</u>
County Civil Defense Director I	1453	1985
County Civil Defense Director II	1662	2270
County Civil Defense Director III	1896	2590
County Civil Defense Director IV	2711	3700
Local Civil Defense Director I	1165	1590
Local Civil Defense Director II	1330	1813
Local Civil Defense Director III	1520	2081
Local Civil Defense Director IV	1896	2590
Local Civil Defense Director V	2711	3700
Operations Officer	1520 <u>1581</u>	2081 <u>2164</u>
Public Information Officer	1520 <u>1581</u>	2081 <u>2164</u>
Radiological Defense Officer	1330 <u>1383</u>	1813 <u>1886</u>
Safety Services Coordinator	1520 <u>1581</u>	2081 <u>2164</u>

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PROPOSED RULES

Subp. 2. Plan B.

	Minimum		Maximum	
Administrative Officer	1590	<u>1654</u>	2170	<u>2257</u>
Assistant Civil Defense Director I	1063		1453	
Assistant Civil Defense Director II	1270	<u>1446</u>	1738	<u>2064</u>
Assistant Civil Defense Director III	1520		2081	
Assistant Civil Defense Director IV	1813		2477	
Communications Officer	1390	<u>1446</u>	1896	<u>1972</u>
County Civil Defense Director I	1453		1985	
County Civil Defense Director II	1662		2270	
County Civil Defense Director III	1896		2590	
County Civil Defense Director IV	2711		3700	
Local Civil Defense Director I	1165		1590	
Local Civil Defense Director II	1330		1813	
Local Civil Defense Director III	1520		2081	
Local Civil Defense Director IV	1896		2590	
Local Civil Defense Director V	2711		3700	
Operations Officer	1590	<u>1654</u>	2170	<u>2257</u>
Public Information Officer	1590	<u>1654</u>	2170	<u>2257</u>
Radiological Defense Officer	1390	<u>1446</u>	1896	<u>1972</u>
Safety Services Coordinator	1590	<u>1728</u>	2270	<u>2361</u>

Subp. 3. Plan C.

	Minimum		Maximum	
Administrative Officer	1662	<u>1728</u>	2270	<u>2361</u>
Assistant Civil Defense Director I	1112		1520	
Assistant Civil Defense Director II	1330	<u>1511</u>	1813	<u>2164</u>
Assistant Civil Defense Director III	1590		2170	
Assistant Civil Defense Director IV	1896		2590	
Communications Officer	1453	<u>1511</u>	1985	<u>2064</u>
County Civil Defense Director I	1453		1985	
County Civil Defense Director II	1662		2270	
County Civil Defense Director III	1896		2590	
County Civil Defense Director IV	2711		3700	
Local Civil Defense Director I	1165		1590	
Local Civil Defense Director II	1330		1813	
Local Civil Defense Director III	1520		2081	
Local Civil Defense Director IV	1896		2590	
Local Civil Defense Director V	2711		3700	
Operations Officer	1662	<u>1728</u>	2270	<u>2361</u>
Public Information Officer	1662	<u>1728</u>	2270	<u>2361</u>
Radiological Defense Officer	1453	<u>1511</u>	1985	<u>2064</u>
Safety Services Coordinator	1662	<u>1728</u>	2270	<u>2361</u>

7520.1100 COMPENSATION PLAN (EMERGENCY SERVICES), ~~1985~~ 1986; CLERICAL.

Subpart 1. Plan A.

	Minimum		Maximum	
Clerk I	721	<u>750</u>	981	<u>1020</u>
Clerk II	824	<u>857</u>	1122	<u>1222</u>
Clerk III	918	<u>1020</u>	1256	<u>1396</u>
Clerk-Typist I	755	<u>785</u>	1026	<u>1117</u>
Clerk-Typist II	824	<u>857</u>	1122	<u>1222</u>
Clerk-Typist III	918	<u>998</u>	1256	<u>1427</u>
Clerk-Steno I	791	<u>893</u>	1074	<u>1222</u>
Clerk-Steno II	897		1228	

Subp. 2. Plan B.

	Minimum	Maximum
Clerk I	824 <u>857</u>	1074 <u>1117</u>
Clerk II	938 <u>976</u>	1228 <u>1331</u>
Clerk III	1048 <u>1140</u>	1372 <u>1488</u>
Clerk-Typist I	859 <u>893</u>	1122 <u>1222</u>
Clerk-Typist II	938 <u>976</u>	1228 <u>1331</u>
Clerk-Typist III	1048 <u>1140</u>	1372 <u>1488</u>
Clerk-Steno I	897 <u>1020</u>	1175 <u>1331</u>
Clerk-Steno II	1026	1342

Subp. 3. Plan C.

	Minimum	Maximum
Clerk I	897 <u>933</u>	1175 <u>1222</u>
Clerk II	1026 <u>1067</u>	1342 <u>1458</u>
Clerk III	1149 <u>1195</u>	1499 <u>1559</u>
Clerk-Typist I	938 <u>976</u>	1228 <u>1331</u>
Clerk-Typist II	1026 <u>1067</u>	1342 <u>1458</u>
Clerk-Typist III	1149 <u>1195</u>	1499 <u>1559</u>
Clerk-Steno I	981 <u>1117</u>	1280 <u>1458</u>
Clerk-Steno II	1122	1466

REPEALER. Minnesota Rules, part 7520.0530, subparts 3, 4, and 5 are repealed.

Racing Commission

Proposed Rules Relating to Horse Medication

Alternative Notices: Notice of Intent to Adopt Rules without a Public Hearing; Notice of Intent to Adopt Rules with a Public Hearing if 25 or More Persons Request a Hearing; and Notice of Intent to Cancel Hearing if Fewer than 25 Persons Request a Hearing

I.

Explanation of Alternative Notices

The Minnesota Racing Commission is hereby giving notice of its intent to adopt rules without a public hearing under the noncontroversial rulemaking procedure of Minn. Stat. §§ 14.22 to 14.28 (1984), as amended. However, in case 25 or more persons request a hearing, thus necessitating that one be held pursuant to Minn. Stat. § 14.25 (1984), and in order to expedite the rulemaking process should that occur, the Racing Commission is at the same time hereby giving notice of the hearing on the proposed rules pursuant to Minn. Stat. §§ 14.131 to 14.20 (1984), as amended. The hearing will, of course, be cancelled if 25 or more people do not request that one be held. With the comment period closing on October 30, 1985, there will be 13 days before the scheduled hearing date. This 13-day period will give interested persons ample time to contact the Racing Commission to find out whether the hearing will be cancelled and to plan accordingly.

II.

Notice of Intent to Adopt Rules without a Public Hearing

NOTICE IS HEREBY GIVEN that the Minnesota Racing Commission proposes to adopt the above captioned rules without a public hearing unless 25 or more persons submit written requests for a public hearing. The Racing Commission has determined that the proposed rules will be noncontroversial in nature and has elected to follow the procedures set forth in Minn. Stat. §§ 14.22 to 14.28 (1984), as amended.

Interested persons shall have 30 days from the date this notice is published in the *State Register* to submit comments in support of or in opposition to the proposed rules. The 30 days will expire on October 30, 1985. Comment is encouraged. Each comment

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PROPOSED RULES

should identify the portion of the proposed rules being addressed, the reason for the comment, and any suggested changes to the rules. The proposed rules may be modified if the modifications are supported by the data and views submitted to the Racing Commission and do not result in a substantial change in the proposed language.

In addition to submitting comments, interested persons may request in writing during the 30-day comment period that a hearing be held on the proposed rules. Any person requesting a hearing should state his or her name, address, and telephone number, and is encouraged to identify the portion of the proposed rules addressed, the reason for the request, and any changes they want made to the proposed rules.

If a person desires that a hearing be held on only a portion of the proposed rules, it is requested that the Racing Commission be informed of the specific proposed rule on which a hearing is being requested at the time that the hearing request is made. This will enable the Racing Commission to limit the hearing, if one is held, to the specific issues of concern. A public hearing will be held only if 25 or more persons submit in writing requests for a hearing on the proposed rules or a portion thereof by October 30, 1985. If a hearing is required, it will be held in accordance with the provisions of Minn. Stat. §§ 14.131 to 14.20 (1984), as amended, and the hearing notice provided below.

Comments or written requests for a public hearing should be submitted to:

Dave Freeman
Executive Director
Minnesota Racing Commission
11100 West 78th Street, Suite 201
Eden Prairie, Minnesota, 55344
Telephone: (612) 341-7555

The statutory authority of the Racing Commission to promulgate the proposed rules is contained in Minn. Stat. § 240.24 (1984), as amended by Minn. Laws 1985, ch. 211, §§ 2 and 4.

If adopted, the proposed rules would allow for the use of certain medications, including: (1) topical external applications, (2) food additives, (3) furoxide (or other pulmonary hemostatic agents), and (4) nonsteroidal anti-inflammatory drugs.

The proposed rules will be published in the *State Register* issue of September 30, 1985 and a free copy of them may be obtained from the Racing Commission by writing or telephoning Dave Freeman at the address or telephone number listed above.

A Statement of Need and Reasonableness that describes the need for and reasonableness of each provision of the proposed rules and identifies the data and information relied upon to support the proposed rules has been prepared and may be obtained from the Racing Commission by writing or telephoning Dave Freeman at the address or telephone number listed above.

Promulgation of the proposed rules will not result in the expenditure of public monies by local public bodies nor have an impact on agricultural land; therefore no further information need be provided under Minn. Stat. § 14.11 (1984).

The proposed rules may affect small businesses. The actual affect, if any, is discussed in the Statement of Need and Reasonableness.

Upon adoption of the proposed rules without a public hearing, the rules as proposed, this notice, the Statement of Need and Reasonableness, all written comments received, the rules as adopted, and a statement explaining any differences between the rules as proposed and as adopted will be delivered to the Attorney General for review as to form and legality, including the issue of substantial change. Persons who wish to be advised of the submission of this material to the Attorney General, or who wish to receive a copy of the rules as adopted, should submit a written request to Dave Freeman at the address listed above.

III

Notice of Intent to Adopt Rules with a Public Hearing of 25 or More Persons Request a Hearing

PLEASE NOTE THAT IF 25 OR MORE PERSONS SUBMIT WRITTEN REQUESTS FOR A PUBLIC HEARING WITH RESPECT TO THE ABOVE CAPTIONED PROPOSED RULES WITHIN THE 30-DAY COMMENT PERIOD PURSUANT TO THE NOTICE GIVEN IN PART II ABOVE, A HEARING WILL BE HELD ON NOVEMBER 13, 1985, IN ACCORDANCE WITH THE FOLLOWING NOTICE OF PUBLIC HEARING.

NOTICE IS HEREBY GIVEN that a public hearing in the above captioned matter will be held pursuant to Minn. Stat. §§ 14.131 to 14.20 (1984), as amended, in the Hennepin County Government Center, Commissioners' Board Room, 24th Floor, Administration Tower, Minneapolis, Minnesota 55487, on November 13, 1985, commencing at 9:00 a.m. and continuing until all interested persons have an opportunity to be heard.

All interested or affected persons, including representatives of associations or other interested groups, will have an opportunity to participate. Such persons may present their views either orally at the hearing or in writing at any time prior to the close of the hearing record. All evidence presented should be pertinent to the matter at hand. Written material not submitted at the time of

hearing which is to be included in the hearing record may be mailed to George Beck, Administrative Law Judge, Office of Administrative Hearings, 400 Summit Bank Building, 310 Fourth Avenue South, Minneapolis, Minnesota 55415, telephone (612) 341-7601. This written material must be received at the Office of Administrative Hearings before the close of the hearing record.

Unless a longer period not to exceed 20 calendar days is ordered by the Administrative Law Judge at the hearing, the hearing record will remain open for the inclusion of written material for five working days after the hearing ends. Written material received during this period will be available for review at the Office of Administrative Hearings. The Racing Commission and interested persons may respond in writing within three business days after the submission period ends to any new information submitted. No additional evidence may be submitted during the three-day period.

This rule hearing procedure is governed by Minn. Stat. §§ 14.131 to 14.20 (1984), as amended, and by Minn. Rules pts. 1400.0200 to 1400.1200 (1983), as amended in 9 S.R. 2276 (April 8, 1985), promulgated by the Office of Administrative Hearings. Questions about procedure may be directed to the Administrative Law Judge.

If adopted, the proposed rules would allow for the use of certain medications, including: (1) topical external applications, (2) food additives, (3) furosemide (or other pulmonary hemostatic agents), and (4) nonsteroidal anti-inflammatory drugs.

The proposed rules will be published in the *State Register* issue of September 30, 1985, and a free copy of them may be obtained from the Board by writing or telephoning Dave Freeman at the address or telephone number listed above in Part II of this notice.

The statutory authority of the Racing Commission to make the proposed rule changes is contained in Minn. Stat. § 240.24 (1984), as amended by Minn. Laws 1985, ch. 211, §§ 2 and 4.

The proposed rules may be modified as a result of the rule hearing process. Those who are potentially affected in any manner by the substance of the proposed rules are therefore advised to participate in the process.

Minnesota Statutes ch. 10A requires each lobbyist to register with the State Ethical Practices Board within five days after he or she commences lobbying. A lobbyist is defined in Minn. Stat. § 10A.01, subd. 11 (1984) as any individual:

(a) Engaged for pay or other consideration, or authorized by another individual or association to spend money, who spends more than five hours in any month or more than \$250, not including his own travel expenses and membership dues, in any year, for the purpose of attempting to influence legislative or administrative action by communicating or urging others to communicate with public officials; or

(b) Who spends more than \$250, not including his own traveling expenses and membership dues, in any year for the purpose of attempting to influence legislative or administrative action by communicating or urging others to communicate with public officials.

The statute provides certain exceptions. Questions should be directed to the Ethical Practices Board, 41 State Office Building, St. Paul, Minnesota 55155, telephone: (612) 296-5615.

Notice is hereby given that a Statement of Need and Reasonableness is now available for review at the Racing Commission's offices and the Office of Administrative Hearings. This Statement of Need and Reasonableness contains the verbatim evidence and argument which the Racing Commission will present at the hearing justifying both the need for and the reasonableness of the proposed rules. Copies of the Statement of Need and Reasonableness may be reviewed at the Racing Commission's offices or the Office of Administrative Hearings and copies may be obtained from the Office of Administrative Hearings at the cost of reproduction.

Please note that any person may request notification of the date on which the Administrative Law Judge's report will be available, after which date the Racing Commission may not take any final action on the proposed rules for a period of five working days. If you desire to be so notified, you may so indicate at the hearing. After the hearing, you may request notification by sending a written request to the Administrative Law Judge. Any person may request notification of the date on which the proposed rules were adopted and filed with the Secretary of State. The notice must be mailed on the same day that the rules are filed. If you want to be so notified you may so indicate at the hearing or send a request in writing to the Racing Commission at any time prior to the filing of the rules as adopted with the Secretary of State.

Promulgation of these proposed rules will not result in the expenditure of public monies by local public bodies nor have any impact on agricultural land; therefore, no further information need be provided under Minn. Stat. § 14.11 (1984).

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PROPOSED RULES

The proposed rules may affect small businesses. The actual affect, if any, is discussed in the Statement of Need and Reasonableness.

IV. Notice of Intent to Cancel Hearing if Fewer Than 25 Persons Request a Hearing

PLEASE NOTE THAT THE HEARING, NOTICE OF WHICH IS GIVEN IN PART III, ABOVE, WILL BE CANCELLED IF FEWER THAN 25 PERSONS REQUEST A HEARING IN RESPONSE TO THE NOTICE GIVEN IN PART II ABOVE.

To be informed whether the hearing noticed in Part III above will be held, please call the Racing Commission before October 30, 1985, and leave your name, address and telephone number. You will be notified after October 30, 1985, if the hearing has been cancelled. You may also call the Racing Commission after October 30, 1985, for oral confirmation regarding the scheduled hearing.

September 16, 1985

Dave Freeman
Executive Director
Minnesota Racing Commission

Rules as Proposed (all new material)

CHAPTER 7890 MINNESOTA RACING COMMISSION HORSE MEDICATION

7890.0100 DEFINITIONS.

Subpart 1. **Scope.** The terms used in this chapter shall have the meanings given them in this part.

Subp. 2. **Analgesic.** "Analgesic" is a substance used to relieve pain.

Subp. 3. **Anesthetic.** "Anesthetic" is a substance used to effect a loss of feeling or sensation in any part of the body.

Subp. 4. **Bleeder.** "Bleeder" means a horse which during a race or exercise is observed by the commission veterinarian or stewards to be shedding blood from one or both nostrils or which is suspected of having bled and is so confirmed by an endoscopic examination conducted by the commission veterinarian within one hour following the race or exercise. Bleeder also includes a horse which has been shipped into Minnesota and which meets the criteria in part 7890.0140, subpart 6.

Subp. 5. **Bleeder list.** "Bleeder list" means a tabulation of all bleeders maintained by the commission veterinarian.

Subp. 6. **Bute.** "Bute" means phenylbutazone or oxyphenbutazone.

Subp. 7. **Chemist.** "Chemist" means any official racing chemist designated by the commission.

Subp. 8. **Depressant.** "Depressant" is a substance used to diminish the function of the body, including the cardiovascular system, pulmonary system, urinary system, nervous system, musculo-skeletal system, or any other functions of the body.

Subp. 9. **Detention barn.** "Detention barn" means a secured structure designated by the commission.

Subp. 10. **DMSO.** "DMSO" means dimethylsulfoxide.

Subp. 11. **Horse.** "Horse" includes all horses registered for racing under the jurisdiction of the commission and, for purposes of this chapter, includes a stallion, colt, gelding, ridgling, filly, or mare.

Subp. 12. **Lasix®.** "Lasix®" means furosemide (4-chloro-N-furfuryl-5-sulfamoylanthranilic acid).

Subp. 13. **Medication.** "Medication" is a substance, compound, or element, or combination thereof, which is or can be administered to a horse for the purpose of preventing, curing, or alleviating the effects of any disease, condition, ailment, or infirmity, or symptom thereof, or for altering in any way the behavior, attitude, temperament, or performance of a horse, including athletic performance. The term medication includes all analgesics, anesthetics, depressants, narcotics, stimulants, tranquilizers, and other classifications of medications. Nothing herein shall be deemed to include:

A. Bute, provided that the test sample does not contain more than three micrograms of the substance or metabolites thereof per milliliter of blood plasma.

B. Lasix®, provided, however, that if it is administered to a confirmed bleeder on a day it is entered to race, it must be given under the visual supervision of the commission veterinarian and at a dose level not to exceed 250 milligrams (five milliliters of a 50 milligrams/milliliters or five percent solution) per administration.

C. Topical applications, such as antiseptics, ointments, salves, DMSO, leg rubs, and leg paints which may contain antibiotics (excluding procaine, penicillin, and chloranphenicol) but which may not contain benzocaine, steroids, or other medications.

D. Food additives, such as vitamins and electrolytes, provided such additives are administered orally and do not contain any medications.

Subp. 14. **Narcotic.** "Narcotic" is a substance used to induce a sleep or stupor and at the same time relieve pain.

Subp. 15. **Positive Test.** "Positive test" means the detection of any medication or metabolites thereof in a test sample or a test level of Bute above the allowed level.

Subp. 16. **Stimulant.** "Stimulant" is a substance used to increase or excite the function of the body, including the cardiovascular system, pulmonary system, urinary system, nervous system, musculo-skeletal system, or any other systemic function of the body.

Subp. 17. **Test level.** "Test level" means the concentration of Bute found in a test sample.

Subp. 18. **Test sample.** "Test sample" means any bodily substance including blood, urine, saliva, or other substance designated by the commission, taken from a horse under the supervision of the commission veterinarian for the purpose of analysis.

Subp. 19. **Tranquilizer.** "Tranquilizer" is a substance used to alter the psychic state.

Subp. 20. **Veterinarian.** "Veterinarian" means a doctor of veterinary medicine licensed by the commission to practice at a Minnesota racetrack.

Subp. 21. **Veterinarian's list.** "Veterinarian's list" means a tabulation of horses maintained by the commission veterinarian that are prohibited from entering a race for a minimum of five calendar days and not until such time as the commission veterinarian deems the horse in fit condition to race.

7890.0110 MEDICATIONS PROHIBITED.

No person shall administer or cause to be administered to a horse within 48 hours of a race it is scheduled to run any medication (except as permitted by part 7890.0100, subpart 13, items A to D) by injection, oral or topical administration, rectal infusion or suppository, or by inhalation.

7890.0120 REPORTING PROCEDURES.

Subpart 1. **Veterinarians must keep records.** Veterinarians must submit daily to the commission veterinarian on a prescribed form a report of all medications and other substances (as provided in part 7890.0100, subpart 13, items A to D) which the veterinarian prescribed, administered, or dispensed for horses registered at a current race meeting. A logbook detailing other professional services performed while on the grounds of an association must be kept by veterinarians and shall be made immediately available to the commission veterinarian or the stewards upon request.

Subp. 2. **Administration of Bute to be reported.** The following procedures shall be observed when Bute is administered.

A. The administration of Bute to a horse entered to race must be reported to the commission veterinarian on a prescribed form by not later than 7:00 a.m. the day of the race.

B. Upon discontinuing the administration of Bute to a horse entered to race, the attending trainer must notify the commission veterinarian by 7:00 a.m. the day of the race.

C. If Bute is not detected in a test sample taken from a horse registered to use such substance, disciplinary action shall be initiated against the attending trainer and, if applicable, the substitute trainer.

7890.0130 FINDINGS OF CHEMIST.

Subpart 1. **Prima facie evidence.** A finding by a chemist that any medication or Bute exceeding the allowable test level provided in part 7890.0100, subpart 13, item A, shall be considered prima facie evidence that such medication or substance was administered and carried in the body of the horse while participating in a race. Such finding shall also be considered prima facie evidence that the trainer and, if applicable, the substitute trainer was negligent in the handling or care of the horse.

Subp. 2. **Distributed purse money.** The fact that purse money has been distributed prior to the issuance of the chemist's report shall not be deemed a finding that no medication or Bute exceeding allowable level was administered to the horse earning such purse money in violation of this chapter.

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PROPOSED RULES

7890.0140 BLEEDERS.

Subpart 1. **Maintenance.** An up-to-date bleeder list shall be posted in the office of the racing secretary.

Subp. 2. **Horses placed on bleeder list.** Bleeders shall be placed on the bleeder list and veterinarian's list and shall be ineligible to be entered in a race pursuant to subpart 5.

Subp. 3. **Endoscopic examination.** Within one hour of the finish of the race or exercise in which a horse has participated, the commission veterinarian may require an endoscopic examination in order to confirm the horse's inclusion on the bleeder list. The endoscopic examination shall be conducted by a veterinarian employed by the horse's owner or his or her agent, and shall be conducted in the presence of and in consultation with the commission veterinarian. The commission veterinarian shall decide, based upon his or her experience and professional training, whether the amount of hemorrhage is sufficient to cause such horse to be certified as a bleeder.

Subp. 4. **Confirmation of bleeder must be certified.** The confirmation of a bleeder must be certified in writing by the commission veterinarian and such horse must be included on the bleeder list. Upon request, a copy of such certification shall be provided to the owner of the horse or his or her agent.

Subp. 5. **Restrictions on confirmed bleeders.** Confirmed bleeders shall be subject to the following restrictions:

A. For the first observed bleeding in Minnesota, the horse shall be placed on the bleeder list and the veterinarian's list and shall not be removed from the veterinarian's list for at least 14 days, and not until the commission veterinarian has approved its removal.

B. When a horse has been observed bleeding for the second time in Minnesota, the horse shall be placed on the veterinarian's list and shall not be removed from the list for at least 28 days, and not until the commission veterinarian has approved its removal.

C. When a horse has been observed bleeding for the third time in Minnesota, the horse shall be placed on the veterinarian's list and shall not be removed from the list for at least six months, and not until the commission veterinarian has approved its removal.

D. When a horse is observed bleeding a fourth time in Minnesota, the horse shall be barred from further pari-mutuel racing in Minnesota.

Subp. 6. **Bleeders imported from other jurisdictions.** A horse shipped into Minnesota from another jurisdiction may be considered a bleeder provided there is compliance with the following procedures:

A. the jurisdiction from which it was shipped considered the horse a bleeder, and documentation to that effect is immediately transmitted to the stewards and the commission veterinarian at the Minnesota racetrack to which it is shipped; and

B. the commission veterinarian certifies the horse as a bleeder.

Subp. 7. **Bleeders confined to security stall.** Once a horse is placed on the bleeder list, it must be in the detention barn not less than four hours prior to scheduled post time for the race in which it is entered to start. Once at the detention barn, a horse shall remain there until it is taken to the paddock to be saddled or harnessed for a race.

Subp. 8. **Deadline for Lasix®.** Bleeders entered to race must be treated at least four hours prior to post time. Immediately prior to treatment, a blood sample shall be taken by the commission veterinarian for analysis.

Subp. 9. **Administration of Lasix®.** Lasix® shall be administered by a veterinarian employed by the owner of the horse or his or her agent under the visual supervision of the commission veterinarian and at a dose level not to exceed 250 milligrams (five milliliters of a 50 milligrams/milliliters or five percent solution) per administration.

Subp. 10. **Responsibility of trainer.** While in the detention barn, the horse shall be in the care, custody, and under the control of the trainer or a licensed person assigned by the trainer. The trainer shall be responsible for the condition, care, and handling of the horse while it remains in the security area.

7890.0150 DISCLOSURE OF APPROVED MEDICATIONS TO PUBLIC.

All horses that have been treated with Bute or approved for race day use of Lasix® must be identified in the daily racing program on the day such horses are to race. Horses that are racing for the first time using Lasix®, must be so identified in the daily racing program.

ADOPTED RULES

The adoption of a rule becomes effective after the requirements of Minn. Stat. § 14.14-14.28 have been met and five working days after the rule is published in *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.

An emergency rule becomes effective five working days after the approval of the Attorney General as specified in Minn. Stat. § 14.33 and upon the approval of the Revisor of Statutes as specified in § 14.36. Notice of approval by the Attorney General will be published as soon as practicable, and the adopted emergency rule will be published in the manner provided for adopted rules under § 14.18.

Department of Labor and Industry

Rules Relating to Workers' Compensation; Fees for Medical Services

5221.1100 PHYSICIAN SERVICES; MEDICINE.

Subpart 1. and 2. [Unchanged.]

Subp. 3. **Office services.** The following codes, service descriptions and maximum fees apply to services provided at the physician's office.

Code	Service	Maximum Fee
90000	New patient — brief service	\$ 25.00
90010	New patient — limited service	34.00 <u>\$ 36.00</u>
90015	New patient — intermediate service	50.00 <u>47.00</u>
90017	New patient — extended service	78.00 <u>63.00</u>
90020	New patient — comprehensive service	129.00
90030	Established patient — minimal service	15.00
90040	Established patient — brief service	49.00 <u>20.00</u>
90050	Established patient — limited service	21.00 <u>23.00</u>
90060	Established patient — intermediate service	28.00 <u>30.00</u>
90070	Established patient — extended service	42.00 <u>47.50</u>
90080	Established patient — comprehensive service	67.00 <u>75.00</u>

Subp. 4. **Hospital services.** The following codes, service descriptions and maximum fees apply to services provided at a hospital. Initial hospital care shall be categorized under codes 90200 to 90220. Subsequent hospital care shall be categorized under codes 90240 to ~~90280~~ 90270.

Code	Service	Maximum Fee
90200	Brief initial hospital care	53.00 <u>\$55.50</u>
90215	Intermediate initial hospital care	72.00 <u>76.00</u>
90220	Comprehensive initial hospital care	102.00 <u>112.00</u>
90240	Subsequent hospital care — brief service	23.50 <u>25.00</u>
90250	Subsequent hospital care — limited service	30.00 <u>33.00</u>
90270	Subsequent hospital care — extended service	60.00 <u>61.00</u>
90280	Subsequent hospital care — comprehensive service	88.00

Subp. 5. **Emergency department services.** The following codes, service descriptions, and maximum fees apply to services provided in an emergency room, or when the physician is assigned to the emergency department.

Code	Service	Maximum Fee
90500	New patient — minimal service	26.00 <u>\$25.00</u>
90505	New patient — brief service	30.00
90510	New patient — limited service	38.00 <u>39.50</u>
90515	New patient — intermediate service	45.00 <u>50.00</u>

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ADOPTED RULES

Code	Service	Maximum Fee
90517	New patient — extended service	65.00 <u>75.00</u>
90530	Established patient — minimal service	20.10
90540	Established patient — brief service	30.00 <u>32.00</u>
90550	Established patient — limited service	33.00 <u>35.00</u>
90560	Established patient — intermediate service	37.00 <u>40.00</u>
90570	Established patient — extended service	55.00

5221.1200 CONSULTATIONS.

Subpart 1. and 2. [Unchanged.]

Subp. 3. **Fees.** The following codes, service descriptions, and maximum fees apply to consultations.

Code	Service	Maximum Fee
90600	<u>Initial consultation; limited</u>	<u>\$ 50.00</u>
90605	Intermediate consultation	64.00 <u>66.50</u>
90610	Extensive consultation	77.00 <u>81.00</u>
90620	Comprehensive consultation	115.00 <u>125.00</u>
90630	Complex consultation	132.50 <u>148.00</u>
<u>90641</u>	<u>Follow-up consultation; limited visit</u>	<u>48.00</u>

5221.1300 PSYCHIATRIC THERAPY.

The following codes, service descriptions, and maximum fees apply to psychiatric therapeutic procedures, and to a provider licensed as a doctor of medicine or a doctor of osteopathy.

Code	Service	Maximum Fee
	General Clinical Psychiatric Diagnostic or Evaluative Interview Procedures	
90801	Psychiatric diagnostic interview examination including history, mental status, or disposition	\$100.00 <u>\$106.30</u>
90843	Individual medical psychotherapy with continuing medical diagnostic evaluation, and drug management when indicated, including psychoanalysis, insight oriented, behavior modifying or supportive psychotherapy; approximately 20 to 30 minutes	<u>50.00</u>
90844	approximately 45 or 50 minutes	85.00 <u>88.00</u>
<u>90847</u>	<u>Family medical psychotherapy (conjoint psychotherapy)</u>	<u>85.00</u>

5221.1400 BIOFEEDBACK.

The following codes, service descriptions, and maximum fees apply to biofeedback procedures, and to a provider licensed as a doctor of medicine or a doctor of osteopathy.

Code	Service	Maximum Fee
90900	Biofeedback training; by electromyogram application, as with tension headache or muscle spasm	<u>\$ 70.00</u>
90906	Regulation of skin temperature or peripheral blood flow	70.00 <u>\$ 45.00</u>

5221.1500 OPHTHALMOLOGICAL SERVICES.

Subpart 1. and 2. [Unchanged.]

Subp. 3. **Ophthalmological services and fees.** The following codes, service descriptions, and maximum fees apply to ophthalmological services. General ophthalmological services, codes 92002 to ~~92014~~ 92020, constitute integrated services in which medical diagnostic evaluation cannot be separated from the examining techniques used. The components of the services should not be itemized, except where the service goes beyond what is normally provided. Minimal, brief, and limited levels of service should be submitted under the appropriate code. Routine ophthalmoscopy, codes 92225 to ~~92250~~ 92235, is part of general and special ophthalmological services wherever indicated, and shall not be reported separately.

General Services

Code	Service	Maximum Fee
92002	Intermediate ophthalmological service: medical evaluation with initiation of diagnostic and treatment program — new patient	<u>\$ 43.00</u> <u>\$ 44.50</u>

Code	Service	Maximum Fee
92004	Comprehensive ophthalmological service: medical evaluation with initiation of diagnostic and treatment program — new patient, one or more visits	46.00 <u>49.00</u>
92014	Comprehensive ophthalmological service: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program — established patient, one or more visits	46.00 <u>49.00</u>
<u>92020</u>	<u>Gonioscopy with medical diagnostic evaluation (separate procedure)</u>	<u>28.00</u>
Special Services		
92065	Orthoptic or pleoptic training, with continuing medical direction and evaluation	\$ 20.00 <u>\$ 29.50</u>
92082	Quantitative perimetry, for example, several isopters on Goldmann perimeter, or equivalent	45.00
<u>92083</u>	<u>Visual field examination with medical diagnostic evaluation; extended examination; quantitative perimetry (e.g. manual static and kinetic perimetry or Goldmann or Tubinger perimeter or equivalent, or automated static perimetry, complex, such as octopus program 31 + 41 or 32 + 41)</u>	<u>48.00</u>
92100	Serial tonometry with medical diagnostic evaluation as a separate procedure, one or more sessions, same day	20.00 <u>22.00</u>
92140	Provocative tests for glaucoma, with medical diagnostic evaluation, without tonography	<u>25.00</u>
Ophthalmoscopy		
92225	Ophthalmoscopy, extended as for retinal detachment with medical diagnostic evaluation; initial	\$ 24.00 <u>\$ 25.00</u>
92235	Ophthalmoscopy, including medical diagnostic with fluorescein angiography and multiframe photography and medical interpretation	112.00 <u>128.00</u>
<u>92250</u>	<u>with fundus photography</u>	<u>28.00</u>

Other Specialized Services

92265	Oculoelectromyography, one more extraocular muscles, one or both eyes, with medical diagnostic evaluation	\$ 66.00 <u>\$ 68.50</u>
92280	Visually evoked potential or response study, with medical diagnostic evaluation	125.00

5221.1600 OTORHINOLARYNGOLOGIC SERVICES.

The codes, service descriptions, and maximum fees in this part apply to otorhinolaryngologic services, and to a provider licensed as a doctor of medicine or a doctor of osteopathy. Diagnostic or treatment procedures usually included in a comprehensive otorhinolaryngologic evaluation or office visit, which do not include the following, should be reported as an integrated medical service using the appropriate code from the 90000 series. Component services such as otoscopy, rhinoscopy, or tuning fork test, should not be itemized separately. All of the following services include medical diagnostic evaluation. Technical procedures, which may or may not be performed by the physician personally, are often part of the service, but do not constitute the service itself.

Code	Service	Maximum Fee
92506	Medical evaluation of speech, language, or hearing problems	\$ 51.00
92508	Speech, language, or hearing therapy, with continuing medical supervision group	23.75
92543	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests), with recording	47.00 <u>\$ 50.00</u>
92544	Optokinetic nystagmus test, bidirectional, foveal, or peripheral stimulation, with recording	33.00
92545	Oscillating tracking test, with recording	27.00 <u>30.00</u>

5221.1700 AUDIOLOGIC TESTS.

The codes, service descriptions, and maximum fees in this part apply to audiologic function tests with medical diagnostic evaluation, and to a provider licensed as a doctor of medicine or a doctor of osteopathy. The tests involve use of calibrated electronic equipment. Other hearing tests such as whispered voice, tuning fork which are usually included in a comprehensive otorhinolaryngologic evaluation or office visit shall not be itemized, but shall be included in the basic office visit or consultation. The following codes refer to testing of both ears.

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ADOPTED RULES

Basic Audiometry

Code	Service	Maximum Fee
92551	Screening test, pure tone, air only	\$ 12.00
92552	Pure tone audiometry (threshold); air only	17.00 <u>\$ 19.00</u>
92553	Pure tone audiometry (threshold); air and bone	29.50
92555	Speech audiometry; threshold only	12.00
92556	Speech audiometry; threshold and discrimination	30.00 <u>32.00</u>
92557	Basic comprehensive audiometry (92553 and 92556 combined), (pure tone, air and bone, and speech, threshold and discrimination)	48.50 <u>50.50</u>

Audiologic Tests

92562	Loudness balance test, alternate binaural or monaural	\$ 16.00
92563	Tone decay test	14.00 <u>\$ 12.00</u>
92564	Short increment sensitivity index	17.00
92566	Impedance testing	17.75 <u>18.75</u>
92567	Tympanometry	13.00 <u>15.00</u>
92568	Acoustic reflex testing	25.00
92569	Acoustic reflex decay test	14.00
92575	Sensorineural acuity level test	8.25 <u>8.75</u>
92581	Evoked response audiometry	150.00 <u>155.00</u>
92582	Conditioning play audiometry	24.00
92583	Select picture audiometry	24.00
92585	Brainstem evoked response recording	165.00
92591	Hearing aid examination and selection binaural	66.00 <u>65.00</u>
92593	Hearing aid check; binaural	18.00

5221.1800 CARDIOGRAPHY.

The codes, service descriptions, and maximum fees in this part apply to cardiographic services, and to a provider licensed as a doctor of medicine or a doctor of osteopathy.

Code	Service	Maximum Fee
93000	Electrocardiogram (ECG); with interpretation and report, routine ECG with at least 12 leads	\$ 36.00 <u>\$ 37.50</u>
93005	tracing only, without interpretation and report	25.00
93010	interpretation and report only	16.50
93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise; continuous electrocardiographic monitoring; with interpretation and report	145.00
93017	tracing only without interpretation and report	107.00
93018	interpretation and report only	90.00
93040	Rhythm ECG, one to three leads; with interpretation	20.00
93041	Rhythm ECG, tracing only without interpretation and report	16.50
93220	Vectorcardiogram (VCG), with or without ECG; with interpretation and report	36.10 <u>95.00</u>
93270	Electrocardiographic monitoring utilizing a system such as magnetic tape for up through 12 hours; includes recording, scanning analysis, interpretation, and report	155.00 <u>171.00</u>
93274	Electrocardiographic monitoring utilizing a system such as magnetic tape, 12 through 24 hours; includes recording, scanning analysis, interpretation and report	183.00 <u>190.50</u>
93276	Scanning analysis with report	96.00
93277	physician review and interpretation, with report	85.00 <u>90.00</u>
93308	Echocardiography, real-time with image documentation (2D); limited	155.00

5221.1900 PULMONARY.

The codes, service descriptions, and maximum fees of this part apply to pulmonary services, and to a provider licensed as a doctor of medicine or a doctor of osteopathy. The services include laboratory procedures, interpretation, and physician services, except surgical and anesthesia services.

Code	Service	Maximum Fee
94010	Spirometry, including graphic record; total and timed vital capacity; expiratory flow-rate measurement or maximal voluntary ventilation	\$ 28.00

ADOPTED RULES

Code	Service	Maximum Fee
94060	Bronchospasm evaluation: spirometry as in 94010, before and after bronchodilator (aerosol or parenteral) or exercise	36.00
94150	Vital capacity, total (separate procedure)	15.00
94160	Vital capacity screening tests: total capacity, with timed forced expiratory volume (state duration), and peak flow rate	15.00
94200	Maximum breathing capacity, maximal voluntary ventilation	21.50
94375	Respiratory flow volume loop	22.00
94656	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; first day	96.50
94640	Nonpressurized inhalation treatment for acute airway obstruction	19.00 <u>\$18.75</u>
94664	Aerosol or vapor inhalations for sputum mobilization, bronchodilation, or sputum induction for diagnostic purposes; initial demonstration and/or evaluation	17.10
94667	<u>Manipulation of chest wall, such as cupping, percussing, and vibration to facilitate lung function, initial demonstration and/or evaluation</u>	<u>18.00</u>

Allergy and Clinical Immunology

95120	<u>Professional services for allergen immunotherapy in prescribing physician's office or institution, including provision of allergenic extract; single antigen</u>	<u>\$7.00</u>
95125	<u>Multiple antigens (specify number of injections)</u>	<u>9.00</u>

5221.2000 NEUROLOGY AND NEUROMUSCULAR.

The codes, service descriptions, and maximum fees of this part apply to neurology and neuromuscular services, and to a provider licensed as a doctor of medicine or a doctor of osteopathy. Services performed as part of and included in the definition of an office visit, hospital visit, or consultation shall not be listed separately, but shall be submitted under the appropriate code.

Code	Service	Maximum Fee
95819	Electroencephalogram (EEG) including recording awake, drowsy, and asleep, with hyperventilation or photic stimulation; standard or portable, same facility	\$ 112.00
95822	Electroencephalogram (EEG); sleep only	128.25
95823	physical or pharmacological activation only	112.00
95851	Range of motion measurements and report (separate procedure); each extremity, excluding hand	30.00
95860	Electromyography; one extremity and related paraspinal areas	<u>\$145.00</u>
95861	two extremities and related paraspinal areas	170.00 <u>225.00</u>
95863	three extremities and related paraspinal areas	133.30 <u>138.60</u>
95864	four extremities and related paraspinal areas	184.10 <u>191.50</u>
95900	Nerve conduction; velocity, or latency study; motor, each nerve	48.00
95904	sensory, each nerve	48.00
95925	Somatosensory testing; for example, cerebral evoked potentials, one or more nerves	162.00
95935	"H" reflex, by electrodiagnostic testing	35.00 <u>36.25</u>
95950	Ambulatory 24-hour EEG monitoring	400.00

5221.2100 PHYSICAL MEDICINE.

The following codes, service descriptions and maximum fees apply to physical medicine services, and to a provider licensed as a doctor of medicine or a doctor of osteopathy. Physical medicine office visits as listed under "modalities" and "procedures" shall be submitted under the appropriate code from this paragraph. Modalities and procedures require supervision by the physician, and constant attendance by the physician or therapist.

Special Dermatological Procedures

Code	Service	Maximum Fee
96900	Actinotherapy (ultraviolet light)	<u>\$ 7.00</u>
96912	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment)	20.00

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ADOPTED RULES

		Modalities	Maximum Fee
Code	Service		
97000	Office visit with one of the following modalities to one area:		
	1. Hot or cold packs		
	2. Traction, mechanical		
	3. Electrical stimulation (unattended)		
	4. Vasopneumatic devices		
	5. Paraffin bath		
	6. Microwave		
	7. Whirlpool		
	8. Diathermy		
	9. Infrared		
	10. Ultraviolet		15.00
97012	Physical medicine treatment to one area; traction mechanical		13.50
97050	Office visit with two or more modalities to same area		25.35
97010	Physical medicine treatment to one area; hot or cold packs		\$15.00
97012	Traction, mechanical		14.00
97014	Electrical stimulation (unattended)		13.00
97020	Microwave		18.00
97022	Whirlpool		14.00
97026	Infrared		11.00
97028	Ultraviolet		19.50
97039	Unlisted modality (specify)		30.00

		Procedures	
97100	Office visit with one of the following procedures to one area:		
	1. Therapeutic exercises		
	2. Neuromuscular reeducation		
	3. Functional activities		
	4. Gait training		
	5. Electrical stimulation (manual)		
	6. Iontophoresis		
	7. Traction, manual		
	8. Massage		
	9. Contrast baths		
	10. Ultrasound;		
	initial 30 minutes		18.00
97101	each additional 15 minutes		10.00
97200	Office visit, including combination of any modality and procedure; initial 30 minutes		31.00
97201	each additional 15 minutes		10.00
97110	Physical medicine treatment to one area, initial 30 minutes, each visit; therapeutic exercises		\$22.00
97120	Iontophoresis		20.00
97124	Massage		15.50
97126	Contrast baths		14.50
97128	Ultrasound		15.00
97145	Physical medicine treatment to one area, each additional 15 minutes		10.00
97260	Manipulation (cervical, thoracic, lumbosacral, sacroiliac, hand, wrist) (separate procedure), performed by physician; one area		21.00
97261	each additional area		5.00

		Tests and Measurements	
97740	Kinetic activities to increase coordination, strength, and/or range of motion; one area; any two extremities; initial 30 minutes		28.50
97540	Activities of daily living (ADL) and diversional activities; initial 30 minutes, each visit		29.70
97541	Each additional 15 minutes		12.50

5221.2200 CRITICAL CARE SERVICES.

Critical care services (codes ~~99160~~ 99162 to 99173) apply to a provider licensed as a doctor of medicine or a doctor of osteopathy, and include the care of critically ill patients in a variety of medical emergencies that require the constant attention of the physician, for example, cardiac arrest, shock, bleeding, respiratory failure, postoperative complications, or critically ill neonate. Critical care is usually, but not always, given in a critical care area, such as the coronary care unit, intensive care unit, respiratory care unit, or the emergency care facility. The critical care services include, but are not limited to, cardiopulmonary resuscitation and a variety of services attendant to this procedure as well as other acute emergency situations. Separate procedure codes for services performed during this period, such as placement of catheters, cardiac output measurement, management of dialysis, control of gastrointestinal hemorrhage, or electrical conversion of arrhythmia, are not permitted when critical care services are billed on a per hour basis.

Code	Service	Maximum Fee
99000	Collection, handling, or conveyance of specimen for transfer from the physician's office to a laboratory	\$ 7.50
99058	<u>Office services provided on an emergency basis</u>	<u>\$31.00</u>
990075	Medical testimony	Reasonableness of charges reviewable by commissioner
99090	Special reports like insurance forms, or the review of medical data to clarify a patient's status more than the information conveyed in the usual medical communications or on standard reporting forms required by the commissioner	Reasonableness of charges reviewable by commissioner
Surgical Procedures		
99025	Initial, new patient visit when asterisk (*) surgical procedure constitutes major service at that visit	\$ 15.00
Prolonged Services		
99155	Medical conference by physician regarding medical management with patient, or relative, guardian, or other (may include counseling by a physician); approximately 25 minutes	\$ 40.00
99156	<u>approximately 50 minutes</u>	<u>112.50</u>
99156	<u>Medical conference by physician regarding medical management with patient, or relative, guardian, or other (may include counseling by a physician); approximately 50 minutes</u>	<u>\$100.00</u>
Critical Care		
99160	Critical care, initial, including the diagnostic and therapeutic services and direction of care of the critically ill or multiple injured or comatose patient, requiring the prolonged presence of the physician; each hour	\$100.00
99170	Gastric intubation, and aspiration or lavage for treatment (i.e., ingested poisons)	40.00
99162	<u>Critical care, including the diagnostic and therapeutic services and direction of care of the critically ill or multiple injured or comatose patient, requiring the prolonged presence of the physician; each 30 minutes beyond first hour</u>	<u>\$ 60.50</u>
99171	<u>Critical care, subsequent follow-up visit; brief examination, evaluation and/or treatment for same illness</u>	<u>55.00</u>
99172	Critical care, subsequent follow-up visit; limited examination, evaluation, or treatment for same or new illness	47.00 <u>42.00</u>
99173	intermediate examination, evaluation, or treatment, same or new illness	79.00 <u>75.00</u>

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ADOPTED RULES

5221.2250 PHYSICIAN SERVICES — SURGERY.

Subpart 1. and 2. [Unchanged.]

Subp. 3. **Integumentary system.** The following codes, service descriptions, and maximum fees apply to surgical procedures of the integumentary system. Excision of benign lesions (codes ~~11200~~ 11400 to 11442) includes a simple closure and local anesthesia for treatment of benign lesions of skin or subcutaneous tissues, for example, cicatricial, fibrous, inflammatory, congenital, or cystic lesions. Treatment of burns (codes 16000 to 16020) refer to local treatment of the burned surface only. Simple repair (codes 12001 to 12013) shall be used for superficial wounds involving skin or subcutaneous tissues, without significant involvement of deeper structures, and which requires simple suturing. Wounds which require closure with adhesive strips only shall be listed according to the appropriate office visit. Intermediate repair (codes ~~12031~~ 12034 to 12051) shall be used for the repair of wounds that, in addition to simple repair, require layer closure. These wounds usually involve deeper layers such as fascia or muscle, to the extent that at least one of the deeper layers requires separate closure. Complex repair (codes ~~13121~~ 13151 to ~~13132~~ 13152) shall be used for the repair of wounds which require reconstructive surgery, complicated wound closures, skin grafts, or unusual and time consuming techniques of repair to obtain the maximum functional and cosmetic result. It may include creation of the defect and necessary preparation for repairs or the debridement and repair of complicated lacerations or avulsions. The instructions in items A to C also apply to coding of repair services (codes 12001 to ~~13132~~ 13152):

A. and B. [Unchanged.]

C. Involvement of nerves, blood vessels, and tendons shall be reported under the appropriate system for repair of these structures. The repair of the associated wound shall be included in the primary procedure, unless it qualifies as a complex wound, in which case modifier number 50 applies. Simple ligation of vessels in an open wound is considered as part of any wound closure. Simple exploration of nerves, blood vessels, or tendons exposed in an open wound is also considered part of the essential treatment of the wound and is not a separate procedure unless appreciable dissection is required.

Incision

Code	Service	Maximum Fee
10000*	Incision and drainage of infected or noninfected sebaceous cyst; one lesion	\$ 42.50 <u>\$ 45.00</u>
10003*	Incision and drainage of infected or noninfected epithelial inclusion cyst with complete removal of sac and treatment of cavity	50.00 <u>55.00</u>
10020*	Incision and drainage of furuncle	30.00 <u>35.00</u>
10060*	Incision and drainage of abscess, for example, carbuncle, suppurative hidradenitis, and other cutaneous or subcutaneous abscesses; simple	43.50 <u>45.50</u>
10080	Incision and drainage of piloridial cyst; simple	45.50 <u>49.00</u>
10100*	Incision and drainage of onychia or paronychia single or simple	42.00 <u>36.00</u>
10120*	Incision and removal of foreign body, subcutaneous tissues; simple	44.00 <u>46.00</u>
10140	Incision and drainage of hematoma; simple	43.50
10160*	Puncture aspiration of abscess, hematoma, bulla, or cyst	35.00 <u>39.20</u>

Excision Debridement

11000	Debridement of extensive eczematous or infected skin; up to ten percent of body surface	30.00
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Paring or Curettement

11050*	Paring or curettement of benign lesion with or without chemical cauterization (such as verrucae or clavi); single lesion	\$ 24.50
11051	two to four lesions	30.80
11052	more than four lesions	50.00
<u>11051</u>	<u>Paring or curettement of benign lesion with or without chemical cauterization (such as verrucae or clavi); two to four lesions</u>	<u>\$ 35.00</u>

Biopsy

11100	Biopsy of skin, subcutaneous tissue, or mucous membrane, including simple closure, unless otherwise listed (separate procedure); one lesion	\$ 52.50 <u>\$56.45</u>
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Excision—Benign Lesions

11200*	Excision, skin tags, multiple fibrocuteaneous tags, any area; up to 15 lesions	\$ 47.00
11400	Excision, benign lesion, except skin tag (unless listed elsewhere), trunk, arms or legs; lesion diameter up to 0.5 centimeter	56.50 <u>\$ 59.00</u>

ADOPTED RULES

Code	Service	Maximum Fee
11401	lesion diameter 0.5 to 1.0 centimeter	66.00 <u>69.00</u>
11402	lesion diameter 1.0 to 2.0 centimeters	78.00 <u>83.00</u>
11403	lesion diameter 2.0 to 3.0 centimeters	96.00 <u>100.00</u>
11404	lesion diameter 3.0 to 4.0 centimeters	120.00
11420	Excision, benign lesion, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; lesion diameter up to 0.5 centimeter	65.00 <u>67.00</u>
11421	lesion diameter 0.5 to 1.0 centimeter	75.00 <u>80.00</u>
11422	lesion diameter 1.0 to 2.0 centimeters	99.00 <u>100.00</u>
11423	lesion diameter 2.0 to 3.0 centimeters	71.00
11440	Excision, other benign lesion (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter up to 0.5 centimeter	70.00 <u>75.40</u>
11441	lesion diameter 0.5 to 1.0 centimeter	90.00
11442	lesion diameter 1.0 to 2.0 centimeters	108.00 <u>119.00</u>
Excision—Malignant Lesions		
<u>11600</u>	<u>Excision, malignant lesion, trunk, arms, or legs; lesion diameter up to 0.5 centimeters</u>	<u>\$100.00</u>
<u>11601</u>	<u>Lesion diameter 0.5 to 1.0 centimeters</u>	<u>145.00</u>
<u>11621</u>	<u>Lesion, malignant lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 to 1.0 centimeters</u>	<u>195.00</u>
Nails		
11700*	Debridement of nails, manual; five or less	\$ 25.00
11730*	Avulsion of nail plate, partial or complete, simple; single	<u>\$55.00</u>
11740	Evacuation of subungual hematoma	29.00 <u>30.00</u>
11760	Reconstruction of nail bed; simple	68.50
Miscellaneous		
<u>11900</u>	<u>Injection, intralesional, up to and including seven lesions</u>	<u>\$27.90</u>
<u>11901</u>	<u>more than seven lesions</u>	<u>42.50</u>
Repair—Simple		
12001*	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk, or extremities, including hands and feet; up to 2.5 centimeters	\$ 45.00 <u>\$ 46.50</u>
12002*	2.5 to 7.5 centimeters	65.00 <u>70.00</u>
12004*	7.5 to 12.5 centimeters	90.00 <u>100.00</u>
12011*	Simple repair of superficial wounds of face, ears, eyelids, nose, lips, or mucous membranes; up to 2.5 centimeters	65.00 <u>70.00</u>
12013*	2.5 to 5.0 centimeters	84.00 <u>85.00</u>
12014	5.0 to 7.5 centimeters	82.00 <u>92.00</u>
Repair—Intermediate		
12031*	Layer closure of wounds of scalp, axillae, trunk, or extremities excluding hands and feet; up to 2.5 centimeters	\$ 60.00
12034	<u>Layer closure of wounds of scalp, axillae, trunk, or extremities excluding hands and feet; 7.5 to 12.5 centimeters</u>	145.00 <u>\$137.00</u>
12041*	Layer closure of wounds of neck, hands, feet, or external genitalia; up to 2.5 centimeters	90.00 <u>79.50</u>
12042	2.5 to 7.5 centimeters	105.00 <u>120.00</u>
12051*	Layer closure of wounds of face, ears, eyelids, nose, lips, or mucous membranes up to 2.5 centimeters	<u>100.00</u>
12052	2.5 to 5.0 centimeters	127.20

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ADOPTED RULES

Repair—Complex

Code	Service	Maximum Fee
13150	Repair, complex, eyelids, nose, ears, or lips; up to 1.0 centimeter	\$180.00
13151	1.0 to 2.5 centimeters	360.00
13151	Repair, complex, eyelids, nose, ears, or lips; 1.0 to 2.5 centimeters	\$390.00
13152	2.5 to 7.5 centimeters	\$75.00 585.00

Adjacent Tissue Transfer or Rearrangement

14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, or feet; defect up to 10 square centimeters	552.00
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears, or lips; defect up to 10 square centimeters	720.00 5780.00

Free Skin Grafts

15050*	Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area except on face, up to defect size 2 centimeters diameter	\$120.00
15100	Split graft, trunk, scalp, arms, legs, hands, or feet except multiple digits; up to 100 square centimeters, or each one percent of body area of infants and children (except 15050)	450.00 535.00

Burns, Local Treatment

16000	Initial treatment, first degree burn, when no more than local treatment is required	\$ 44.00 \$ 38.50
16010	Dressings or debridement, initial or subsequent; under anesthesia, small	30.00
16020*	Dressings or debridement, initial or subsequent; without anesthesia, office or hospital, small	30.00 35.00
16025*	without anesthesia, medium, for example, whole face or whole extremity	42.00 55.00

Destruction

17000*	Destruction by any method, with or without surgical curettage, all facial lesions or premalignant lesions in any location, including local anesthesia; one lesion	\$ 35.00 \$ 38.00
17100*	Destruction by any method of benign skin lesions on any area other than the face, including local anesthesia; one lesion	31.50 35.00
17200*	Electrosurgical destruction of multiple fibrocutaneous tags; up to 15 lesions	35.00 40.00
17250*	Chemical cauterization of a wound	25.05
17340*	Cryotherapy (CO ₂ slush, liquid N ₂)	22.00 24.00

Subp. 4. **Musculoskeletal system.** The following codes, service descriptions and maximum fees apply to surgical procedures of the musculoskeletal system. Rereduction of a fracture or dislocation performed by the primary physician may be identified by the addition of the modifier number 76 to the usual procedure number to indicate "repeat procedure by same physician."

Excision—General

Code	Service	Maximum Fee
20205	Biopsy, muscle; deep	\$200.00 \$210.00
20220	Biopsy, bone, trocar, or needle; superficial for example ilium, sternum, spinous process, ribs	137.00
20225	Biopsy, bone, trocar, or needle; superficial, deep, (vertebral body, femur)	375.00

Introduction or Removal—General

20501*	Injection of sinus tract; diagnostic (sinogram) (separate procedure)	\$ 47.00
20550*	Injection, tendon sheath, ligament, or trigger points	37.00 39.00
20600*	Arthrocentesis, aspiration, or injection; small joint or bursa, for example, fingers, toes	40.00
20605*	intermediate joint or bursa, for example, temporomandibular, acromioclavicular, wrist, elbow, or ankle, olecranon bursa	44.00 47.10
20610*	major joint or bursa, for example, shoulder, hip, knee joint, subacromial bursa	45.00 49.00
20670*	Removal of implant; superficial, for example, buried wire, pin or rod (separate procedure)	70.00
20680	Removal of implant; deep, for example, buried wire, pin, screw, metal band, nail, rod, or plate	268.00 287.80

Introduction or Removal

21116	Injection procedure for temporomandibular arthrotomography	74.00
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Head—Fracture or Dislocation

21315*	Manipulative treatment, nasal bone fracture; without stabilization	\$ 95.00
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ADOPTED RULES

Code	Service	Maximum Fee
21310	<u>Treatment of closed or open nasal fracture without manipulation</u>	<u>\$40.00</u>
21320	<u>Manipulative treatment, nasal bone fracture; with stabilization</u>	240.00 <u>260.00</u>
Neck (Soft Tissues) and Thorax—Fracture or Dislocation		
Code	Service	Maximum Fee
21800	<u>Treatment of rib fracture; closed, uncomplicated, each</u>	<u>\$ 55.00</u>
Spine (Vertebral Column) Manipulation		
22500*	<u>Manipulation of spine, any region</u>	<u>17.00</u>
22555	<u>Arthrodesis with diskectomy, cervical, anterior interbody approach with iliac or other autogenous bone graft (includes obtaining graft)</u>	<u>\$440.00</u>
Shoulders—Fracture or Dislocation		
23350	<u>Injection procedure for shoulder Arthrography</u>	<u>58.30</u>
23500	<u>Treatment of closed clavicular fracture; without manipulation</u>	<u>79.00</u>
23505	<u>Treatment of closed clavicular fracture; with manipulation</u>	<u>175.00</u>
23420	<u>Repair of complete shoulder cuff avulsion, chronic (includes acromionectomy)</u>	<u>\$1,330.00</u>
23450	<u>Capsulorrhaphy for recurrent dislocation, anterior; Putti-Platt procedure or Magnuson type operation</u>	<u>1,150.00</u>
23550	<u>Open treatment of closed or open acromioclavicular dislocation, acute or chronic</u>	785.00 <u>816.00</u>
23650	<u>Treatment of closed shoulder dislocation, with manipulation; without anesthesia</u>	105.00 <u>100.00</u>
23655	<u>requiring anesthesia</u>	120.00 <u>150.00</u>
Shoulder—Manipulation		
23700*	<u>Manipulation under anesthesia, including application of fixation apparatus (dislocation excluded)</u>	\$125.00 <u>\$158.00</u>
Humerus (Upper Arm) and Elbow—Fracture or Dislocation		
24505	<u>Treatment of closed humeral shaft fracture; with manipulation</u>	<u>315.00</u>
24650	<u>Treatment of closed radial head or neck fracture without manipulation</u>	<u>100.00</u>
24105	<u>Excision, olecranon bursa</u>	<u>\$326.00</u>
Forearm and Wrist—Incision and Excision		
25000	<u>Tendon sheath incision; at radial styloid for DeQuervain's Disease</u>	<u>314.00</u>
25111	<u>Excision of ganglion, wrist (dorsal or volar); primary</u>	322.00 <u>\$337.00</u>
Forearm and Wrist—Fracture or Dislocation		
25505	<u>Treatment of closed radial shaft fracture; with manipulation</u>	264.00 <u>\$285.00</u>
25560	<u>Treatment of closed radial and ulnar shaft fractures; without manipulation</u>	<u>163.00</u>
25565	<u>Treatment of closed radial and ulnar shaft fractures; with manipulation</u>	<u>350.00</u> <u>364.00</u>
25600	<u>Treatment of closed distal radial fracture (for example, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; without manipulation</u>	<u>150.00</u>
25605	<u>with manipulation</u>	<u>265.00</u>
25605	<u>Treatment of closed distal radial fracture (for example, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; with manipulation</u>	<u>278.50</u>
25610	<u>Treatment of closed, complex, distal radial fracture (for example, Colles or Smith type) or epiphyseal separation, without or without fracture of ulnar styloid, requiring manipulation; without external skeletal fixation or percutaneous pinning</u>	360.00 <u>398.00</u>
25611	<u>with external skeletal fixation or percutaneous pinning</u>	475.00 <u>517.00</u>
Hand and Fingers—Incision, Excision, Repair, Revision, or Reconstruction		
26055	<u>Tendon sheath incision for trigger finger</u>	\$315.00 <u>\$335.00</u>

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ADOPTED RULES

Code	Service	Maximum Fee
26160	Excision of lesion of tendon sheath or capsule	176.00 <u>195.00</u>
26418	Extensor tendon repair, dorsum of finger, single, primary, or secondary; without free graft, each tendon	250.00 <u>294.00</u>
Hands and Fingers—Fractures or Dislocations		
26600	Treatment of closed metacarpal fracture, single; without manipulation, each bone	\$ 75.00 <u>\$105.50</u>
26605	with manipulation, each bone	162.00 <u>170.00</u>
26615	Open treatment of closed or open metacarpal fracture, single, with or without internal or external skeletal fixation, each bone	420.00
26720	Treatment of closed phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each	54.00
26725	with manipulation, each	116.00
26735	Open treatment of closed or open phalangeal shaft fracture, finger or thumb, without or without internal or external skeletal fixation, each	300.00
<u>26725</u>	<u>Treatment of closed phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, each</u>	<u>120.00</u>
26750	Treatment of closed distal phalangeal fracture, finger or thumb; without manipulation, each	45.00
26770	Treatment of closed interphalangeal joint dislocation, single, with manipulation; without anesthesia	45.00 <u>50.00</u>
Hand and Finger—Amputation		
26951	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure	\$ 209.50 <u>\$ 250.00</u>
27130	Arthroplasty, Acetabular and proximal femoral prosthetic replacement; simple	2,700.00 <u>2,818.00</u>
27236	Open treatment of closed or open femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	1,450.00 <u>1,522.50</u>
27244	Open treatment of closed or open intertrochanteric or pertrochanteric femoral fracture, with internal fixation	1,325.00 <u>1,418.00</u>
27252	Treatment of closed hip dislocation, traumatic; with anesthesia	350.00
Femur (Thigh Region) and Knee Joint—Excision		
27331	Arthrotomy, knee; with joint exploration; with or without biopsy; with or without removal of loose bodies	857.00
27331	Arthrotomy, knee; with joint exploration; with or without biopsy; with or without removal of loose bodies	857.00
27332	Arthrotomy, knee, for excision of semilunar cartilage (meniscectomy); medial or lateral	898.00 <u>\$942.00</u>
27345	Excision of synovial cyst of popliteal space (Baker's cyst)	505.00
Femur (Thigh Region) and Knee Joint—Introduction or Removal		
27370	Injection procedure for knee arthrography	\$ 53.50
27370	<u>Injection procedure for knee arthrography</u>	<u>\$ 53.50</u>
27373	Arthroscopy, knee, diagnostic (separate procedure)	350.00 <u>368.00</u>
27374	Arthroscopy, knee, surgical; debridement with cartilage shaving or drilling or resection of reactive synovium	1,220.00 <u>1,207.50</u>
27376	with synovial biopsy	650.00 <u>648.00</u>
27377	with removal of loose body	1,136.00 <u>1,097.00</u>
27378	with partial meniscectomy	1,270.00 <u>1,295.00</u>
27379	with plica resection or shelf resection	998.00 <u>1,056.00</u>
Femur (Thigh Region) and Knee Joint— Repair, Revision, or Reconstruction		
27422	Reconstruction for recurrent dislocating patella; with extensor realignment or muscle advancement or release (Campbell, Goldwaite, type procedure)	900.00
<u>27425</u>	<u>Lateral retinacular release (any method)</u>	<u>\$1,006.00</u>
<u>27442</u>	<u>Arthroplasty, knee, femoral condyles or tibial plateaus</u>	<u>2,900.00</u>
27444	Arthroplasty, knee, total; fascial	2,810.00 <u>2,900.00</u>

ADOPTED RULES

Code	Service	Maximum Fee
27447	Arthroplasty, knee condyle and plateau; medial and lateral compartments with or without patella resurfacing (total knee replacement)	2,582.00 <u>2,724.00</u>
Femur (Thigh Region) and Knee Joint—Manipulation Fractures and Dislocations		
27506	Open treatment of closed or open femoral shaft fracture (including supracondylar), with or without internal or external skeletal fixation	1,350.00
27524	Open treatment of closed or open patellar fracture, with repair and/or excision	850.00
Leg (Tibula and Fibula) and Ankle Joint— Fractures or Dislocations		
27650	Suture, primary, ruptured achilles tendon	737.00
27752	Treatment of closed tibial shaft fracture; with manipulation	\$316.00
27786	Treatment of closed distal fibular fracture (lateral malleolus); without manipulation	150.00
27792	Open treatment of closed or open distal fibular fracture (lateral malleolus) with fixation	600.00
27760	<u>Treatment of closed distal tibial fracture (Medial Malleolus); without manipulation</u>	<u>\$165.00</u>
27802	Treatment of closed tibia and fibula fractures, shafts; with manipulation	427.00 <u>451.50</u>
27814	Open treatment of closed or open bimalleolar ankle fracture, with or without internal or external skeletal fixation	800.00 <u>822.20</u>
27822	Open treatment of closed or open trimalleolar ankle fracture, with or without internal or external skeletal fixation, medial, or lateral malleolus; only	953.00 <u>977.00</u>
27880	Amputation leg, through tibia and fibula	800.00 <u>780.00</u>
Foot—Fracture or Dislocation		
28090	Excision of lesion of tendon or fibrous sheath or capsule (including synovectomy) (cyst or ganglion) foot	\$260.00 <u>\$250.00</u>
28285	Hammertoe operation; one toe (e.g. interphalangeal fusion, filleting, phalangeectomy) (separate procedure)	310.00
28290	Hallux valgus (bunion) correction, with or without sesamoidectomy; simple extostectomy (silver type procedure)	335.00 <u>310.00</u>
28292	Keller, McBride or Mayo type procedure	520.00 <u>600.00</u>
28296	with metatarsal osteotomy (Mitchell or Lapidus type procedure)	635.00 <u>724.00</u>
28470	Treatment of closed metatarsal fracture; without manipulation; each	100.00
28475	with manipulation; each	127.60
28490	Treatment of closed fracture great toe, phalanx, or phalanges; without manipulation	47.00 <u>52.00</u>
28510	Treatment of closed fracture, phalanx or phalanges, other than great toe; without manipulation, each	39.00 <u>41.00</u>
28515	with manipulation; each	70.00
28820	Amputation, metatarsal, with toe; single	275.00

Subp. 5. **Casts and strapping.** The following codes, service descriptions, and maximum fees apply to procedures associated with the application of casts and strapping. The services include the application and removal of the first cast or traction device only. Subsequent replacement of cast or traction device requires an additional listing. Codes for cast removal shall be employed only for casts applied by another physician.

Body and Upper Extremity Casts

Code	Service	Maximum Fee
29035	Application of body cast, shoulder to hips	\$159.00 <u>\$167.00</u>
29065	shoulder to hand (long arm)	70.00 <u>74.00</u>
29075	elbow to finger (short arm)	60.00 <u>61.80</u>
29085	hand and lower forearm (gauntlet)	60.00 <u>61.10</u>

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ADOPTED RULES

Splints

Code	Service	Maximum Fee
29105	Application of long arm splint (shoulder to hand)	\$ 39.00 <u>\$ 44.00</u>
29125	Application of short arm splint (forearm to hand); static	33.00 <u>36.00</u>
29130	Application of finger splint; static	23.00

Strapping—Any Age

29200	Strapping; thorax	\$ 20.00
29220	low back	20.00
29260	elbow or wrist	20.00
29345	Application of long leg cast (thigh to toes)	100.00 <u>95.00</u>
29355	walker or ambulatory type	105.00 <u>116.00</u>
29358	Application of long leg cast brace	\$234.00 <u>295.00</u>
29365	Application of cylinder cast (thigh to ankle)	78.00 <u>90.00</u>
29405	Application of short leg cast (below knee to toes)	71.00 <u>75.00</u>
29425	walking or ambulatory type	79.00 <u>84.00</u>
29435	Application of patellar tendon bearing (PTB) cast	102.00 <u>107.00</u>
29440	Adding walker to previously applied cast	29.00 <u>31.00</u>
29450	Application of clubfoot cast with molding or manipulation, long or short leg; unilateral	44.00 <u>48.00</u>
29455	bilateral	87.50 <u>79.00</u>

Splints

29505	Application of long leg splint (thigh to ankle or toes)	\$ 51.00 <u>\$ 54.00</u>
29515	Application of short leg splint (calf to foot)	40.00

Strapping—Any Age

29540	Strapping; ankle	23.00
29580	Unna boot	25.00 <u>\$30.00</u>

Removal or Repair

29700	Removal or bivalving; gauntlet, boot, or body cast	\$ 21.00 <u>\$ 30.00</u>
29705	Removal or bivalving; full arm or full leg cast	30.00
29720	Repair of spica, body cast, or jacket	17.00

Subp. 6. **Respiratory system.** The following codes, service descriptions, and maximum fees apply to surgical procedures of the respiratory system.

Nose—Removal Foreign Body

Code	Service	Maximum Fee
30300*	Removal foreign body, intranasal; office type procedure	\$ 35.00

Nose—Repair

Code	Service	Maximum Fee
30420	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, or elevation of nasal tip, including major septal repair	\$ 1,695.00 <u>\$1,825.00</u>
30520	Septoplasty with or without cartilage implant (separate procedure)	800.00 <u>810.00</u>

Other Procedures

30901	Control nasal hemorrhage, anterior, simple (cauterization); unilateral	\$40.00 <u>\$41.00</u>
30903	Control nasal hemorrhage, anterior, complex (cauterization with local anesthesia and packing); unilateral	55.00 <u>67.00</u>

Subp. 7. **Cardiovascular system.** The following codes, service descriptions, and maximum fees apply to surgical procedures of the cardiovascular system. Injection procedures include necessary local anesthesia, introduction of needles or catheter, injection of contrast medium with or without automatic power injection, or necessary pre- and postinjection care specifically related to the injection procedure. Catheters, drugs, and contrast media are not included in the listed service for the injection procedures.

ADOPTED RULES

Vascular Injection Procedures—Venous

Code	Service	Maximum Fee
36410*	Venipuncture, child over age 3 years or adult, necessitating physician's skill (separate procedure), for diagnostic or therapeutic purposes. Not to be used for routine venipuncture	\$ 40.50
36425	Venipuncture, cutdown, age 1 or over	48.00
36471	multiple veins, same leg	32.50
36480*	Catheterization, subclavian, external jugular or other vein, for central venous pressure determination; percutaneous	103.00
36471	<u>Venipuncture; multiple veins, same leg</u>	<u>\$26.00</u>

Vascular Injection Procedures—Arterial

36600	Arterial puncture, withdrawal of blood for diagnosis	\$126.00
36620	Arterial catheterization or cannulation for sampling, monitoring, or transfusion (separate procedure); percutaneous	110.00 <u>\$120.00</u>

Subp. 8. **Digestive system.** The following codes, service descriptions, and maximum fees apply to surgical procedures of the digestive system.

Abdomen, Peritoneum, and Omentum— Repair, Hernioplasty, Herniorrhaphy, Herniotomy

Code	Service	Maximum Fee
49505	Repair inguinal hernia, age 5 or over; unilateral	\$ 600.00 <u>\$ 630.00</u>
49506	bilateral	1,000.00 <u>1,050.00</u>
49515	with excision of hydrocele or spermatocele	709.50 <u>720.00</u>
49520	recurrent	710.00 <u>750.00</u>
49550	Repair femoral hernial groin incision	495.00
49560	Repair ventral (incisional) hernia (separate procedure)	726.00 <u>689.00</u>
49565	<u>Recurrent</u>	<u>907.00</u>
49581	Repair umbilical hernia; age 5 or over	495.00 <u>527.00</u>

Subp. 9. **Nervous system.** The following codes, service descriptions, and maximum fees apply to surgical procedures of the nervous system.

Spine and Spinal Cord— Puncture for Injection, Drainage, or Aspiration

Code	Service	Maximum Fee
62270*	Spinal puncture lumbar diagnostic	\$ 74.00 <u>\$ 75.00</u>
62273*	Injection lumbar epidural, of blood or clot patch	164.00 <u>176.00</u>
62274*	Injection of anesthetic substance, diagnostic or therapeutic; subarachnoid or subdural simple	75.00 <u>89.00</u>
62278*	epidural or caudal single	<u>125.00</u>
62284*	Injection procedure for myelography and computerized axial tomography, spinal or posterior fossa	<u>130.00</u>
62289	Injection of substance other than anesthetic, contrast, or neurolytic solutions, epidural or caudal	176.00 <u>184.00</u>
62292	Injection procedure for chemonucleolysis, intervertebral disk, single or multiple levels; lumbar	1,530.00 <u>1,595.00</u>

Spine and Spinal Cord— Laminectomy or Laminotomy, for Exploration or Decompression

Code	Service	Maximum Fee
63020	Laminotomy (hemilaminectomy), for herniated intervertebral disk, or decompression of nerve root; one interspace, cervical, unilateral	\$1,800.00
63030	one interspace, lumbar, unilateral	1,675.00
63005	<u>Laminectomy for decompression of spinal cord and/or cavda equina, one or two segments; lumbar, except for spondylolisthesis</u>	<u>\$1,750.00</u>

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ADOPTED RULES

Code	Service	Maximum Fee
63030	<u>Laminotomy (hemilaminectomy), for herniated intervertebral disk, or decompression of nerve root; one interspace, lumbar, unilateral</u>	<u>1,755.00</u>
63042	Laminotomy (hemilaminectomy), for herniated intervertebral disk, or decompression of nerve root, any level, extensive or re-exploration; lumbar	2,100.00 <u>2,255.00</u>

**Extracranial Nerves, Peripheral Nerves, and
Autonomic Nervous System—Introduction or Injection
of Anesthetic Agent (Nerve Block), Diagnostic or
Therapeutic, Sympathetic Nerves**

Code	Service	Maximum Fee
64510*	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	\$126.00

**Extracranial Nerves, Peripheral Nerves, and Autonomic
Nervous System—Exploration, Neurolysis,
or Nerve Decompression (Neuroplasty)**

Code	Service	Maximum Fee
64718	Neurolysis or transposition; ulnar nerve at elbow	\$798.00 <u>\$875.00</u>
64721	median nerve at carpal tunnel	609.00 <u>640.00</u>

Eye and Ocular Adnexa—Removal of Ocular Foreign Body

65205*	Removal foreign body, external eye; conjunctival superficial	\$ 33.00 <u>\$36.00</u>
65210*	conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating	42.00 <u>44.00</u>
65220*	corneal, without slit lamp	40.00 <u>43.50</u>
65222*	corneal, with slit lamp	54.00 <u>55.00</u>

Subp. 10. [See Repealer.]

5221.2300 PHYSICIAN SERVICES—RADIOLOGY.

Subpart 1. [Unchanged.]

Subp. 2. **Diagnostic radiology.** The following codes, service descriptions, and maximum fees apply to diagnostic radiology procedures.

Head and Neck

Code	Service	Maximum fee
70100	<u>Radiologic examination, mandible; partial, less than four views</u>	<u>\$ 40.00</u>
70110	<u>Radiologic examination, mandible; complete, minimum of four views</u>	<u>\$ 60.00</u>
70110-26	professional component only	19.20
70130	Radiologic examination, mastoids; complete, minimum of three views per side	70.00
70134	<u>Radiologic examination, internal auditory meati, complete</u>	<u>78.00</u>
70130-26	professional component only	21.25
70140	Radiologic examination, facial bones; less than three views	40.50
70140-26	professional component only	16.75
70150	complete, minimum of three views	56.50
70150-26	professional component only	20.50
70160	Radiologic examination, nasal bones; complete, minimum of three views	39.00
70160-26	professional component only	12.00
70200	Radiologic examination; orbits; complete, minimum of four views	53.00
70200-26	professional component only	19.20
70210	Radiologic examination, sinuses, paranasal, less than three views	32.00
70210-26	professional component only	13.00
70220	Radiologic examination, sinuses, paranasal, complete, minimum of three views; without contrast studies	55.70 <u>60.00</u>
70220-26	professional component only	18.00
70250	Radiologic examination, skull; less than four views, with or without stereo	42.00
70250-26	professional component only	20.75
70260	complete, minimum of four views, with or without stereo	73.00
70260-26	professional component only	24.75

ADOPTED RULES

Code	Service	Maximum Fee
70330	Radiologic examination, temporomandibular joint; open and closed mouth; bilateral	56.00
70330-26	professional component only	21.25
70355-26	Orthopantomogram; professional component only	15.25
70360	Radiologic examination; neck; soft tissue	27.00
70360-26	professional component only	12.00
70450	Computerized axial tomography, head; without contrast material	268.00
70450-26	professional component only	70.00
70460	with contrast material	318.00
70460-26	professional component only	75.00
70470	without intravenous contrast material, followed by contrast material and further sections	353.00
70470-26	professional component only	95.00

Chest

71000	Radiologic examination, chest; minifilm	\$ 25.25
71010	Radiologic examination, chest; single view, posteroanterior	30.00 <u>28.00</u>
71010-26	professional component only	11.00
71015	stereo, posteroanterior	29.20 <u>30.40</u>
71015-26	professional component only	29.20
71020	two views, posteroanterior and lateral	42.00 <u>40.00</u>
<u>71022</u>	<u>Radiological examination, frontal and lateral; with oblique projections</u>	<u>17.00</u>
71020-26	professional component only	16.50
71021	apical lordotic procedure	38.30
71100	Radiologic examination, ribs, unilateral; two views	47.00 <u>44.00</u>
71100-26	professional component only	16.50
71101-26	including posteroanterior chest; minimum of three views; professional component only	20.20
71110	Radiologic examination, ribs, bilateral; three views	57.00
<u>71120</u>	<u>Radiologic examination; sternum, minimum of two views</u>	<u>34.00</u>
71250-26	Computerized axial tomography, thorax; without contrast material; professional component only	87.25

Spine and Pelvis

72010	Radiologic examination, spine, entire, survey study; anteroposterior, and lateral	\$116.10
72010-26	professional component only	25.00
72020	Radiologic examination, spine, single view, specify level	34.50
72020-26	professional component only	15.00
72040	Radiologic examination, spine, cervical; anteroposterior and lateral	45.00 <u>42.00</u>
72040-26	professional component only	17.00
72050	minimum of four views	64.20
72050-26	professional component only	21.50
72052	complete, including oblique and flexion or extension studies	78.00
72052-26	professional component only	27.00
72070	Radiologic examination, spine; thoracic, anteroposterior and lateral	50.00 <u>46.00</u>
72070-26	professional component only	19.10
72080	thoracolumbar, anteroposterior and lateral	48.00
72080-26	professional component only	12.50
72090	scoliosis study, including supine and erect studies	42.00
72090-26	professional component only	35.00
72100	Radiologic examination, spine, lumbosacral; anteroposterior and lateral	53.50 <u>51.00</u>
72100-26	professional component only	19.75
72110	complete, with oblique views	72.00
72110-26	professional component only	25.75
72114	complete, including bending views	87.00

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ADOPTED RULES

Code	Service	Maximum Fee
72120	Radiologic examination, spine, lumbosacral, bending views only, minimum of four views	52.00
72120-26	professional component only	47.25
72145	Computerized axial tomography, spine, with or without contrast material	380.00
72145-26	professional component only	400.00
72170	Radiologic examination, pelvis; anteroposterior only	35.00
72170-26	professional component only	43.60
72180	stereo	38.70
72180-26	professional component only	47.80
72190	complete minimum of three views	48.50 46.25
72190-26	professional component only	21.50
72220	Radiologic examination, sacrum and coccyx, minimum of two views	41.00 43.00
72220-26	professional component only	42.50
72220-26	professional component only	44.75
72241-26	Myelography, cervical; complete procedure professional component only	204.25
72265-26	Myelography, lumbosacral; supervision and interpretation only, professional component only	59.75
72266-26	complete procedure, professional component only	492.50
Upper Extremities		
73000	Radiologic examination; clavicle, complete	\$ 30.00
73000-26	professional component only	40.50
73010	scapula, complete	35.00
73010-26	professional component only	43.00
73020	Radiologic examination, shoulder; one view	30.00
73020-26	professional component only	40.50
73030	complete, minimum of two views	41.30 40.25
73030-26	professional component only	43.00
73040-26	Radiologic examination, shoulder, arthrography; supervision and interpretation only, professional component only	42.00
73050	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction	40.00
73050-26	professional component only	44.25
73060	humerus, minimum of two views	35.00
73060-26	professional component only	42.00
73070	Radiologic examination, elbow; anteroposterior and lateral views	33.00
73070-26	professional component only	42.00
73080	complete, minimum of three views	36.00
73080-26	professional component only	44.25
73090	Radiologic examination; forearm, anteroposterior and lateral views	35.00 32.00
73090-26	professional component only	42.00
73100	Radiologic examination, wrist; anteroposterior and lateral views	30.50 31.00
73100-26	professional component only	42.00
73110	complete, minimum of three views	39.00 36.75
73110-26	professional component only	43.25
73120	Radiologic examination, hand; two views	32.00 33.50
73120-26	professional component only	42.00
73130	minimum of three views	36.00
73130-26	professional component only	43.00
73140	Radiologic examination, finger or fingers, minimum of two views	29.50
73140-26	professional component only	40.00
Lower Extremities		
73500	Radiologic examination, hip; unilateral, one view	\$ 31.30 29.50
73500-26	professional component only	42.00
73510	complete, minimum of two views	47.00 45.00
73510-26	professional component only	47.00
73520	Radiologic examination, hips, bilateral, minimum of two views of each hip, including anteroposterior view of pelvis	54.50 45.00

ADOPTED RULES

Code	Service	Maximum Fee
73520-26	professional component only	21.00
73550	Radiologic examination; femur, anteroposterior, and lateral views	39.00
73550-26	professional component only	42.00
73560	Radiologic examination, knee; anteroposterior and lateral views	35.00
73560-26	professional component only	42.00
73562	anteroposterior and lateral, with oblique, minimum of three views	44.50 44.00
73562-26	professional component only	43.00
73564	complete, including oblique, or tunnel, or patellar, or standing views	47.20 49.10
73564-26	professional component only	45.00
73580	Radiologic examination; knee, arthrography; supervision and interpretation only	99.00
73581	<u>Radiologic examination, knee, arthrography</u> ; complete procedure	182.00 128.25
73581-26	professional component only	122.70
73590	Radiologic examination; tibia and fibula, anteroposterior and lateral views	36.50
73590-26	professional component only	42.00
73590	<u>Radiologic examination; tibia and fibula, anteroposterior and lateral views</u>	36.50
73600	Radiologic examination, ankle; anteroposterior and lateral views	30.00 30.50
73600-26	professional component only	42.00
73610	complete, minimum of three views	38.00 37.00
73610-26	professional component only	43.50
73620	Radiologic examination, foot; anteroposterior and lateral views	32.00 31.00
73620-26	professional component only	42.00
73630	complete, minimum of three views	36.00 38.00
73630-26	professional component only	42.50
73650	Radiologic examination; calcaneus, minimum of two views	33.00 31.00
73650-26	professional component only	40.50
73660	toe or toes, minimum of two views	29.50
73660-26	professional component only	40.25

Abdomen

Code	Service	Maximum Fee
74000	Radiologic examination; abdomen; single anteroposterior view	\$ 34.50
74000-26	professional component only	44.00
74010	anteroposterior and additional oblique and cone views	44.00
74010-26	professional component only	47.50
74020	complete, including decubitus or erect views	45.00
74020-26	professional component only	20.00
74150-26	Computerized axial tomography; abdomen; without contrast material; professional component only	90.00
74170	without contrast material followed by contrast material and further sections	403.00
74170-26	professional component only	115.50

Gastrointestinal Tract

74220	Radiologic examination; esophagus	\$ 77.75
74220-26	professional component only	43.25
74240	Radiologic examination, gastrointestinal tract, upper; with or without delayed films, without KUB	93.00 81.00
74240-26	professional component only	44.00
74241	with or without delayed films, with KUB	57.00 52.00
74241-26	professional component only	37.75
74245	with small bowel, includes multiple serial films	130.60
74245-26	professional component only	64.60

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Code	Service	Maximum Fee
74250	Radiologic examination, small bowel, includes multiple serial films	117.70
74250-26	professional component only	38.50
74270	Radiologic examination, colon; barium enema	94.20 80.00
74270-26	professional component only	42.95
74280	air contrast with specific high density barium, with or without glucagon	125.00
74280-26	professional component only	66.80
74290	Cholecystography, oral contrast	64.00
74290-26	professional component only	22.00
74291	additional, repeat examination or, multiple day examination	38.50
74291-26	professional component only	13.75
74300-26	Cholangiography, during surgery, professional component only	28.40
74305-26	postoperative, professional component only	34.50

Urinary Tract

74405	<u>Urography (pyelography), intravenous, including kidneys, ureters, and bladder with special hypertensive contrast concentration or clearance studies</u>	\$140.40
74400	Urography (pyelography), intravenous, including kidneys, ureters, and bladder	\$109.00
74400-26	professional component only	43.00
74405	with special hypertensive contrast concentration or clearance studies	135.00
74405-26	professional component only	44.00
74410	Urography, infusion, drip technique	86.50
74410-26	professional component only	32.50
74415	with nephrotomography	124.60
74415-26	professional component only	47.25
74429-26	Urography, retrograde, with or without kidneys, ureters, and bladder, professional component only	16.50
74430-26	Cystography, minimum of three views; supervision and interpretation only, professional component only	17.75
74431	complete procedure	107.20
74431-26	professional component only	56.55
74450-26	Urethrocytography, retrograde; supervision and interpretation only, professional component only	15.50
74455	Urethrocytography, voiding; supervision and interpretation only	66.00
74455-26	professional component only	22.70
74456	complete procedure	117.10
74456-26	professional component only	50.50

Aorta and Arteries

75754-26	Angiography, coronary, bilateral selective injection, including left ventricular and supravulvar angiogram and pressure recording; supervision and interpretation only, professional component only	\$161.50
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Veins and Lymphatics

75821-26	Venography, extremity, unilateral; complete procedure professional component only	\$108.25
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Miscellaneous

76000-26	Fluoroscopy (separate procedure), other than 71034 professional component only	\$ 36.95
76020	Bone age studies	37.50
76020-26	professional component only	21.00
76040	Bone length studies (orthoroentgenogram, seanogram)	50.00
76040-26	professional component only	21.25
76090	Mammography, unilateral	60.00
76090-26	professional component only	30.00
76091	bilateral	93.90
76091-26	professional component only	39.50
76100	Radiologic examination, single plane body section (for example, tomography), other than kidney	100.00

ADOPTED RULES

Code	Service	Maximum Fee
76100-26	professional component only	54.00
76300	Thermography	45.00

Subp. 3. **Diagnostic ultrasound.** The following codes, service descriptions, and maximum fees apply to diagnostic ultrasound procedures. In C, "A-mode" implies a one-dimensional ultrasonic measurement procedure; "M-mode" implies a one-dimensional ultrasonic measurement procedure with movement of the trace to record amplitude and velocity of moving echo-producing structures; "B-scan" implies a two-dimensional ultrasonic scanning procedure with a two-dimensional display; and "Real-time scan" implies a two-dimensional ultrasonic scanning procedure with display of both two-dimensional structure and motion with time.

Head and Neck

Code	Service	Maximum Fee
76505-26	Echoencephalography, A mode; complete (diencephalic midline and ventricular size); professional component only	\$ 62.50
76506-26	Echoencephalography, B mode (gray scale) complete (for determination of ventricular size; delineation of cerebral contents and detection of fluid, masses, or other intracranial abnormalities); including A mode encephalography as secondary component where indicated; professional component only	130.00
<u>76511</u>	<u>Ophthalmic ultrasound, echography; A-mode, spectral analysis with amplitude quantification</u>	<u>\$150.00</u>
<u>76516</u>	<u>Echography, ophthalmic, ultrasonic biometry;</u>	<u>150.00</u>
76535-26	Echography, thyroid; B scan; professional component only	54.50

Chest

76604	B-scan (includes Mediastinum) and/or real time with image documentation	\$57.25
76620	Echocardiography, M mode; complete	\$206.80
76620-26	professional component only	60.00

Abdomen and Retroperitoneum

76700	Echography, abdominal; B-scan; complete	\$135.00
76700-26	professional component only	65.00
76705	limited (for example, follow-up or limited study)	115.00
76705-26	professional component only	46.00
76770	Echography, retroperitoneal (for example, renal, aorta, nodes); B-scan; complete	148.00
76770-26	professional component only	57.25

Pelvis

76805	Echography, pelvic, B-scan (for example, real-time), in obstetrics, gynecology, or transplants; complete	\$ 90.00 <u>\$75.00</u>
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Vascular Studies

76925	Peripheral imaging, B-scan, Doppler or real-time scan	\$110.00
76805-26	professional component only	58.00
76815	limited (fetal growth rate, heart beat, anomalies, placental location)	65.00
76815-26	professional component only	40.00
76855	Echography, pelvic area (Doppler)	117.20
76855-26	professional component only	60.50
76856	Echography, pelvic, real time	72.00
76856-26	professional component only	57.25

Subp. 4. **Therapeutic radiology.** The following codes, procedures and maximum fees apply to therapeutic radiology procedures. Listings for teletherapy and brachytherapy include initial consultation, clinical treatment planning, simulation, medical radiation physics, dosimetry, treatment devices, special services, and clinical treatment management procedures. They include normal follow-up care during the course of treatment and for three months following its completion.

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ADOPTED RULES

Except where specified, clinical treatment management assumes treatment on a daily basis (four or five fractions per week) with the use of megavoltage photon or high energy particle sources. Daily and weekly clinical treatment management are mutually exclusive for the same dates. "Simple" means a single treatment area, single port or parallel opposed ports, simple blocks. "Intermediate" means two separate treatment areas, three or more ports on a single treatment area, use of special blocks. "Complex" means three or more separate treatment areas and highly complex blocking (mantle, inverted Y, tangential ports, wedges, compensators, or other special beam considerations).

Code	Service	Maximum Fee
77280	<u>Therapeutic radiology simulation aided field setting; simple</u>	\$105.50
77400-26	Daily megavoltage treatment management; simple professional component only	\$ 18.50
77405	intermediate	85.00
77405-26	professional component only	54.00
77410	complex	29.50
77410-26	professional component only	45.00
77415-26	Therapeutic radiology treatment port film interpretation and verification; per treatment course; professional component only	36.00
77420	Weekly megavoltage treatment management; simple	20.00
77465	Daily kilovoltage treatment management	45.00 31.50

Subp. 5. **Nuclear medicine.** The following codes, service descriptions and maximum fees apply to nuclear medicine procedures. Procedures may be performed independently or in the course of overall medical care. The services listed do not include the provision of radium or other radioelements.

Diagnostic—Endocrine System

Code	Service	Maximum Fee
78000	Thyroid uptake; single determination	\$ 14.00
78000-26	professional component only	19.00
78006-26	Thyroid imaging; with uptake; single determination; professional component only	51.20
78010-26	Thyroid imaging; only; professional component only	42.05

Diagnostic—Gastrointestinal System

Code	Service	Maximum Fee
78201	<u>Liver imaging only</u>	\$67.30
78305	<u>Bone imaging; multiple areas</u>	73.50
78201-26	Liver imaging only; professional component only	\$65.00
78215-26	Liver and spleen imaging; professional component only	61.00

Diagnostic Musculoskeletal System

78300-26	Bone imaging; limited area (for example, skull, pelvis); professional component only	70.00
78305-26	multiple areas; professional component only	70.00
78306	whole body	238.00
78306-26	professional component only	70.00

Diagnostic-Cardiovascular System

78403-26	Cardiac blood pool imaging; with determination of regional ventricular function including ejection fraction and wall motion (for example, gated blood pool images); professional component only	75.50
78422	<u>Myocardium imaging; regional Myocardial perfusion at rest for evaluation of infarction (infarct avid imaging)</u>	\$68.90
78435	<u>Cardial flow imaging (i.e., angiocardiology)</u>	73.10
78445	<u>Vascular flow imaging (i.e., angiography, venography)</u>	93.00

Diagnostic—Respiratory System

78581	<u>Pulmonary perfusion imaging; gaseous</u>	\$67.00
78594	<u>Pulmonary ventilation imaging, gaseous, with rebreathing and washout with or without single breath; multiple projections (e.g., anterior, posterior, lateral views)</u>	70.00
78580-26	Pulmonary perfusion imaging; particulate; professional component only	\$ 70.00

ADOPTED RULES

Code	Service	Maximum Fee
Diagnostic—Nervous System		
78601-26	Brain imaging, limited procedure; with vascular flow professional component only	\$ 56.00

Diagnostic—Genitourinary System		
78704-26	Kidney imaging; with function study (imaging renogram); professional component only	\$ 70.00

5221.2400 PHYSICIAN SERVICES; PATHOLOGY AND LABORATORY.

Subpart 1. [Unchanged.]

Subp. 2. **Automated, multichannel tests.** The following codes, service descriptions, and maximum fees apply to tests that can be and are frequently done as groups and combinations on automated multichannel equipment. For any combination of three or more tests among those listed below, the appropriate code from 80003 to ~~80049~~ 80072 shall apply. Automated, multichannel tests do not include multiple tests performed individually for immediate or "stat" reporting.

Albumin
 Albumin/globulin ratio
 Bilirubin, direct
 Bilirubin, total
 Calcium
 Carbon dioxide content
 Chloride
 Cholesterol
 Creatinine
 Globulin
 Glucose (sugar)
 Lactic dehydrogenase (LDH)
 Phosphatase, alkaline
 Phosphorus (inorganic phosphate)
 Potassium
 Protein, total
 Sodium
 Transaminase, glutamic oxaloacetic (SGOT)
 Transaminase, glutamic pyruvic (SGPT)
 Urea nitrogen (BUN)
 Uric acid

Automated Multichannel Tests

Code	Service	Maximum Fee
80003	Automated multichannel tests; 3 clinical chemistry tests	\$ 30.00
80004	4 clinical chemistry tests	24.50
80005	5 clinical chemistry tests	31.00
80006	6 clinical chemistry tests	28.00
80007	7 clinical chemistry tests	24.00 24.70
80008	8 clinical chemistry tests	30.00
80009	9 clinical chemistry tests	31.00 26.00
80010	10 clinical chemistry tests	33.00
80011	11 clinical chemistry tests	29.10 35.00
80012	12 clinical chemistry tests	28.00 30.00
80016	13-16 clinical chemistry tests	31.90 34.00
<u>80059</u>	<u>Hepatitis panel</u>	<u>57.00</u>
<u>80062</u>	<u>Cardiac evaluation (including coronary risk) panel</u>	<u>26.00</u>

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ADOPTED RULES

Code	Service	Maximum Fee
<u>80064</u>	<u>Cardiac injury panel; with creatine phosphokinase (CPK) and/or lactic dehydrogenase (LDH) isoenzyme determination</u>	<u>15.00</u>
<u>80072</u>	<u>Arthritis panel</u>	<u>42.65</u>
<u>80018</u>	<u>17-18 clinical chemistry tests</u>	<u>34.00</u>
<u>80019</u>	<u>19 or more clinical chemistry tests (indicate instrument used and number of tests performed)</u>	<u>30.65</u>

Subp. 3. **Urinalysis.** The following codes, service descriptions, and maximum fees apply to urinalysis procedures.

Code	Service	Maximum Fee
81000	Urinalysis; routine (pH, specific gravity, protein, tests for reducing substances as glucose), with microscopy	\$ 9.20 <u>\$10.00</u>
81002	routine, without microscopy	6.00
81004	components, single, not otherwise listed, specify	5.50 <u>5.25</u>
81005	chemical, qualitative, any number of constituents	5.00 <u>4.90</u>
81010	concentration and dilution test	6.50
81015	microscopic only	7.00 <u>8.00</u>

Subp. 4. **Chemistry and toxicology.** The following codes, service descriptions, and maximum fees apply to chemistry and toxicology procedures. The material for examination may be from any source. Examination is quantitative unless otherwise specified.

Code	Service	Maximum Fee
82011	Acetylsalicylic acid; quantitative	\$ 19.00 <u>\$18.00</u>
82012	qualitative	15.25 <u>17.00</u>
82150	Amylase, serum;	16.00 <u>16.90</u>
82250	Bilirubin; blood, total OR direct	12.00 <u>13.00</u>
<u>82251</u>	<u>Bilirubin; blood, total and direct</u>	<u>15.75</u>
82270	Blood; occult; feces; screening	5.75
82310	Calcium, blood; chemical	12.50 <u>12.75</u>
82372	Carbamazepine, serum	27.85 <u>29.75</u>
82375	Carbon monoxide; (carboxyhemoglobin); quantitative	20.00
82435	Chlorides; blood (specify chemical or electrometric)	14.00
82465	Cholesterol, serum; total	11.50 <u>12.50</u>
82480	Cholinesterase; serum	18.00
82565	Creatinine; blood	11.50 <u>12.60</u>
82570	urine	13.00
82575	clearance	25.50 <u>27.00</u>
82607	Cyanocobalamin (Vitamin B-12); RIA	30.00 <u>31.50</u>
82643	Digoxin, RIA	30.00 <u>31.50</u>
82660	Drug screen (amphetamines, barbiturates, alkaloids)	31.00 <u>31.50</u>
82756	Free thyroxine index (T-7)	27.40 <u>28.00</u>
82947	Glucose; except urine (for example, blood, spinal fluid, joint fluid)	12.00 <u>12.50</u>
82948	blood, stick test	9.00 <u>8.50</u>
82950	post glucose dose (includes glucose)	12.00 <u>12.75</u>
82951	tolerance test (GTT); three specimens (includes glucose)	38.00
82977	Glutamyl transpeptidase, gamma (GGT)	12.00
82996	Gonadotropin, chorionic, bioassay; qualitative	14.50 <u>15.00</u>
82997	quantitative	17.00
82998	Gonadotropin, chorionic, RIA	26.00
83000	Gonadotropin, pituitary, follicle stimulating hormone (FSH); bioassay	40.00
83001	RIA	37.00 <u>39.00</u>
83002	Gonadotropin, pituitary, luteinizing hormone (LH) (ICSH), RIA	39.00 <u>40.00</u>
83020	Hemoglobin; electrophoresis	6.00
83540	Iron, serum; chemical	16.00 <u>14.85</u>
83545	automated	13.75 <u>13.65</u>
83550	Iron binding capacity, serum; chemical	23.75 <u>23.50</u>
83555	automated	21.90 <u>22.80</u>
83725	Lithium, blood, quantitative	15.75 <u>16.50</u>

ADOPTED RULES

Code	Service	Maximum Fee
84030	Phenylalanine (PKU), blood; Guthrie	9.00 <u>10.00</u>
84035	Phenylketones; blood, qualitative	10.00 <u>13.00</u>
84037	urine, qualitative	4.50
84045	Phenytoin	26.50 <u>27.00</u>
84060	Phosphatase, acid; blood	19.00 <u>20.00</u>
84065	prostatic fraction	22.00 <u>21.25</u>
84075	Phosphatase, alkaline, blood;	13.50 <u>14.00</u>
84078	heat stable (total not included)	18.00 <u>13.20</u>
84080	isoenzymes, electrophoretic method	35.00 <u>39.00</u>
84100	Phosphorus (phosphate); blood	12.00
84105	urine	12.50
84132	Potassium; blood	11.75 <u>11.80</u>
84133	urine	<u>10.00</u>
84136	Pregnanediol, other method (specify)	16.00
84139	Pregnanetriol, other method (specify)	12.00
84165	Protein, total, serum; electrophoretic fractionation and quantitation	25.00 <u>26.25</u>
84180	Protein, urine; quantitative, 24-hour specimen	13.00 <u>14.50</u>
84190	electrophoretic fractionation and quantitation	21.30 <u>25.50</u>
84295	Sodium; blood	10.25 <u>10.50</u>
84300	urine	10.00
84420	Theophylline, blood, or saliva	31.00 <u>30.00</u>
84442	Thyroxine binding globulin (TBG)	21.50 <u>29.00</u>
84443	Thyroid stimulating hormone (TSH), RIA	35.00 <u>36.60</u>
84450	Transaminase, glutamic oxaloacetic (SGOT), blood; timed kinetic ultraviolet method	12.90 <u>15.75</u>
84455	colorimetric or fluorometric	11.50 <u>12.00</u>
84460	Transaminase, glutamic pyruvic (SGPT), blood; timed kinetic ultraviolet method	16.50 <u>17.70</u>
84478	Triglycerides, blood	14.50 <u>15.00</u>
84520	Urea nitrogen, blood (BUN); quantitative	11.75 <u>12.75</u>
84550	Uric acid; blood, chemical	12.00 <u>12.75</u>
84555	uricase, ultraviolet method	13.00 <u>15.00</u>
84560	Uric acid; urine	13.50

Subp. 5. **Hematology.** The following codes, service descriptions, and maximum fees apply to hematology procedures.

Code	Service	Maximum Fee
85005	Blood count; basophil count, direct	\$ 16.00 <u>\$ 21.75</u>
85007	differential WBC count (includes RBC morphology and platelet estimation)	<u>9.00</u>
85009	differential WBC count, buffy coat	12.25
85012	eosinophil count, direct	<u>12.00</u>
85014	hematocrit	<u>7.00</u>
85018	hemoglobin, colorimetric	7.00 <u>7.50</u>
85021	hemogram, automated (RBC, WBC, Hgb, Hct and indices only)	14.00 <u>15.00</u>
85022	hemogram, automated, with platelet count	20.00 <u>21.25</u>
85027	hemogram, automated, and differential WBC count (CBC)	20.25 <u>12.75</u>
<u>85028</u>	<u>Hemogram, automated, and differential WBC count (CBC) with platelet count</u>	<u>22.45</u>
85031	hemogram, manual, complete CBC (RBC, WBC, Hgb, Hct, differential and indices)	19.00 <u>20.15</u>
85041	red blood cell (RBC)	6.50
85044	reticulocyte count	11.00 <u>12.00</u>
85095	Bone marrow; aspiration only	54.00
85102	biopsy core (needle)	72.00
<u>85048</u>	<u>White blood cell (WBC)</u>	<u>8.00</u>

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ADOPTED RULES

Code	Service	Maximum Fee
85210	Clotting; factor 11, prothrombin, specific	10.00 <u>13.75</u>
85580	Platelet; count (Rees-Ecker)	11.70 <u>13.00</u>
85585	estimation on smear, only	9.00
85590	phase microscopy	12.00
85595	electronic technique	10.40 <u>11.00</u>
85610	Prothrombin time;	10.00 <u>11.00</u>
85650	Sedimentation rate (ESR); Wintrobe type	8.25 <u>9.00</u>
85651	Westergren type	8.50
85660	Sickling of RBC, reduction, slide method	8.00 <u>9.00</u>

Subp. 6. **Immunology.** The following codes, service descriptions, and maximum fees apply to immunology procedures.

Code	Service	Maximum Fee
86006	Antibody, qualitative, not otherwise specified; first antigen, slide or tube	\$ 15.30 <u>\$ 16.00</u>
86008	Antibody, quantitative titer, not otherwise specified; first antigen	17.50 <u>17.25</u>
86016	Antibodies, RBC, saline; high protein and antihuman globulin technique	14.00
86017	with ABO + Rh(D) typing (for holding blood instead of complete crossmatch)	16.00
86060	Antistreptolysin O; titer	19.00 <u>20.00</u>
86063	screen	10.00 <u>11.00</u>
86080	Blood typing; ABO only	9.50
86096	Blood typing; RBC antigens other than ABO or Rho(D); direct, slide or tube; including Rh subtypes, each antigen	10.00
86100	Blood typing; Rho(D) only	14.00
86105	<u>Blood typing; Rh genotyping, complete</u>	<u>10.35</u> <u>9.00</u>
86140	C-reactive protein	11.25 <u>11.75</u>
86255	Fluorescent antibody; screen	27.55 <u>28.50</u>
86256	titer	26.50 <u>27.50</u>
86280	Hemagglutination inhibition tests (HAI), each (for example, amebiasis, rubella, viral)	17.00 <u>15.00</u>
86287	Hepatitis B surface antigen (HB_sAg) (Australian antigen, HAA); RIA method	20.00
86300	Heterophile antibodies; screening (includes monotype test), slide or tube	11.00 <u>12.00</u>
86305	quantitative titer	16.00 <u>16.50</u>
86430	Rheumatoid factor, latex fixation	14.00 <u>16.00</u>
86580	Skin test; tuberculosis, patch, or intradermal	7.50 <u>8.50</u>
86585	tuberculosis, tine test	6.25 <u>7.00</u>

Subp. 7. **Microbiology.** The following codes, service descriptions, and maximum fees apply to microbiology procedures.

Code	Service	Maximum Fee
87040	Culture, bacterial, definitive, aerobic; blood (may include anaerobic screen)	\$ 15.00
87045	stool	21.35
87060	throat or nose	10.00
87060	<u>Culture, bacterial, definitive, aerobic, throat or nose</u>	<u>\$10.00</u>
87072	Culture, presumptive, pathogenic organisms, by commercial kit, any source except urine	20.00 <u>12.00</u>
87076	Culture, bacterial, any source; definitive identification, including gas chromatography in addition to anaerobic culture	17.75
87081	Culture, bacterial, screening only, for single organisms	11.50 <u>11.00</u>
87082	Culture, presumptive, pathogenic organisms, screening only, by commercial kit (specify type); for single organisms	10.00 <u>11.00</u>
87083	multiple organisms	17.50
87084	with colony estimation from density chart (includes throat cultures)	19.25
87086	Culture, bacterial, urine; quantitative, colony count	15.00 <u>16.00</u>
87087	commercial kit	8.75
87088	identification, in addition to quantitative or commercial kit	18.00 <u>20.00</u>
87101	Culture, fungi, isolation; skin	15.00 <u>15.75</u>
87102	other source	8.00
87106	definitive identification, by culture, per organism, in addition to skin or other source	21.90
87140	Culture, typing; fluorescent method, each antiserum	12.65
87163	Culture, special extensive definitive diagnostic studies, beyond usual definitive studies	29.00

ADOPTED RULES

Code	Service	Maximum Fee
87164	Dark field examination, any source (for example, penile, vaginal, oral, skin); includes specimen collection	6.00
87181	Sensitivity studies, antibiotic; agar diffusion method, each antibiotic	15.50 15.00
87184	disc method, each plate (12 or less discs)	15.00 16.00
87186	microtiter, minimum inhibitory concentration (MIC), 8 or less antibiotics	20.00 22.00
87188	tube dilution method, each antibiotic	19.00
87205	Smear, primary source, with interpretation; routine stain for bacteria, fungi, or cell types	10.00
87206	fluorescent and/or acid fast stain for bacteria, fungi, or cell types	11.80
87210	wet mount with simple stain and interpretation, for bacteria, fungi, ova, or parasites	9.30 10.00
87211	wet and dry mount, with interpretation, for ova and parasites	9.80 9.50
87220	Tissue examination for fungi (for example, KOH slide)	40.30 11.00

Subp. 8. **Anatomic pathology.** The following codes, service descriptions, and maximum fees apply to anatomic pathology procedures.

Cytopathology

Code	Service	Maximum Fee
88104	Cytopathology, fluids, washings or brushings, with centrifugation except cervical or vaginal; smears and interpretation	\$ 26.90 \$ 30.00
88109	smears and cell block with interpretation	45.00 50.00

Subp. 9. **Surgical pathology.** The following codes, service descriptions, and maximum fees apply to surgical pathology procedures. The services listed include accession, handling, and reporting. Only one of the codes listed (88302 to 88307) should be used in reporting specimens (single or multiple) that are removed during a single surgical procedure.

Code	Service	Maximum Fee
88300	<u>Surgical pathology, gross examination only</u>	\$ 25.00
88302	Surgical pathology, gross and microscopic; examination for identification and record purposes (for example, uterine tubes, vas deferens, sympathetic ganglion)	30.00 \$ 42.00
88304	diagnostic exam, small or uncomplicated specimen (for example, skin lesion, needle biopsy)	35.00 40.00
88305	diagnostic exam, larger specimen or multiple small specimens (for example, prostate clippings, uterine curetings segment of stomach)	70.00
88307	complex diagnostic exam, large specimen, organs or multiple tissues requiring multiple slides	80.00 90.00
88312	<u>Special stains; Group I stains for microorganisms (for example, Gridley, acid fast, methenamine silver, Levaditi)</u>	16.40
88313	<u>Group II, all other special stains, except immunoperoxidase stains</u>	15.00
88309	<u>Complex diagnostic problem with or without extensive dissection</u>	150.00

Subp. 10. **Miscellaneous.** The following codes, service descriptions and maximum fees apply to miscellaneous pathology and laboratory services.

Code	Service	Maximum Fee
89007	Test combinations assigned individual procedure numbers for secretarial convenience only; CBC, urinalysis, serology, blood typing, and Rh grouping (includes codes 85022 or 85031, 81000, 86592, 86082, and 86100)	\$ 38.50
89050	Cell count, miscellaneous body fluids (for example, CSF, joint fluid, except blood)	\$ 15.00
89180	Microscopic examination for eosinophilis, nasal secretions, sputum, bronchoscopic aspiration, mucus of stools, others (specify)	10.00

5221.2500 DENTISTS.

Subpart 1. [Unchanged.]

Subp. 2. **Diagnostic.** The following codes, service descriptions, and maximum fees apply to diagnostic services.

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ADOPTED RULES

Clinical Oral Examinations

Code	Service	Maximum Fee
00110	Initial oral examination	\$ 11.00
00120	Periodic oral examination	10.00
00130	Emergency oral examination	12.00

Radiographs

00210	Intraoral complete series (including bitewings)	\$ 34.00
00220	Intraoral; periapical; single, first film	5.00
00230	periapical; each additional film	4.00
00240	occlusal; film	7.00
00250	Extraoral; single, first film	5.00
00260	each additional film	4.00
00270	Bitewing; single film	6.00
00272	two films	9.00
00274	four films	13.00
00330	Panoramic; maxilla and mandible; film	30.00
00335	maxilla and mandible; film; with bitewings	37.00
00340	Cephalometric film	34.00

Tests and Laboratory Examinations

00460	Pulp vitality tests	\$ 40.00
00470	Diagnostic casts; with report	25.00
00471	Diagnostic photographs	17.00
02825	<u>Removal of tooth, soft tissue impaction</u>	\$65.00
02826	<u>Removal of tooth, partial bony impaction</u>	75.00
02827	<u>Removal of tooth, complete bony impaction</u>	75.00
02832	<u>Alvelectomy with or without alveoloplasty, six teeth (quadrant)</u>	70.00

Subp. 3. to 10. [See Repealer.]

5221.2600 OPTOMETRISTS, OPTICIANS.

Subpart 1. [Unchanged.]

Subp. 2. **Basic optometric services.** The following codes, service descriptions, and maximum fees apply to basic optometric services.

Code	Service	Maximum Fee
80101	Basic vision examination and diagnosis; to include the following minimum procedures: case history; visual acuity; distance and near; internal and external eye health examination; subjective refraction for distance and near; phorometric tests of accommodation; convergence; and binocular coordination at far and near point; visual skills; and case analysis and presentation	\$ 32.00
80102	Basic vision examination and diagnosis; presbyopia (over 30) to include the following procedures: all included in 80101, except visual skills may be deleted and tonometry and field screening	36.00
80103	Single vision prescription service (includes frame measurements; computation of lens specifications and verification of complete prescription)	25.00
80104	Single vision dispensing services (includes frame selection; fitting; and servicing)	23.00
80113	Multifocal prescription service (includes frame measurements; computation of lens specifications and verification of completed prescription)	27.00
80114	Multifocal dispensing services (includes frame selection; fitting; and servicing)	24.00
80105	Office call; visual screening or evaluation of patient's complaint to determine need for further examination	15.00
80106	Out-of-office call	10.00
06503	<u>Trifocal lens</u>	\$108.00
06506	<u>Frames</u>	69.00
06587	<u>Contact lens, soft</u>	161.00
06589	<u>Dispensing fee, single vision lens</u>	36.10
06592	<u>Dispensing fee, special lenses (e.g. prisms, tints, or lenticular)</u>	10.00

Code	Service	Maximum Fee
06593	<u>Dispensing fee, frames</u>	45.20
09201	<u>Eye examination with complete visual fields included</u>	40.00
09203	<u>Eye examination with slit lamp angle testing</u>	49.00
09206	<u>Orthoptic evaluation</u>	35.00
09213	<u>Eye refraction</u>	38.00

Subp. 3. to 5. [See Repealer.]

5221.2700 AUDIOLOGISTS AND SPEECH PATHOLOGISTS.

Subpart 1. [Unchanged.]

Subp. 2. **Audiology.** The following codes, service descriptions, and maximum fees apply to audiology services.

Code	Service	Maximum Fee
21020	Basic hearing evaluation	\$ 45.00
21021	Limited hearing evaluation	32.00
21022	Extended hearing evaluation	64.00
21031	Limited site of auditory lesion evaluation	16.00
21032	Extended site of auditory lesion evaluation	32.00
21050	Basic prescription hearing aid evaluation	40.00
21052	Extended prescription hearing aid evaluation	45.00
21053	Performance evaluation of specific hearing aid	15.00
21081	Hearing screening, group	9.50
06665	<u>Monaural dispensing fee</u>	\$190.00

Subp. 3. [See Repealer.]

5221.2800 PHYSICAL THERAPISTS AND OCCUPATIONAL THERAPISTS.

Subpart 1. [Unchanged.]

Subp. 2. **Physical therapy.** The following codes, service descriptions, and maximum fees apply to physical therapy procedures.

Evaluations

Code	Service	Maximum Fee
90900	<u>Biofeedback training, by electromyogram application (e.g. in tension headache, muscle spasm)</u>	\$22.00
24001	Physical function evaluation; initial 15 minute unit	\$ 16.00
24010	Perceptual, sensory, or motor evaluation; initial 15 minute unit	15.50
24011	additional 15 minute units	15.50
24015	Activities of daily living evaluation; initial 15 minute unit	25.00
24016	additional 15 minute units	25.00

Physical Restoration Procedures

Modalities

97039	<u>Unlisted modality (specify) procedures</u>	\$30.00
97120	<u>Iontophoresis, first 30 minutes</u>	15.00
97128	<u>Ultrasound, first 30 minutes</u>	14.00
97145	<u>Physical medicine treatment to one area, each additional 15 minutes</u>	10.00
97500	<u>Orthotics training (dynamics bracing, splinting), upper extremities; initial 30 minutes, each visit</u>	20.00
97501	<u>each additional 15 minutes</u>	12.00
97540	<u>Activities of daily living (ADL) and diversional activities, initial 30 minutes, each visit</u>	15.40
97541	<u>each additional 15 minutes</u>	10.00

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ADOPTED RULES

Tests and Measurements

Code	Service	Maximum Fee
97720	<u>Extremity testing for strength, dexterity, or stamina; initial 30 minutes, each visit</u>	<u>50.00</u>
97740	<u>Kinetic activities to increase coordination, strength and/or range of motion, one area (any two extremities or trunk); initial 30 minutes</u>	<u>15.00</u>
97000	Office visit with one of the following modalities to one area;	
	1. Hot or cold packs	
	2. Traction, mechanical	
	3. Electrical stimulation	
	4. Ultrasound	
	5. Vasopneumatic devices	
	6. Paraffin bath	
	7. Microwave	
	8. Whirlpool	
	9. Diathermy	
	10. Infrared	
	11. Ultraviolet	\$27.50
97050	Office visit with two or more modalities to the same area	34.00
97100	Office visit with one of the following procedures to one area; initial 30 minutes	
	1. Therapeutic exercises	
	2. Neuromuscular reeducation	
	3. Functional activities	
	4. Gait training	
	5. Orthotics training	
	6. Prosthetics training	
	7. Electrical stimulation (manual)	
	8. Iontophoresis	
	9. Traction, manual	
	10. Massage	
	11. Contract baths	
	12. Muscle testing (manual)	
	13. Range of motion measurements	
	14. TENS	22.00
97101	each additional 15 minutes	10.00
97200	Office visit including combination of any modality and procedure; initial 30 minutes	29.50
97201	each additional 15 minutes	11.50

Maintenance Therapy Procedures

24201	Maintenance therapy procedures; initial 15 minute unit	\$ 7.75
24202	additional 15 minute units	7.75
24301	Consultation with report for specific individual patient; initial 15 minute unit	8.25
24302	additional 15 minute unit	14.00

Subp. 3. [See Repealer.]

5221.2900 CHIROPRACTORS.

Subpart 1. [Unchanged.]

Subp. 2. **Medicine.** The following codes, service descriptions, and maximum fees apply to medical services.

Code	Service	Maximum Fee
09510	Routine initial examination, history and diagnosis	\$ 30.00 <u>\$ 35.00</u>
09501	Intermediate examination; history and diagnosis	30.00
09502	Extensive examination with history and diagnosis, complete history and physical examination of one or more systems, with report	60.00
09506	Intermediate examination or evaluation; same illness; established patient; progress examination; with report	27.00

ADOPTED RULES

Code	Service	Maximum Fee
09509	Home or nursing home visit with routine chiropractic examination and/or treatment which includes adjustment, manipulation, and/or one unit of conjunctive therapy for the same or new condition	50.00 <u>40.00</u>
09503	Office visit with cast application to one area, for example, short arm, short leg, knee, or elbow, excluding materials	21.00
09508	Office visit with cast application to one area, for example, long leg, thoracolumbar, lumbosacral, or full body corset type, excluding materials	27.00
09009	Same visit, each additional conjunctive or manipulative therapy per anatomical area of diagnosis, for example, neck, back, extremities—anatomical areas include associated soft tissues and nerves. Includes office visit	40.00 <u>12.00</u>
09504	Treatment, one unit of manipulative or conjunctive therapy (specify). Includes office visit	48.00 <u>20.00</u>
09505	Treatment, one unit of manipulative and one unit of conjunctive therapy (specify). Includes office visit	27.00 <u>30.00</u>
09194	Thermography, initial or subsequent, used for evaluative purposes	30.00
09507	Ambulation traction application	10.00

Subp. 3. **Radiology.** The following codes, service descriptions, and maximum fees apply to radiology services, and include both the technical and professional (interpretive) components of the service.

Chest		Maximum Fee
71010	Radiologic examination, chest; (single view, posteroanterior)	\$ 25.00
71100	<u>Radiologic examination, ribs, unilateral; two views</u>	<u>86.00</u>
Spine and Pelvis		
72010	Radiologic examination, spine, entire, survey study (14 × 36, anteroposterior and lateral)	\$ 90.00
72040	Radiologic examination, spine, cervical; limited (anteroposterior and lateral)	44.00
72050	comprehensive (minimum of four views)	90.00
72052	comprehensive (minimum of seven views including flexion and extension)	125.00
72070	Radiologic examination, spine; thoracic, (anteroposterior and lateral)	39.00
72020	<u>Radiologic examination, spine, single view, (specify level)</u>	<u>40.00</u>
72080	thoracic, limited (anteroposterior and lateral)	35.00 <u>44.00</u>
72090	scoliosis study, comprehensive	34.00 <u>40.00</u>
72100	Radiologic examination, spine; lumbar, limited (anteroposterior and lateral)	56.00
72110	lumbosacral, comprehensive (minimum of five views)	100.00
72120	Radiologic examination, spine, lumbosacral; bending views only (minimum of four views)	40.00
72170	Radiologic examination, pelvis; limited (minimum of two views)	40.00
Upper Extremities		
73020	Radiologic examination, shoulder; limited (one projection)	\$ 25.00 <u>30.00</u>
73030	comprehensive, complete study	30.00
73070	Radiologic examination, elbow; limited (anteroposterior and lateral)	25.00
73100	Radiologic examination, wrist; limited (anteroposterior and lateral)	30.00
73120	Radiologic examination, hand	25.00
Lower Extremities		
73500	Radiologic examination, hip; limited (one view)	\$ 25.00 <u>22.00</u>
73560	Radiologic examination, knee; limited (two views)	30.00
73570	Radiologic examination, knee; comprehensive (minimum of three views)	35.00
73600	Radiologic examination, ankle; limited (two views)	30.00
73610	<u>Radiologic examination, ankle; comprehensive (minimum of three views)</u>	<u>55.00</u> <u>48.00</u>
73620	Radiologic examination, foot; limited (two views)	25.00
73630	complete routine study (minimum of three views)	35.00

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ADOPTED RULES

Miscellaneous

Code	Service	Maximum Fee
76140	Consultation on x-ray examination made elsewhere, written report	\$ 25.00 <u>\$ 30.00</u>

Subp. 4. **Laboratory.** The following codes, service descriptions, and maximum fees apply to laboratory procedures. Automated, standard chemistry profiles (~~codes 8003 to 80049~~) include the following tests:

Albumin
Bilirubin, direct
Bilirubin, total
Calcium
Carbon dioxide content
Cephalin flocculation
Chlorides
Cholesterol
Creatinine
Hemoglobin
Hematocrit
Lactic dehydrogenase
Phosphatase, acid
Phosphatase, alkaline
Phosphorus
Potassium
Protein, total
Red blood cell count
Sodium
Sugar (glucose)
Thymol turbidity
Transaminase, gluten, exalic (SGOT)
Transaminase, gluten, pyruvic (SGPT)
Triglycerides
Urea nitrogen
Uric acid
White blood cell count

Code	Service	Maximum Fee
80003	Standard profile (up to and including 12 tests) for arthritic, bone, lipid and thyroid	\$ 74.00
80016	<u>Automated multichannel test; 13-16 clinical chemistry tests</u>	<u>\$ 90.00</u>
80019	19 or more clinical chemistry tests (indicate instrument used and number of tests performed)	74.00 <u>69.00</u>
81000	Urinalysis; routine (pH, specific gravity, protein, tests for reducing substances as glucose), with microscopy	10.00
81002	routine, without microscopy	15.00
85022	Blood count; hemogram, automated (CBC) with differential WBC count	22.00
81015	<u>Urinalysis; microscopic only</u>	<u>10.00</u>
87164	<u>Dark field examination, any source (e.g., penile, vaginal, oral, skin); includes specimen collection</u>	<u>35.00</u>

5221.3000 PODIATRISTS.

Subpart 1. [Unchanged.]

Subp. 2. **Medicine.** The following codes, service descriptions, and maximum fees apply to medical services.

Patient Visits Office Medical Services

Code	Service	Maximum Fee
09000	Initial office visit, routine, new patient or new illness, history and examination	\$ 28.00
09003	Follow up office visit, brief, for example, routine injection, minimal dressing	15.00
09004	Follow up office visit, routine	18.00
09005	Follow up office visit necessitating professional care over and above routine visit	24.00

ADOPTED RULES

Code	Service	Maximum Fee
09006	Follow up office visit, prolonged, over and above 09005	23.00
09004	Initial hospital visit, limited	35.00
09002	Comprehensive hospital visit	24.00
09010	Initial home or convalescent home visit, routine, new patient or new illness, history and examination	48.00

Physical Medicine

09440	Office visit with one or more of the following modalities to one area: Hot or cold packs Traction, mechanical Electrical stimulation Ultrasound Vasopneumatic devices Ultraviolet Paraffin bath Microwave Whirlpool Diathermy Infrared	\$ 48.00
90000	New patient; brief service	\$ 25.00
90010	New patient; limited service	35.00
90015	New patient; intermediate service	25.00
90017	New patient; extended service	25.00
90020	New patient; comprehensive service	28.00
90030	Established patient; minimal service	16.00
90040	Established patient; brief service	20.00
90050	Established patient; limited service	22.00
90060	Established patient; intermediate service	22.00
90070	Established patient; extended service	25.00
90080	Established patient; comprehensive service	25.00

Hospital Medical Services

90200	Brief history and examination, initiation of diagnostic and treatment programs, and preparation of hospital records	\$ 60.00
90215	Intermediate examination	40.00

Therapeutic Injections

90782	Therapeutic injection of medication (specify): subcutaneous or intramuscular	\$ 20.00
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Physical Medicine

95851	Range of motion measurements and report (separate procedure); each extremity	\$ 8.00
97010	Physical medicine treatment to one area; hot or cold packs	28.00
97022	Whirlpool	17.50
97110	Physical medicine treatment to one area, initial 30 minutes, each visit; therapeutic exercises	24.50
97128	Ultrasound	13.00

Other Procedures

02229	Radical excision of nail	\$ 175.00
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Subp. 3. to 5. [See Repealer.]

5221.3100 PSYCHOLOGISTS AND SOCIAL WORKERS.

Subpart 1. [Unchanged.]

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. Strike outs indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." ADOPTED RULES SECTION — Underlining indicates additions to proposed rule language. Strike outs indicate deletions from proposed rule language.

ADOPTED RULES

Subp. 2. **Psychological services.** The following codes, service descriptions, and maximum fees apply to psychological services.

Code	Service	Maximum Fee
09046	Initial office visit with evaluation and history, one hour	\$ 70.00
Code	Service	Maximum Fee
09046	Initial office visit with evaluation and history, one hour	\$ 70.00
09048	Initial inpatient hospital visit, including history and evaluation, per hour	70.00
09050	<u>Initial consultation, one hour</u>	<u>\$ 75.00</u>
09064	<u>Biofeedback, per hour</u>	<u>58.50</u>
09066	Psychotherapy (inpatient, outpatient, office or home) one hour, or biofeedback performed by a licensed consulting psychologist, one hour	70.00
09067	Psychotherapy, group (maximum ten persons per group) 1-1/2 hours per person	35.00
09068	Psychotherapy (inpatient, outpatient, office or home) half hour, or biofeedback performed by a licensed consulting psychologist, one-half hour	45.00
09070	Family members psychotherapy, conjoint, two or more members, family group, evaluation and therapy per hour (per family charge)	65.00

Subp. 3. [See Repealer.]

5221.3200 HOSPITAL—SEMI-PRIVATE ROOM CHARGES.

Subpart 1. [Unchanged.]

Subp. 2. **Group 1.** The following hospitals make up group 1:

A. to BB. [Unchanged.]

Service	Maximum Fee
Group 1 semi-private room charge for one day	\$ 200.86 <u>\$ 223.00</u>

Subp. 3. **Group 2.** The following hospitals make up group 2:

A. to MMMM. [Unchanged.]

NNNN. Regina Memorial Hospital, Hastings

OOOO. Renville County Hospital, Olivia

~~OOOO~~, PPPP. Rice County District One Hospital, Faribault

~~PPPP~~, QQQQ. Rice Memorial Hospital, Willmar

~~QQQQ~~, RRRR. Riverview Hospital, Crookston

~~RRRR~~, SSSS. Roseau Area Hospital, Roseau

~~SSSS~~, TTTT. Rush City Hospital, Rush City

~~TTTT~~, UUUU. Saint Ansgar Hospital, Moorhead

~~UUUU~~, VVVV. Saint Elizabeth Hospital, Wabasha

~~VVVV~~, WWWW. Saint Francis Hospital, Breckenridge

~~WWWW~~, XXXX. Saint Francis Regional Medical Center, Shakopee

~~XXXX~~, YYYYY. Saint Gabriel's Hospital, Little Falls

~~YYYY~~, ZZZZ. Saint John's Hospital, Browerville

~~ZZZZ~~, AAAAA. Saint John's Hospital, Red Lake Falls

~~AAAAA~~, BBBBBB. Saint John's Hospital, Red Wing

~~BBBBB~~, CCCCC. Saint Joseph's Hospital, Brainerd

~~CCCCC~~, DDDDD. Saint Joseph's Hospital, Park Rapids

~~DDDDD~~, EEEEE. Saint Mary's Hospital, Detroit Lakes

~~EEEEE~~, FFFFF. Saint Mary's Hospital, Winstead

~~FFFFF~~, GGGGG. Saint Michael's Hospital, Sauk Centre

~~GGGGG~~ HHHHH. Saint Olaf Hospital, Austin
~~HHHHH~~ IIIII. Sandstone Area Hospital, Sandstone
~~HHH~~ JJJJ. Sanford Memorial Hospital, Farmington
~~JJJJ~~ KKKKK. Sioux Valley Hospital, New Ulm
~~KKKKK~~ LLLLL. Sleepy Eye Municipal Hospital, Sleepy Eye
~~LLLLL~~ MMMMM. Springfield Community Hospital, Springfield
~~MMMMM~~ NNNNN. Stevens County Memorial Hospital, Morris
~~NNNNN~~ OOOOO. Swift County-Benson Hospital, Benson
~~OOOOO~~ PPPPP. Tracy Municipal Hospital, Tracy
~~PPPPP~~ QQQQQ. Tri-County Hospital, Wadena
~~QQQQQ~~ RRRRR. Trimont Community Hospital, Trimont
~~RRRRR~~ SSSSS. Trinity Hospital, Baudette
~~SSSSS~~ TTTTT. Tweeten Memorial Hospital, Spring Grove
~~TTTTT~~ UUUUU. United District Hospital, Staples
~~UUUUU~~ VVVVV. United Hospital, Blue Earth
~~VVVVV~~ WWWWW. Virginia Regional Medical Center, Virginia
~~WWWWW~~ XXXXX. Waconia Ridgeview Hospital, Waconia
~~XXXXX~~ YYYYY. Warren Community Hospital, Warren
~~YYYYY~~ ZZZZZ. Waseca Area Memorial Hospital, Waseca
AAAAAA. Watonwan Memorial Hospital, St. James
~~ZZZZZ~~ BBBBBB. Weiner Memorial Medical Center, Marshall
AAAAAA CCCCCC. Wells Municipal Hospital, Wells
~~DDDDDD~~ Wheaton Community Hospital, Wheaton
~~BBBBBB~~ EEEEEE. White Community Hospital, Aurora
~~CCCCCC~~ FFFFFF. Windom Area Hospital, Windom
~~DDDDDD~~ GGGGGG. Winona General Hospital, Winona
~~EEEEEE~~ HHHHHH. Worthington Regional Hospital, Worthington
~~FFFFFF~~ IIIII. Zumbrota Community Hospital, Zumbrota

Service	Maximum Fee
Group 2 semi-private room charge for one day	\$ 455.00 \$ <u>179.00</u>

Subp. 4. **Group 3.** The following hospitals make up group 3:

A. to C. [Unchanged.]

Service	Maximum Fee
Group 3 semi-private room charge for one day	\$ 266.30 \$ <u>278.86</u>

Subp. 5. **Group 4.** The following hospitals make up group 4:

A. and B. [Unchanged.]

Service	Maximum Fee
Group 4 semi-private room charge for one day	\$ 451.86 \$ <u>158.86</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." ADOPTED RULES SECTION — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

ADOPTED RULES

REPEALER. Minnesota Rules, parts 5221.2250, subpart 10; 5221.2500, subparts 3, 4, 5, 6, 7, 8, 9, and 10; 5221.2600, subparts 3, 4, and 5; 5221.2700, subpart 3; 5221.2800, subpart 3; 5221.3000, subparts 3, 4, and 5; and 5221.3100, subpart 3 are repealed.

EFFECTIVE DATE. These rules are effective October 1, 1985, and apply to all health care services or supplies governed by parts 5221.0100 to 5221.3200 provided after October 1, 1985.

OFFICIAL NOTICES

Pursuant to the provisions of Minn. Stat. § 15.0412, subd. 6, an agency, in preparing proposed rules, may seek information or opinion from sources outside the agency. Notices of intent to solicit outside opinion must be published in the *State Register* and all interested persons afforded the opportunity to submit data or views on the subject, either orally or in writing.

The *State Register* also publishes other official notices of state agencies, notices of meetings, and matters of public interest.

Department of Health

Public Forum to Discuss Whether Needs Exist for the State to Regulate Social Workers, Marriage/Family Therapists, and Professional Counselors

Please publish the following announcement in the *State Register* on October 7, 1985.

As per Minn. Rules 4695.1400, Subp. 3, a public forum will be held from 1:00-9:30 p.m. on November 7, 1985 in Room 112 of the State Capitol, St. Paul. The public forum will provide for public participation in the process to determine whether a need exists for the state regulation of counselors. The public forum will also provide for the collecting of information and the raising and clarifying of issues related to the state regulation of the three occupations mentioned above.

The public forum shall be open to all persons. All interested persons will be given an opportunity to make a presentation although time limits may be imposed.

For more information regarding the public forum, please contact Mary Cahill at (612) 623-5612 or Norm Hanson at (612) 623-5443.

Department of Health Health Resources Division

Outside Opinion Sought Regarding Proposed Rules Governing the Reporting of Maltreatment of Vulnerable Adults

Notice is hereby given that the State Department of Health is seeking information or opinions from sources outside the agency in preparing to promulgate new rules governing the Reporting of Maltreatment of Vulnerable Adults. The promulgation of these rules is authorized by Minnesota Statutes section 626.557, which, at subd. 16(b), requires the agency to "promulgate rules necessary to implement the requirements of subdivisions 11, 12, 13, 14, 15 and 16, clause (a)."

The State Department of Health requests information and comments concerning the subject matter of these rules. Interested or affected persons or groups may submit statements of information or comment orally or in writing. Written statements should be addressed to: Robert Eelkema, Health Resources Division, 717 Delaware Street Southeast—P.O. Box 9441, Minneapolis, Minnesota 55440.

Oral statements will be received during regular business hours over the telephone at 623-5424 or, in person at the above address.

All statements of information and comment shall be accepted until 30 days after the day this notice appears in the *State Register*. Any written material received by the State Department of Health shall become part of the record in the event that the rules are promulgated.

Janet G. Brodahl, Director
Health Resources Development

Department of Human Services Long Term Care Management Division

Request for Comment on Proposed Sliding Fee Schedule for Alternative Care Grants Program

Under the Alternative Care Grants Program, the Commissioner of the Department of Human Services provides grants to counties to pay costs of providing alternatives to nursing home care, for eligible individuals.

Minnesota Session Laws of 1983, Chapter 199, requires the Commissioner to establish a sliding fee schedule for requiring payment for the cost of providing care to persons who are eligible for Alternative Care Grants but who are not yet eligible for Medical Assistance. The sliding fee schedule is not subject to Minnesota Statutes, Chapter 14.

Interested persons may submit comments on the proposed sliding fee schedule until October 28, 1985. The proposed schedule may be changed based upon the comments received. Submit comments to:

Barbara Colliander
Department of Human Services
Long Term Care Management Division
Space Center Building—6th Floor
444 Lafayette Road
St. Paul, Minnesota 55101

Below is the proposed sliding fee schedule for the Alternative Care Grants (ACG) Program.

The county agency shall assess the person who would be eligible for Medical Assistance within 180 days of nursing home admission, for part or all of the costs of alternative care services provided to that person.

The monthly amount which a person shall pay is the *lesser* of the amounts established under either of Exhibits 1 or 2 below.

Exhibit 1

Forty percent (40%) of estimated cost of Alternative Care Grant funded services provided to the person for the first month (30 days) rounded down to nearest dollar.

Exhibit 2

Ten percent (10%) of the sum of the person's income and liquid assets as entered in items I.A. and II.E. of the 180 Day Eligibility Worksheet (DHS-2630) divided by 6, rounded down to the nearest dollar.

Each person's fee is determined individually. Spouses income and resources are not added together. When two people in the same household are receiving Alternative Care Grant funded services, there may be two fees.

The monthly amount shall be calculated when alternative care services begin and shall remain constant until the six month reassessment. At the six month reassessment, the case manager will readjust the fee if the person's income and liquid assets or services costs have changed. At no time may the fee exceed the cost of services. The fee is waived at any time when the person becomes eligible for Medical Assistance or when the person's income and liquid assets are below the Medical Assistance eligibility criteria.

The county agency may determine the cost to the county for billing a person each month. If the fee to be collected is below this amount, the county may choose to waive the fee.

The county agency shall report to the Department the income received from fees. The Department shall use this income to reduce the state and local liability for alternative care expenditures for the persons not eligible for Medical Assistance.

This fee schedule replaces that which was published in the June 20, 1983 issue of the *State Register*.

Metropolitan Council

Revised Review Schedule: Amendments to Metropolitan Development Guide Regarding Metropolitan Development and Investment Framework

The Metropolitan Development and Investment Framework (MDIF) is the Metropolitan Council's plan and program for managing metropolitan resources in order to bring about the orderly and economic development of the seven-county Metropolitan Area. It

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presents the Council's philosophy, assumptions and basic directions for guiding development and change in the area. It sets general directives for all planning carried out under the Council's auspices, including transportation, sewage disposal, parks and airports.

The MDIF replaces the older development guide chapters—the Metropolitan Development Framework (MDF) and the Metropolitan Investment Framework (MIF). Most of the concepts and policies advocated in the two separate documents have been carried over into the new combined document. However, the MDIF is more than merely a merger and update of two existing documents. It has evolved from a plan to guide growth into a plan for managing regional resources to achieve orderly and economic development.

The following is a revised schedule for review of the MDIF.

Week of Oct. 7, 1985	Briefing of metropolitan commissions
Week of Oct. 21, 1985	Meetings with business community
Oct. 21-Nov. 5, 1985	Planners' Forums, other community outreach
Week of Nov. 18, 1985	2-3 public meetings
Dec. 12, 1985	Metropolitan and Community Development Committee (MCDC) considers final changes to MDIF based on public meeting comments and staff recommendations
January 9, 1986	Metropolitan Council approves MDIF draft document for public hearing and sets public hearing dates
February 10-14, 1986	Public hearings
February 28, 1986	Hearing record closes
March 20, 1986	MCDC considers MDIF for adoption
April 10, 1986	Council adopts MDIF

This schedule is still subject to change. Notices of public meeting and public hearing will be published. If you have questions regarding the schedule or the draft MDIF, call Bob Davis of the Council's Comprehensive Planning staff at 291-6317.

Metropolitan Council

Revised Review Schedule: Amendment to Solid Waste Management Development Guide/Policy Plan

The Minnesota Waste Management Act requires the Metropolitan Council to revise its Metropolitan Development Guide/Policy Plan on Solid Waste Management to address certificate of need standards. Metropolitan Council review of this document is in progress. Amendments currently being proposed deal with the inclusion of procedures and standards for issuing certificates of need for new land disposal capacity for mixed municipal solid waste.

The following is the final schedule for review of the amendments. The only changes from the previously published schedule are the public hearing date and the date on which the hearing record closes.

October 2, 1985	Metropolitan Council Environmental Resources Committee approves draft amendments and recommends public hearing date.
October 10, 1985	Metropolitan Council approves draft amendments and sets public hearing date.
November 20, 1985	Public hearing.
December 4, 1985	Hearing record closes.
January 7, 1986	Solid Waste Management Advisory Committee reviews hearing report and recommends adoption of final amendments.
January 15, 1986	Environmental Resources Committee reviews hearing report and recommends adoption of final amendments.
January 23, 1986	Metropolitan Council adopts final amendments.

A subsequent notice of public hearing will be published. If you have questions regarding the schedule or amendments, call Carl Michaud of the Council's Parks and Environmental Planning staff at 291-6579.

STATE CONTRACTS

Pursuant to the provisions of Minn. Stat. § 16.098, subd. 3, an agency must make reasonable effort to publicize the availability of any consultant services contract or professional and technical services contract which has an estimated cost of over \$2,000.

Department of Administration procedures require that notice of any consultant services contract or professional and technical services contract which has an estimated cost of over \$10,000 be printed in the *State Register*. These procedures also require that the following information be included in the notice: name of contact person, agency name and address, description of project and tasks, cost estimate, and completed contract proposal. Certain quasi-state agencies are exempted from some of the provisions of this statute.

Commodities contracts with an estimated value of \$5,000 or more are listed under the Procurement Division, Department of Administration. All bids are open for 7-10 days before bidding deadline. For bid specifics, time lines, and other general information, contact the appropriate buyers by calling 296-6152. If the appropriate buyer is not available, contact Harvey Leach or Barbara Jolly at 296-3779.

Department of Administration Procurement Division

Commodities Contracts and Requisitions Currently Open for Bidding

Requisition #	Item	Ordering Division	Delivery Point	Estimated Dollar Amount
Contract	Rubbish Disposal Contract	MN Correctional Facility	Stillwater	Contact buyer
55-103-03637	Building Supplies	Human Services—Moose Lake State Hospital	Moose Lake	Contact buyer
29-000-38411, etc.	Signs	Natural Resources	St. Paul	Contact buyer
27-158-45881	Learning System	Community College System—Arrowhead College	Hibbing	Contact buyer
26-071-15568	Memory Module—Rebid	Mankato State University	Mankato	Contact buyer
55-000-92847, 92848	Vending Machines	Human Services—Services for the Blind	St. Paul	Contact buyer
78-830-07834	Mattress Spring Units	MN Correctional Facility	St. Cloud	Contact buyer
78-890-01772	Lathe	Corrections—Sandstone Vocational School	Sandstone	Contact buyer
26-071-16056	Elevator Repair	Mankato State University	Mankato	Contact buyer
Contract	Electrical Supplies	Various	Various	\$225,000-250,000
67-190-11175-2718	Printing & Mailing of Withholding Coupon Books	Revenue	St. Paul	Contact buyer
12-600-87625-2458	Medical Record	Health	Minneapolis	Contact buyer
43-000-06532	Street Restoration, Paths, Etc., Oliver Shop Area	Iron Range Resources & Rehabilitation Board	Calumet	Contact buyer
26-071-15499	Student Console Piano—Rebid	Mankato State University	Mankato	Contact buyer
21-607-28904	Prosthetic Limb	Jobs & Training—Vocational Rehabilitation	St. Paul	Contact buyer
Various	Pharmaceuticals	Various	Various	Contact buyer
79-000-49644	35MM Film	Transportation	St. Paul	Contact buyer
29-003-09486 & 09487	Fish Distribution Tank	Natural Resources	Various	Contact buyer
79-000-49606	Rotary Snowplow Attachment	Transportation	Various	Contact buyer
29-007-40913	Miscellaneous Safety Equipment	Natural Resources	Grand Rapids	Contact buyer
79-000-49573	Automated Weather Observation System	Transportation—Aeronautics	Park Rapids	Contact buyer

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Requisition #	Item	Ordering Division	Delivery Point	Estimated Dollar Amount
79-000-49330, etc.	Air Compressors	Transportation	Various	Contact buyer
01-000-04465	Reroof Bldg. at Camp Ripley	Military Affairs	Little Falls	Contact buyer
Contract	Elevator Maintenance	Mankato State University	Mankato	Contact buyer
29-002-10838	Rental of Photocopy Machine	Natural Resources	Grand Rapids	Contact buyer
55-520-03485	Auto. Scrubber	Human Services—Oak Terrace Nursing Home	Owatonna	Contact buyer
01-000-04444	Sinks & Counter Food Service—Rebid	Military Affairs Office of Architecture & Engineering	Little Falls	Contact buyer
Contract	Seed, Lawn Grass—Rebid	Various State Agencies	Various	\$6,000-7,000
Contract	Security System for Outdoor Coverage	MN Correctional Facility	Lino Lakes	Contact buyer
79-000-49668	Truck Lift	Transportation	Maple Grove	Contact buyer
67-340-11163	Purchase of Printer	Revenue	St. Paul	Contact buyer
29-004-06747, etc.	Used Trucks	Natural Resources	St. Paul or New Ulm	Contact buyer
79-800-02820	Granite Grit for Seal Coating	Transportation	Willmar	Contact buyer
26-071-16026, etc.	Detacher and Heat Sealing System	Various	Various	Contact buyer
43-000-26526	Rental of Fully Operated Equipment	Iron Range Resources & Rehabilitation Board	Eveleth	Contact buyer
01-000-04469	Luminaires & Lamps	Military Affairs	Little Falls	Contact buyer
01-000-04470	Bituminous Resurfacing & Reconstruction	Military Affairs	Little Falls	Contact buyer
21-200-10576-2144	Review of Labor & Economic Conditions	Jobs & Training	St. Paul	Contact buyer
27-138-47865	Purchase of Photocopy Machine	MN Community College System	St. Paul	Contact buyer
29-003-08704	Telephone System	Natural Resources	Willow River	Contact buyer
07-500-36479	Warning Fuses	Public Safety—State Patrol	St. Paul	Contact buyer
29-002-11533	Ind. Tractor Loaders	Natural Resources	Grand Rapids	Contact buyer
26-071-16073	Sound Equipment	Mankato State University	Mankato	Contact buyer
27-148-46632	Lease of Photocopy Machine	Rochester Community College	Rochester	Contact buyer
79-000-49579	Video Editing Equipment	Transportation	St. Paul	Contact buyer
29-000-38445	Purchase of Hand-Held Computer & Accessories	Natural Resources—Engineering	St. Paul	Contact buyer
79-000-49473	Computer/Calculator—Rebid	Transportation	St. Paul	Contact buyer
26-071-15860	Protean Cell—Rebid	Mankato State University	Mankato	Contact buyer
79-000-49334	Post Pounders	Transportation—Various	Various	Contact buyer
55-000-92667	Refrigerators	Human Services—Services for the Blind	St. Paul	Contact buyer
21-200-10813	Lease of Photocopy Machine	Jobs & Training	St. Paul	Contact buyer
78-830-07819	Portable Radio	MN Correctional Facility	St. Cloud	Contact buyer
07-300-36308	Lease of Automobile	Public Safety	St. Paul	Contact buyer

Contact 296-6152 for referral to specific buyers.

Department of Corrections Minnesota Jail Resource Center

Request for Proposals for Training

The State of Minnesota, acting through the Minnesota Jail Resource Center located in the Department of Corrections, seeks one or more consultant/trainers to provide a total of 4 multi-state training sessions for jail employees and county officials. The chosen consultant/trainers must have a proven record with the National Institute of Corrections (NIC) Jail Division or National Academy of Corrections as consultants and trainers. Top priority will be given to consultant/trainers who have direct experience with approved NIC National Academy of Corrections curriculum and lesson plans.

- | | |
|---|--------------------------------|
| 1. First Line Jail Supervisors Training | (three days: Nov. 19-21, 1985) |
| 2. Corrections as a Part of County Government | (three days: Feb. 12-14, 1986) |
| 3. First Line Jail Supervisors Training | (three days: Apr. 8-10, 1986) |
| 4. Corrections as a Part of County Government | (three days: May 14-16, 1986) |

Consultant/trainers are expected to provide their own training materials. Duplication of trainee handouts will be provided by the Minnesota Jail Resource Center. Prospective consultant/trainers must have an approved NIC daily consultant fee rate. Chosen consultant/trainers are expected to subcontract, as needed, with additional consultant/trainers and must document subcontractors NIC approved rates. The Minnesota Jail Resource Center desires to select one consultant/trainer to provide all 4 training sessions but reserves the right to develop individual contracts for each session.

The selected consultant/trainer will be chosen based upon proven NIC experience, thoroughness of training proposal, cost effectiveness, and availability for chosen training session dates. Interested consultants/trainers may submit proposals for the entire program or for individual sessions.

Funds for this training are made available through a grant from the National Institute of Corrections Jail Division. Cost estimates for individual sessions are expected to range from \$4,500 to \$6,000 each; the cost estimate for the entire program is \$18,000 to \$24,000.

For additional information and specifications, contact:

Tom Reid, Director
Minnesota Jail Resource Center
Department of Corrections
300 Bigelow Building
450 N. Syndicate Street
St. Paul, Minnesota 55104
(612) 642-0249

Deadline for receipt of proposals is October 21, 1985.

State Designer Selection Board

Request for Proposal for State Projects

TO ARCHITECTS AND ENGINEERS REGISTERED IN MINNESOTA:

The State Designer Selection Board has been requested to select designer for a project at Biwabik, Minnesota. Design firms who wish to be considered for this project should submit proposals on or before 4:00 p.m., October 16, 1985, to George Iwan, Executive Secretary, State Designer Selection Board, Room G-10, Administration Building, St. Paul, Minnesota 55155-1495.

The proposal must conform to the following:

1. Six copies of the proposal will be required.
2. All data must be on 8½" × 11" sheets, soft bound.
3. The cover sheet of the proposal must be clearly labeled with the project number, as listed in number 7 below, together with the designer's firm name, address, telephone number and the name of the contact person.
4. The proposal should consist of the following information in the order indicated below:
 - a) Number and name of project.
 - b) Identity of firm and an indication of its legal status, i.e. corporation, partnership, etc.

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c) Names of the persons who would be directly responsible for the major elements of the work, including consultants, together with brief descriptions of their qualifications. If the applicant chooses to list projects which are relevant in type, scale, or character to the project at hand, the person's role in the project must be identified.

d) A commitment to enter the work promptly and to assign the people listed in "C" above and to supply other necessary staff.

e) A list of design projects in process or completed in the three (3) years prior to the date of this request for agencies or institutions of the State of Minnesota, including the University of Minnesota, by the firm(s) listed in "b" together with the approximate fees associated with each project.

f) A section of not more than fourteen (14) faces containing graphic material (photos, plans, drawings, etc.) as evidence of the firm's qualification for the work. The graphic material must be identified. It must be work in which the personnel listed in "c" have had significant participation and their roles must be clearly described.

The proposal shall consist of no more than twenty (20) faces. Proposals not conforming to the parameters set forth in this request will be disqualified and discarded without further examination.

5. In accordance with the provisions of Minnesota Statutes, 1981 Supplement, Section 363.073; for all contracts estimated to be in excess of \$50,000, all responders having more than 20 full-time employees at any time during the previous 12 months must have an affirmative action plan approved by the Commissioner of Human Rights before a proposal may be accepted. Your proposal will not be accepted unless it includes one of the following:

a) A copy of your firm's current certificate of compliance issued by the Commissioner of Human Rights; or

b) A statement certifying that your firm has a current certificate of compliance issued by the Commissioner of Human Rights; or

c) A statement certifying that your firm has not had more than 20 full-time employees in Minnesota at any time during the previous 12 months.

6. Design firms wishing to have their proposals returned after the Board's review must follow one of the following procedures:

a) Enclose a self-addressed stamped postal card with the proposals. Design firms will be notified when material is ready to be picked up. Design firms will have two (2) weeks to pick up their proposals, after which time the proposals will be discarded.

b) Enclose a self-addressed stamped mailing envelope with the proposals. When the Board has completed its review, proposals will be returned using this envelope.

In accordance with existing statute, the Board will retain one copy of each proposal submitted.

Any questions concerning the Board's procedures or their schedule for the project herein described may be referred to George Iwan at (612) 296-4656.

7) PROJECT—17-85

Landscape and Tennis Court Construction

Giants Ridge Ski Area

Biwabik, Minnesota

Description of Project:

The proposed project consists of landscape design and construction around buildings and parking areas at Giants Ridge Ski Area and design and construction of tennis courts at the ski area.

Site Location:

Giants Ridge Ski Area, Biwabik, Minnesota 55708

Project Details:

Landscaping recommendations and design for all building and grounds at the Giants Ridge Ski Area. Landscaping to include trees, shrubs, decks, sod pavers, fencing, etc. in order to beautify the recreational facility. The project also includes the design and construction of tennis courts complete with bituminous colored surfacing and stripping, fencing and equipment.

The project is a joint project between the Economic Development Administration and the Iron Range Resources and Rehabilitation Board.

Estimated project cost: \$350,000.00

Work to be performed by the Architect.

The work basically includes providing recommendations to the Iron Range Resources and Rehabilitation Board, the design of the

entire project, the preparation of required drawings, specifications and documents to include: bidding, preside at bid openings, handle of contract documents, the general supervision of construction of the projects, preparation of possible supplement agreements, review and approval of shop drawings and payment requests, assistance in the final inspection and acceptance of work.

The designer shall work for the Department of Iron Range Resources and Rehabilitation, but directly with Mr. Mike Gentile, Director of the Giants Ridge Recreation Area in Biwabik, Minnesota 55708, phone (218) 865-4143. All questions relating to this project shall be referred directly to him.

George F. Klein, Chairman
State Designer Selection Board

SUPREME COURT DECISIONS

Decisions Filed Friday, September 20, 1985

Compiled by Wayne O. Tschimperle, Clerk

C8-84-188 Janet Swenson, Individually and as Trustee for the Heirs at Law and Next of Kin of Edward C. Swenson v. The Emerson Electric Company, Appellant and The A. O. Smith Corporation, Appellant v. Lake Region Cooperative. Court of Appeals.

Plaintiff's claim against defendants based upon the federal Consumer Product Safety Act is not barred by the statute of limitations because, under Minn.R.Civ.P. 15.03, it relates back to plaintiff's timely claims of negligence, negligent failure to warn of a defect, and strict product liability.

The federal Consumer Product Safety Act, 15 U.S.C. § 2051 *et seq.* (1982), provides a private cause of action for violation of the Consumer Product Safety Commission's substantial product hazard reporting regulations.

Affirmed. Amdahl, C.J.

Took no part, Coyne, J.

C8-85-136 S.J. Groves and Sons Company v. Aerospatiale Helicopter Corporation. United States District Court.

A commercial plaintiff, able to bargain for greater warranty protection, cannot recover in tort for economic losses resulting from damage that a defective product has caused to itself; rather, recovery is limited to economic losses attributable to personal injury or damage to other property.

Certified question answered in the negative. Peterson, J.

Dissenting, Scott, J., and Yetka, J.

Took no part, Coyne, J.

C1-84-937 In Re: Guardianship of Sam D. Hampton, Jr., a.k.a. Samuel David Hampton, Ward. Court of Appeals.

Under the facts and circumstances of this case, petitioner insurance company may not raise technical noncompliance with the statutory guardianship bond requirements as a defense in an action brought by the ward to enforce a bond issued by the petitioner.

Affirmed in part, reversed in part. Wahl, J.

TAX COURT

Pursuant to Minn. Stat. § 271.06, subd. 1, an appeal to the tax court may be taken from any official order of the Commissioner of Revenue regarding any tax, fee or assessment, or any matter concerning the tax laws listed in § 271.01, subd. 5, by an interested or affected person, by any political subdivision of the state, by the Attorney General in behalf of the state, or by any resident taxpayer of the state in behalf of the state in case the Attorney General, upon request, shall refuse to appeal. Decisions of the tax court are printed in the *State Register*, except in the case of appeals dealing with property valuation, assessment, or taxation for property tax purposes.

State of Minnesota Tax Court Regular Division

**Donald D. and Inez Krause, Appellants, vs. Commissioner of Revenue, Appellee, Docket
No. 4301**

Findings of Fact, Conclusions of Law and Order for Judgment Dated September 20, 1985

Trial of the above-entitled matter was commenced on June 3, 1985, by the Minnesota Tax Court, Judge Carl A. Jensen presiding, at the Hennepin County Government Center in Minneapolis, Minnesota. Appellant had not responded to requests for information by the appellee and, after some discussion, the case was continued for trial at a later date. The trial was continued and concluded on August 28, 1985. Appellant subsequently submitted a brief with various materials.

Donald D. Krause, one of the appellants, appeared on his own behalf.

Neil F. Scott, Special Assistant Attorney General, appeared on behalf of the appellee.

Syllabus

On an appeal from a Commissioner's Order, the Court will make a finding based on the preponderance of the evidence.

Findings of Fact

1. This appeal involves the Minnesota income tax returns of appellants for the years 1977 through 1983.
2. On the 1977 return, appellant claimed that he was a minister and had taken a vow of poverty and did not have any taxable income. Subsequently he did not file tax returns for several years; then, about 1982, the Department of Revenue filed returns for him for some years. Subsequently appellant filed under the amnesty provisions for those years plus 1982, 1983 and 1984. For some of the years he was entitled to refunds, some of which could not be allowed as more than the statute of limitations period of three-and-one-half years had transpired before the date of the return.
3. Appellants claimed certain deductions, some of which were disallowed by the Commissioner.
4. At the trial the appellee presented exhibit "A", which consisted of a letter dated August 27, 1984 from the Department of Revenue to the appellants. Attached to the exhibit were statements of the income tax due for each of the years from 1978 through 1983. The Court has determined that these determinations are correct and the exhibit "A" with the attachments are hereby made a part of this decision.
5. The amounts stated to be due in the attachments to exhibit "A" are correct.

Conclusions of Law and Order for Judgment

1. For the years 1977 through 1980, appellants do not owe any tax and there is no refund due to appellants.
2. Appellants owe the following amounts for income taxes for the indicated years:

<u>YEAR</u>	<u>TAX DUE</u>
1981	\$ 62.93
1982	758.46
1983	48.52

The above amounts have been calculated with interest to October 31, 1984. Interest from that date is also due.

LET JUDGMENT BE ENTERED ACCORDINGLY. A STAY OF 15 DAYS IS HEREBY ORDERED.

September 20, 1985

By the Court,
Carl A. Jensen, Judge
Minnesota Tax Court

ERRATA

Department of Administration State Register & Public Documents Division

Correction to September 23, 1985 Issue (Misdated)

The incorrect date was published on the cover of the September 23, 1985 issue. The cover mistakenly says September 16, 1985. The correct date is September 23, 1985, and this is the date that should be used for all legal deadline purposes for comment periods, request for proposals, and effective dates of adopted rules.

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