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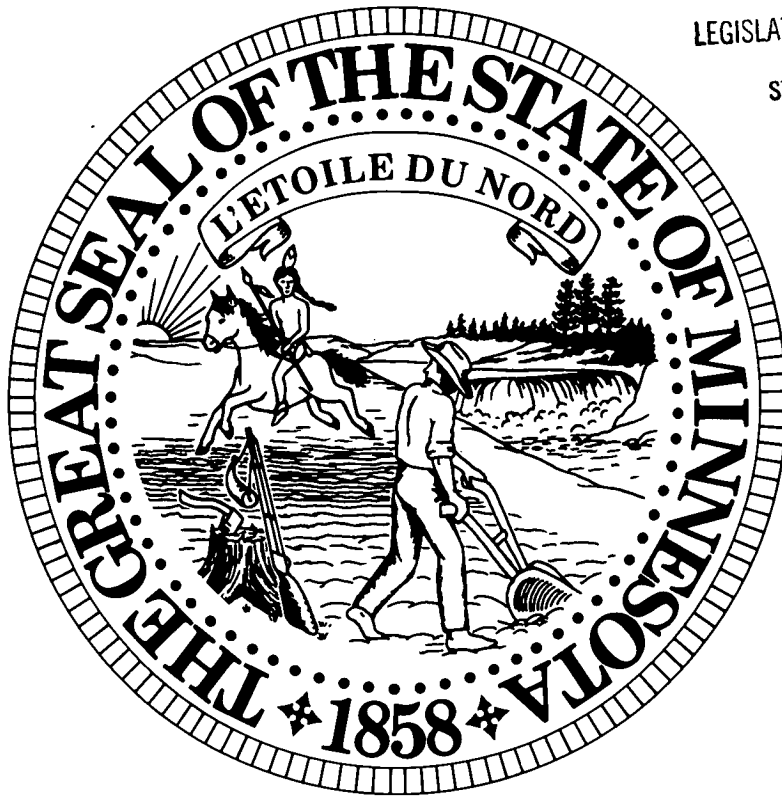
STATE OF MINNESOTA

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STATE REGISTER

DEPARTMENT OF ADMINISTRATION—DOCUMENTS DIVISION

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Monday 22 September 1986

VOLUME 11, NUMBER 12

Pages 477-564

STATE REGISTER

Judicial Notice Shall Be Taken of Material Published in the *State Register*

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, official notices to the public, state and non-state public contracts, grants, and supreme court and tax court decisions.

Volume 11 Printing Schedule and Submission Deadlines

Vol. 11 Issue Number	*Submission deadline for Executive Orders, Adopted Rules and **Proposed Rules	*Submission deadline for State Contract Notices and other **Official Notices	Issue Date
12	Monday 8 September	Monday 15 September	Monday 22 September
13	Monday 15 September	Monday 22 September	Monday 29 September
14	Monday 22 September	Monday 29 September	Monday 6 October
15	Monday 29 September	Monday 6 October	Monday 13 October

*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 editorial offices, 504 Rice Street, St. Paul, Minnesota 55103, (612) 296-4273.

The *State Register* is published by the State of Minnesota, Department of Administration, Documents Division, 117 University Avenue, St. Paul, Minnesota 55155, pursuant to Minn. Stat. § 14.46. Publication is weekly, on Mondays, with an index issue in September. In accordance with expressed legislative intent that the *State Register* be self-supporting, the subscription rate has been established at \$130.00 per year, postpaid to points in the United States. Second class postage paid at St. Paul, Minnesota. Publication Number 326630. (ISSN 0146-7751) No refunds will be made in the event of subscription cancellation. Single issues may be obtained at \$3.50 per copy.

Subscribers who do not receive a copy of an issue should notify the *State Register* Circulation Manager immediately at (612) 296-0931. Copies of back issues may not be available more than two weeks after publication.

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FOR LEGISLATIVE NEWS

Publications containing news and information from the Minnesota Senate and House of Representatives are available free to concerned citizens and the news media. To be placed on the mailing list, write or call the offices listed below:

SENATE

Briefly-Preview—Senate news and committee calendar; published weekly during legislative sessions.

Perspectives—Publication about the Senate.

Session Review—Summarizes actions of the Minnesota Senate.

Contact: Senate Public Information Office
Room 111 State Capitol, St. Paul, MN 55155
(612) 296-0504

HOUSE

Session Weekly—House committees, committee assignments of individual representatives; news on committee meetings and action. House action and bill introductions

This Week—weekly interim bulletin of the House.

Session Summary—Summarizes all bills that both the Minnesota House of Representatives and Minnesota Senate passed during their regular and special sessions.

Contact: House Information Office
Room 175 State Office Building, St. Paul, MN 55155
(612) 296-2146

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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:

- 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 requested by an agency.)
- 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 April 8, 1985 are published in the *Minnesota Rules 1985*. ADOPTED RULES and ADOPTED AMENDMENTS TO EXISTING RULES filed after April 8, 1985 are included in a supplement published in Spring, 1986. Proposed and adopted EMERGENCY (formerly called TEMPORARY) RULES appear in the *State Register* but are generally not published in the *Minnesota Rules* 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
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MINNESOTA RULES AMENDMENTS AND ADDITIONS

NOTE: This listing includes all proposed and adopted rules printed in this issue except emergency rules and errata for this issue. Please see those sections for the appropriate rule numbers.

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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.

Department of Energy and Economic Development

Proposed Permanent Rules Governing Community Block Grant Contracts

Notice of Intent to Amend Rules without a Public Hearing

Notice is hereby given that the Commissioner of Energy and Economic Development (hereinafter "Commissioner") proposes to adopt an amendment to Minnesota Rules, Chapter 4300.3100, relating to Contracts and Records for grants awarded pursuant to the Small Cities Development Program and the Economic Recovery Fund Program, without a public hearing following the procedures set forth in Minnesota Statutes, section 14.22 to 14.28. The specific statutory authority to amend (adopt) the rule is M.S. Sections 116J.401 and 116J.403.

Persons interested in this amendment shall have 30 days in which to submit comments in support of or in opposition to the proposed amendment and comments are encouraged. Each comment should identify the specific reason for the comment as well as any change proposed.

Any person may make a written request for a public hearing on the amendment within the 30 day comment period. If 25 or more persons submit a written request for a public hearing within the 30 day comment period, a public hearing will be held unless a sufficient number withdraw their request. Any person requesting a public hearing should state his or her name and address, and is encouraged to identify the reason for the request and any change proposed. If a public hearing is required, the Commissioner will proceed pursuant to Minnesota Statutes, section 14.131 to 14.20.

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

Jim Gelbmann
 Department of Energy and Economic Development
 Community Development Division
 900 American Center Building
 150 East Kellogg Boulevard
 St. Paul, Minnesota 55101
 (612) 296-4756

The proposed amended rule may be modified if the modifications are supported by data and views and do not result in a substantial change in the proposed amended rule as noticed.

A copy of the proposed amended rule appears below.

A Statement of Need and Reasonableness that describes the need for reasonableness of the proposed amended rule and identifies the data and information relied upon to support the proposed rule has been prepared and is available from Jim Gelbmann upon request.

If no hearing is required, upon adoption of the amendment, the amendment and the required supporting documents will be delivered to the Attorney General for review as to legality and form 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 adopted amended rule, must submit such written request to Jim Gelbmann.

Mark B. Dayton, Commissioner

Rules as Proposed

4300.3100 GRANT AGREEMENTS.

Subpart 1. [Unchanged.]

Subp. 2. **Contents of grant contract.** The grant contract must include:

A. [Unchanged.]

B. a description of the manner in which payments will be made to grant recipients ~~with the condition that five percent of the grant award will not be paid until successful completion of all activities in the work program;~~ and

C. [Unchanged.]

Subp. 3. to 7. [Unchanged.]

Higher Education Coordinating Board

Proposed Permanent Rules Relating to Student Educational Loan Fund (SELF)

Notice of Proposed Adoption of a Rule without a Public Hearing

Notice is hereby given that the Minnesota Higher Education Coordinating Board proposes to adopt the above-entitled rule without a public hearing following the procedures set forth in Minnesota Statutes, sections 14.22 to 14.28. The statutory authority to adopt the rule is contained in Minnesota Statutes, Section 136A.16.

All persons have 30 days in which to submit comment in support of or in opposition to the proposed rule or any part or subpart of the rule. Comment is encouraged. Each comment should identify the portion of the proposed rule addressed, the reason for the comment, and any change proposed.

Any person may make a written request for a public hearing on the rule within the 30-day comment period. If 25 or more persons submit a written request for a public hearing within the 30-day comment period, a public hearing will be held unless a sufficient number withdraw their request. Any person requesting a public hearing should state his or her name and address, and is encouraged to identify the portion of the proposed rule addressed, the reason for the request, and any change proposed. If a public hearing is required, the agency will proceed pursuant to Minnesota Statutes, sections 14.131 to 14.20.

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

Rose Herrera Hamerlinck
Minnesota Higher Education Coordinating Board
400 Capitol Square Building
550 Cedar Street
St. Paul, Minnesota 55101
612/296-7963

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

The proposed rule may be modified if the modifications are supported by data and views and do not result in a substantial change in the proposed rule as noticed.

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

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 Rose Herrera Hamerlinck upon request.

If no hearing is required, upon adoption of the rule, the rule and the required supporting documents will be submitted to the Attorney General for review as to legality and form 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 adopted rule, must submit the written request to Rose Herrera Hamerlinck, Minnesota Higher Education Coordinating Board, 400 Capitol Square Building, 550 Cedar Street, St. Paul, Minnesota 55101.

Dated: 8 September 1986

David A. Longanecker
Executive Director
Minnesota Higher Education
Coordinating Board

Rules as Proposed

4850.0017 REPAYMENT PROCEDURES.

A. and B. [Unchanged.]

C. During the payout period, borrowers must repay their loans in monthly installments of principal and interest. The interest rate may vary throughout the period. The board or its agent shall provide borrowers with coupon books annually for repayment of loan principal and interest. The fixed amount of the coupon shall reflect (1) the interest rate in effect on the loan on the date the coupons are prepared (actual rate); added to a fixed percentage to be determined by the board (assumed rate); (2) the length of the payout period; and (3) the principal balance of the loan plus the amount of any unpaid interest as of the beginning of the year for which coupons are being prepared, assuming all scheduled payments are made. The actual interest rate on the loan must continue to vary. Payments of interest at the assumed rate exceeding actual interest accrued must be applied to the outstanding loan principal. If interest payments at the assumed rate are less than actual interest accrued, any unpaid interest not past due must be included in the calculation of the amount of the coupons for the following year must bill borrowers monthly for amounts due. The sum of the monthly payments must equal the sum of accrued interest plus principal. The monthly payments of principal must be in amounts calculated at the beginning of the repayment period as if two conditions existed. The two conditions are: (1) interest on the loan accrues at a fixed rate equal to the interest rate in effect at the time of the calculation and (2) the loan is payable over its term in equal monthly installments. All of a borrower's SELF loans must be combined into one repayment schedule. The borrower must pay a total of at least \$600 each year on all of the borrower's SELF loans. If the borrower's spouse also has SELF loans, their combined annual payments on all SELF loans must be at least \$600.

D. to H. [Unchanged.]

Department of Labor and Industry

Occupational Safety and Health Division

Proposed Revisions to the Occupational Safety and Health Standards

Request for Comments

Notice is hereby given that the Department of Labor and Industry, Occupational Safety and Health Division (Minnesota OSHA), proposes to adopt the following revisions to the Minnesota Occupational Safety and Health Standards, as authorized under Minnesota Statutes § 182.655 (1984) amending the Occupational Safety and Health Standards that have already been proposed and adopted by the federal Occupational Safety and Health Administration (Federal OSHA).

Complete copies of the specific revisions are available by writing: Occupational Safety and Health Division, Department of Labor and Industry, 444 Lafayette Road, St. Paul, Minnesota 55101; or by calling (612) 297-3254.

Interested persons are hereby afforded a period of 30 days to submit written data or comments on the described standards. Any interested person may file with the Commissioner written objections to the proposed standards stating the grounds for those objections; such person may request a public hearing on those objections.

Steve Keefe
Commissioner of Labor & Industry

Standards as Proposed

5205.0010 ADOPTION OF FEDERAL OCCUPATIONAL SAFETY AND HEALTH STANDARDS BY REFERENCE. The Minnesota Department of Labor and Industry, Occupational Safety and Health standards and rules are amended by incorporating and adopting by reference, and thereby making a part thereof, Title 29, of the Code of Federal Regulations as follows:

Part 1910—Occupational Safety and Health Standards as published in Volume 43, No. 206 of the Federal Register on October 24, 1978 and corrected in Volume 43, No. 216 on November 7, 1978 which incorporates changes, additions, deletions, and corrections made up to November 7, 1978; and subsequent changes made prior to ~~March 4, 1986~~ August 1, 1986:

—Federal Register, Vol. 51, No. 119, dated June 20, 1986—“Occupational Exposure to Asbestos, Tremolite, Anthophyllite, and Actinolite (1910.1001 and 1926.58); Final Rules.”

—Federal Register, Vol. 51, No. 128, dated July 3, 1986—“Occupational Exposure to Cotton Dust (1910.1043), Corrections and Information Collection Requirements Approval.”

—Federal Register, Vol. 51, No. 132, dated July 10, 1986—“Occupational Exposure to Ethylene Oxide (1910.1047); Technical Amendments and Corrections to Final Rule.”

—Federal Register, Vol. 51, No. 133, dated July 11, 1986—“Electrical Standards for Construction, Part 1926, Subpart K.”

Summary of Standards: The following summary of the proposed standards is very brief; persons interested in reviewing the entire standard may obtain a copy at the address noted above.

A) “Occupational Exposure to Asbestos, Tremolite, Anthophyllite, and Actinolite—1910.1001 and 1926.58.” The final standards regulating occupational exposure to asbestos, tremolite, anthophyllite and actinolite were published by Federal OSHA on June 20, 1986. The standards establish a permissible exposure limit (PEL) of 0.2 fiber per cubic centimeter of air (f/cc), determined as an 8-hour time-weighted average airborne concentration. The basis for these standards is the determination by Federal OSHA that employees exposed to asbestos, tremolite, anthophyllite, and actinolite face a significant risk to their health and that these standards will substantially reduce that risk. Employees occupationally exposed to asbestos are at risk of developing such chronic diseases as asbestosis, lung cancer, pleural and peritoneal mesothelioma, and gastrointestinal cancer.

Two separate standards were adopted—one for general industry (including maritime), to be codified at 29 CFR Part 1910.1001; and one for the construction industry, to be codified at 29 CFR Part 1926.58. The new, separate standard for construction is necessary because of the unique characteristics of that industry such as the temporary nature of worksites, the effect of weather variations, and the highly mobile nature of the workforce. The construction standard covers general building renovation, new construction, asbestos abatement, demolition, and contracted maintenance. The new standard for general industry applies to all other occupational exposures to asbestos.

Both standards require engineering and work practice controls to be used to reach the PEL; however, the general industry standard allows the use of respirators in some sanding and grinding operations after a 0.5 f/cc limit is achieved, providing that feasible engineering controls are not sufficient to reduce employee exposure to or below the 0.2 f/cc limit. Medical surveillance is required in general industry if exposure is above the action level; in construction, medical surveillance is required if exposure is above the action level for 30 or more days or if negative pressure respirators are worn.

Other provisions, which are similar in both standards, require: (1) employers to provide respirators to workers exposed above the PEL, to some maintenance workers, and in emergencies; (2) protective clothing including provisions for replacement, storage, disposal and laundering; (3) change rooms, showers and lunchrooms when exposures exceed the PEL; (4) signs, labels and employee training; (5) specified clean-up and waste disposal methods under housekeeping provisions; (6) retention of medical and exposure records for a minimum of 30 years; and (7) permission for employees or their representative to observe the monitoring procedures.

Both standards have the same mandatory appendices detailing methods for analyzing air samples, qualitative and quantitative fit

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testing for respirators, medical questionnaires, and the interpretation and classification of chest X-rays; detailed procedures for asbestos sampling and analysis; substance technical information; and medical surveillance guidelines.

A non-mandatory appendix to the general industry standard provides detailed work practice and engineering control guidelines for brake repair work to assist auto servicing employers. In the construction standard, non-mandatory appendices provide guidelines on work practice and engineering controls for major asbestos removal, renovation work, and demolition; and guidelines for work practice and engineering controls for small-scale, short duration, asbestos removal, renovation, and demolition operations.

The amended standards became effective at the federal level on July 21, 1986 with the exception of several paragraphs which contain information collection requirements which are under review at the Office of Management and Budget (OMB). Those sections are: 1910.1001(d)(2) Initial Monitoring; 1910.1001(d)(3) Monitoring Frequency (Periodic Monitoring) and Patterns; 1910.1001(d)(5) Additional Monitoring; 1910.1001(d)(7) Employee Notification of Monitoring Results; 1910.1001(f)(2) Compliance Program; 1910.1001(g)(3)(i) Respirator Program; 1910.1001(j)(5) Employee Information and Training; 1910.1001(l) Medical Surveillance; 1910.1001(m) Recordkeeping; 1926.58(f)(2) Initial monitoring; 1926.58(f)(3) Periodic Monitoring Within Regulated Areas; 1926.58(f)(6) Employee Notification of Monitoring Results; 1926.58(h)(3)(i) Respirator Program; 1926.58(k)(3) Employee Information and Training; 1926.58(k)(4) Access to Training Materials; 1926.58(m) Medical Surveillance; 1926.58(n) Recordkeeping. These requirements will go into effect as soon as OMB approves the information collection requirements.

On July 18, 1986 federal OSHA issued a nine-month administrative stay of these standards insofar as they apply to occupational exposure to *non-asbestiform* tremolite, anthophyllite and actinolite. The stay was granted for the purpose of reopening the record, reviewing new submissions and conducting supplemental rulemaking limited to the issue of whether non-asbestiform tremolite, anthophyllite, and actinolite should continue to be regulated in the same standards and to the same extent as asbestos, or should be treated in some other way. The stay applies only to the application of the revised standards to non-asbestiform tremolite, anthophyllite and actinolite. In all other respects, the revised standards will take effect as previously scheduled. During the period of the stay, the provisions of the 1972 standard governing occupational exposure to asbestos will remain in effect with respect to regulation of non-asbestiform tremolite, anthophyllite and actinolite. The stay is effective until April 21, 1987.

By this notice, Minnesota OSHA proposes to adopt the Occupational Exposure to Asbestos, Tremolite, Anthophyllite and Actinolite Standard as published by federal OSHA on June 20, 1986 (Federal Register, Vol. 51, No. 119); and to adopt the administrative stay issued on July 18, 1986 which will remain in effect until April 21, 1987.

B) "Occupational Exposure to Cotton Dust, 29 CFR 1910.1043—Corrections and Information Collection Requirements Approval." On December 13, 1985, Federal OSHA published the final rule for Occupational Exposure to Cotton Dust. Minnesota OSHA adopted that final rule on June 2, 1986. At the time the final rule was published by Federal OSHA the Office of Management and Budget (OMB) had not approved the information collection requirements of the final rule; that approval was issued on March 14, 1986. The December 13, 1985 publication included a number of typographical errors in the regulatory text and in the preamble. On July 3, 1986, Federal OSHA published a notice announcing OMB's approval of the information collection requirements and correcting the typographical errors in the original notice.

By this notice, Minnesota OSHA proposes to adopt the July 3, 1986 notice as published in the Federal Register, Volume 51, No. 128, thereby incorporating the OMB approval and typographical corrections.

C) "Occupational Exposure to Ethylene Oxide—1910.1047; Technical Amendments and Corrections to Final Rule." On June 22, 1984, Federal OSHA published the final rule on Occupational Exposure to Ethylene Oxide; Minnesota OSHA adopted that final rule on September 24, 1984. On July 10, 1986, federal OSHA published technical amendments and corrections to that final rule. Those amendments include the addition of a notation indicating that the appendices are non-mandatory and do not impose additional obligations not otherwise imposed by the standard. Confusion over the effect of the appendices was created due to the inadvertent use of the mandatory words "must" and "shall" in Appendix A. The word "should" is substituted in the correction to clarify the non-mandatory intent of the appendices. Corrections have also been made in the labeling requirements for ethylene oxide containers.

By this notice, Minnesota OSHA proposes to adopt the amendments and corrections as published in the Federal Register, Volume 51, No. 51, No. 132, on July 10, 1986.

D) "Electrical Standards for Construction, Subpart K of Part 1926." On July 11, 1986, Federal OSHA published a revision to the electrical safety standards for construction codified in Subpart K of 29 CFR Part 1926. The standard becomes effective at the federal level on October 9, 1986; the Office of Management and Budget (OMB) has already approved the information collection requirements in this standard.

The revision is intended to clarify and update the existing electrical standards for construction. The final rule is intended to accomplish three major objectives:

1) National Electrical Code (NEC) requirements which directly affect employee safety in construction workplaces have been placed in the text of the OSHA standard, eliminating the need for the NEC to be incorporated by reference;

2) Relevant requirements in the existing text of Subpart K, which supplemented the NEC, have been integrated into the new format;

3) The requirements have been written in performance language so that superfluous detailed specifications could be omitted and changes in technology can be accommodated without compromising safety.

Revised Subpart K addresses electrical safety requirements that are necessary for the practical safeguarding of employees involved in construction work. The standard is divided into four major divisions: (a) Installation Safety Requirements (1926.402 Materials; through 1926.408) which includes electric equipment and installations used to provide electric power and light on jobsites; (b) Safety-Related Work Practices (1926.416 through 1926.417) which covers the hazards arising from the use of electricity at jobsites, hazards arising from accidental direct or indirect contact by employees with all energized lines passing through or near the jobsite; (c) Safety-Related Maintenance and Environmental Considerations (1926.431 through 1926.432) which covers equipment maintenance, effects of deteriorating agents, and protection against corrosion; and (d) Safety Requirements for Special Equipment (1926.441) which described requirements for batteries and battery charging. A definition section is also included as 1926.449.

By this notice, Minnesota OSHA proposes to adopt the final Electrical Standard for Construction as published in the Federal Register, Volume 51, No. 133, on July 11, 1986.

Department of Labor and Industry

Proposed Permanent Rules Relating to Qualifying Eligibility Criteria

Notice of Hearing

Notice is hereby given that a public hearing will be held in the above-captioned matter pursuant to Minn. Stat. § 14.14, subd. 1 (1984). The hearing will take place in Room 118 State Capitol, St. Paul, Minnesota on October 28, 1986, commencing at 9:00 a.m. and continuing until all interested persons and groups have had an opportunity to be heard. Interested persons or groups are encouraged to participate in the hearing process by submitting oral or written statements, data, and arguments before, during, and after the hearing. The proposed amendments may be modified as a result of the hearing process.

After the agency has completed its presentation of the evidence in support of the proposed amendments at the hearing, interested persons and groups will be invited to ask questions, to comment orally or in writing, and to submit written material. In addition, written material may be recorded in the hearing record if submitted before the hearing or within five working days after the public hearing ends. The comment period may be extended for a longer period not to exceed 20 calendar days if ordered by the administrative law judge at the hearing. Comments received during the comment period shall be available for review at the Office of Administrative Hearings. The Department of Labor and Industry and interested persons may respond in writing within three business days after the submission period ends to any new information submitted, but may not present additional evidence during the three-day period. Written material may be submitted to:

Peter C. Erickson
Administrative Law Judge
Office of Administrative Hearings
400 Summit Bank Building
310 Fourth Avenue South
Minneapolis, Minnesota 55415
Telephone: 612/341-7606

Statutory authority to promulgate the proposed amendments appears in Minn. Stat. §§ 176.102, subp. 2 and 176.83, subds. 2, 8, 9 and 15 (1984). These proposed amendments revise the requirements for registration as a qualified rehabilitation consultant found in Minn. Rules, Part 5220.1400-5220.1600. The amendments substitute certification by a national certifying body for the list of secondary degrees presently contained in Minn. Rules, Part 5220.1400, subd. 2. The amendments revise the continuing education requirements for maintaining QRC registration the "80-20" rule for QRC firms, and other provisions relating to maintaining and renewing QRC registration.

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A copy of the proposed amendments follows this notice in the *State Register*. One free copy of the proposed amendments may be obtained by contacting Julie Kress at 612/296-2342, 444 Lafayette Road, St. Paul, Minnesota 55101. Additional copies will be available at the door on the date of the hearing.

Minnesota Statute 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 (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 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.

(b) Who spends more than \$250, not including 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.

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.

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 amendments 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 amendments were adopted and filed with the secretary of state. The notice must be mailed on the same day that the amendments 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 amendments 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. The 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 amendments. 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.

Pursuant to Minn. Stat. § 14.115, subd. 1 (1984), the impact on small business has been considered in the promulgation of the amendments and is set forth in the Statement of Need and Reasonableness. Pursuant to Minn. Stat. § 14.115, subd. 4(a)(1984), notice is hereby given that anyone wishing to present evidence or argument as to the effect of the amendments on small business may do so at the hearing. The agency's conclusion that the impact on small business, if any, is not within the purview of Minn. Stat. § 14.115 (1984) is set forth in the Statement of Need and Reasonableness.

The fiscal impact of these amendments on local public bodies has been considered in the promulgation of these rules. The agency's conclusion that there is no fiscal impact pursuant to Minn. Stat. § 14.11, subd. 1 (1984) is set forth in the Statement of Need and Reasonableness.

The rules hearing procedure is governed by the Administrative Procedure Act, Minn. Stat. § 14.14 to 14.20, and by Minn. Rules, Parts 1400.0200. Questions about procedures may be directed to Peter C. Erickson, Administrative Law Judge, at the above address.

Dated: 26 August 1986

Steve Keefe
Commissioner of Labor and Industry

Rules as Proposed

5220.1400 QUALIFYING ELIGIBILITY CRITERIA FOR REHABILITATION CONSULTANT.

Subpart 1. **Requirement.** ~~The following eligibility criteria and procedures in subparts 2 to 5 shall be used by the commissioner in determining who is qualified for registration as a qualified rehabilitation consultant. To become registered as a qualified rehabilitation consultant, the certification, education, and internship requirements of subparts 2 to 5 must be met.~~

Subp. 2. **~~Educational background Certification and education.~~** A qualified rehabilitation consultant/affiliated/independent shall possess the following credentials as applicable:

A. holder of a ~~masters or doctorate degree in vocational rehabilitation, counseling and guidance, counseling (including family counseling, community counseling, or other counseling degree with a similar designated specialization), psychology (including counseling psychology, educational psychology, or other psychology degree with a similar designated specialization), social work, occupational therapy, physical therapy, or nursing from an accredited institution, plus a current license as appropriate, plus one year of experience in vocational rehabilitation or physical rehabilitation. At least one year shall have been spent as a~~

qualified rehabilitation consultant intern in rehabilitation of injured workers. baccalaureate degree, together with certification by the Board of Rehabilitation Certification as a certified rehabilitation counselor or a certified insurance rehabilitation specialist; or

B. holder of a baccalaureate degree in vocational rehabilitation, counseling and guidance, counseling (including family counseling, community counseling, or other counseling degree with a similar designated specialization), psychology (including counseling psychology, educational psychology, or other psychology degree with a similar designated specialization), social work, occupational therapy, physical therapy, or nursing, from an accredited institution, plus a current license as appropriate, plus two years of experience in vocational rehabilitation or physical rehabilitation. At least one year shall have been spent as a qualified rehabilitation consultant intern in rehabilitation of injured workers together with certification by the Association of Rehabilitation Nurses as a certified rehabilitation registered nurse.

Persons who are qualified rehabilitation consultants on the effective date of this part must obtain the certification described in item A or B within two years of that effective date. If a qualified rehabilitation consultant lacks two years or more of the experience required to meet the certifying body's minimum experience or internship requirement, the time for becoming certified shall equal the time remaining for completion of the certifying body's minimum experience or internship requirement. If a qualified rehabilitation consultant must also obtain a baccalaureate degree to meet the certifying body's minimum education requirements, the qualified rehabilitation consultant shall have an additional four years to become certified. The qualified rehabilitation consultant shall select on the consultant's next annual application for registration the certifying body and program under which the qualified rehabilitation consultant is seeking certification. Persons who are qualified rehabilitation consultant interns on that effective date may become qualified rehabilitation consultants under the requirements in place prior to the effective date. Upon becoming qualified rehabilitation consultants, such persons must obtain certification as required by this paragraph.

Subp. 3. **Rehabilitation consultant intern.** An individual who meets the minimum educational requirements but does not meet the minimum experience requirements of subpart 2, item A or B may be registered as a consultant intern. An individual who meets the requirements of subpart 2, item A or B, except that two years or less of internship or experience remains as a requirement for certification, may be registered as a consultant intern. The intern must work for at least one year as a qualified rehabilitation consultant intern in the rehabilitation of injured workers. When the intern is registered, the intern's employer shall provide the commissioner with the name of the qualified rehabilitation consultant under whose direct supervision the intern will work, and shall submit a plan of supervision on forms required by the commissioner. Direct supervision means that the supervisor shall be considered to be is directly responsible for the rehabilitation work on any case. The supervisor shall co-sign all work being done by the intern and there shall be no billing by the supervisor for these supervisory duties. The supervisor shall attend all administrative conferences with the intern and shall arrange for training and seminars as required by the commissioner. So that all parties are aware of the intern's status, he the intern shall be designated as an "intern-" on all documents bearing the name of the intern. The intern may make application for "qualified" status when the minimum requirements in subpart 2, item A or B have been met.

Substantiated complaints about professional behavior or services, or failure to comply with laws, rules, or decisions and orders are grounds for denial of registration as a qualified rehabilitation consultant. The intern may appeal the denial as provided in part 5220.1500, subpart 2.

In cases where an intern has been supervised by a qualified rehabilitation consultant/affiliated who leaves the organization with which he the intern has been affiliated and no other qualified rehabilitation consultant is available to supervise the intern, the intern may, with the approval of the commissioner, temporarily sign all required documents in the capacity of a qualified rehabilitation consultant. Past performance and overall experience will be taken into consideration for this approval.

Subp. 4. and 5. [Unchanged.]

5220.1500 PROCEDURE FOR QUALIFYING AS REHABILITATION CONSULTANT.

Subpart 1. **Application.** An individual desiring to receive approval and registration as a qualified rehabilitation consultant shall submit to the commissioner, a complete application consisting of the following:

A. to F. [Unchanged.]

G. the annual registration fee, which shall consist of \$100 for qualified rehabilitation consultant firms and of \$50 for each qualified rehabilitation consultant or qualified rehabilitation consultant intern.

The commissioner shall issue a notice of acceptance or rejection to the applicant within 60 days of receipt of the completed application. Acceptance will be provisional until the completion of an introductory training session.

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Subp. 2. [Unchanged.]

Subp. 3. **Registration and renewal.** The applicant must complete an introductory training session before approval is final. The commissioner shall assign a registration number to each qualified rehabilitation consultant and consultant intern. The registration number shall be on all reports submitted by the consultant and consultant intern.

Registration must be renewed annually. No later than 60 days before expiration of registration, the consultant shall request registration renewal on a form prescribed by the commissioner.

Service and fee schedules shall be filed with the commissioner whenever there is a change or no less than once each calendar year. This filing shall not constitute an approval or disapproval of the services and fees.

To retain registration, the consultant and consultant intern must submit satisfactory ~~evidence~~ documentation of approved continuing education pertinent to the workers' compensation rehabilitation field equivalent to ~~45~~ 30 contact hours each year at the time registration is renewed. At least ten contact hours must be approved by the commissioner as directly pertinent to the Minnesota workers' compensation law; and remaining contact hours must be eligible for approval by the Bureau of Rehabilitation Certification or Association of Rehabilitation Nurses. Satisfactory documentation shall include original certificates of attendance signed by the institution or organization sponsoring the approved continuing education units. Receipts for tuition are not acceptable as satisfactory documentation of attendance.

A qualified rehabilitation consultant intern or newly registered vendor shall attend at least one introductory training session provided by rehabilitation and medical services within six months of being registered.

Rehabilitation and medical services annual update sessions are mandatory for all qualified rehabilitation consultants, consultant interns, and all registered vendors.

Subp. 4. **Renewal Nonrenewal and suspension.** ~~Registration shall be renewed annually.~~ If an interval of one year occurs without providing direct case service or without providing supervision to qualified rehabilitation consultants or qualified rehabilitation consultant interns who provide direct case service to workers' compensation recipients, the registration and approval is automatically suspended. A qualified rehabilitation consultant or intern may apply for reinstatement by providing verification to rehabilitation and medical services of his or her attendance at the all annual update sessions and fulfillment of continuing education requirements as provided by parts 5220.0100 to 5220.1900. The applicant must complete an introductory training session before approval is final. The suspension may be appealed to the rehabilitation review panel in accordance with subpart 5, item B.

~~Services and fee schedules shall be submitted to the commissioner whenever there is a change or no less than once each calendar year. This filing shall not constitute an approval or disapproval of the services or fees.~~

~~No later than 60 days prior to expiration of registration, the consultant shall request registration renewal on a form prescribed by the commissioner.~~

Subp. 5. [Unchanged.]

5220.1600 PROCEDURE FOR APPROVAL AS A FIRM.

Subpart 1. **Criteria.** The firm shall be licensed to do business in Minnesota and shall maintain an administrative office within the state. Each office of the firm shall employ on the premises at least one qualified rehabilitation consultant. The management staff shall consist of at least one member who ~~meets the qualifications of a~~ is registered as a qualified rehabilitation consultant. Eighty percent of the nonclerical staff shall be eligible, qualified rehabilitation consultants or consultant interns, provided that any firm that is not in an office sharing arrangement with another firm may have at least one nonclerical employee who is not a qualified rehabilitation consultant or consultant intern. ~~Management shall provide ongoing continuing education opportunities in workers' compensation rehabilitation for approval by the commissioner and to meet the criteria for registration renewal of rehabilitation consultants.~~ The firm shall not provide the services designated only as rehabilitation vendor services.

Subp. 2. **Application.** A private or public entity desiring to be approved as a firm shall submit to the commissioner a complete application consisting of the following:

A. and B. [Unchanged.]

C. ~~documentation of intent to provide opportunities for continuing education to meet requirements for registration renewal of rehabilitation consultants; and~~

~~D. a list of services and fees. This filing shall not constitute an approval or disapproval of the services or fees; and~~

D. the annual registration fee of \$100 per firm.

Subp. 3. to 5. [Unchanged.]

REPEALER. Minnesota Rules, parts 5220.0100, subpart 1a and 5220.1804 are repealed.

Department of Labor and Industry

Proposed Permanent Rules Relating to Workers' Compensation; Fees for Medical Services

Notice

Notice is hereby given that the workers' compensation medical fee schedule, Minn. Rules Parts 5221.0100-5221.3200, is amended as set forth below. These amendments are made pursuant to Minn. Stat. § 176.136, subd. 5 (Supp. 1985) and are effective for health care services rendered on or after October 1, 1986.

Dated: 8 September 1986

Steve Keefe
Commissioner
Labor and Industry

Rules as Proposed

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	<u>New patient—brief service</u>	<u>\$ 29.00</u>
90010	New patient—limited service	\$ 36.00 <u>36.50</u>
90015	New patient—intermediate service	47.00 <u>45.00</u>
90017	New patient—extended service	63.00 <u>65.00</u>
90030	Established patient—minimal service	15.00
90040	Established patient—brief service	20.00 <u>21.00</u>
90050	Established patient—limited service	23.00 <u>24.00</u>
90060	Established patient—intermediate service	30.00 <u>32.00</u>
90070	Established patient—extended service	47.50 <u>50.00</u>
90080	Established patient—comprehensive service	75.00 <u>79.00</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 90270.

Code	Service	Maximum Fee
90200	Brief initial hospital care	\$55.50 <u>60.00</u>
90215	Intermediate initial hospital care	76.00 <u>80.00</u>
90220	Comprehensive initial hospital care	112.00 <u>118.00</u>
90240	Subsequent hospital care—brief service	25.00 <u>25.50</u>
90250	Subsequent hospital care—limited service	33.00 <u>35.00</u>
<u>90260</u>	<u>Intermediate services</u>	<u>46.00</u>
90270	Subsequent hospital care—extended service	61.00 <u>76.50</u>
<u>90280</u>	<u>Subsequent hospital care—comprehensive service</u>	<u>75.00</u>

Hospital Discharge Services

<u>90292</u>	<u>Hospital discharge day management</u>	<u>\$52.00</u>
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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	\$25.00 26.00
90505	New patient—brief service	30.00 32.50
90510	New patient—limited service	39.50 40.75
90515	New patient—intermediate service	50.00 57.50
90517	New patient—extended service	75.00 77.00
90540	Established patient—brief service	32.00 33.00
90550	Established patient—limited service	35.00 36.00
90560	Established patient—intermediate service	40.00 43.00
<u>90570</u>	<u>Established patient—extended service</u>	<u>50.00</u>

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	Initial consultation; limited	\$ 50.00 51.00
90605	Intermediate consultation	66.50 70.00
90610	Extensive consultation	81.00 85.00
90620	Comprehensive consultation	125.00 135.00
90630	Complex consultation	148.00 149.00

Follow-up Consultation

<u>90640</u>	<u>Follow-up consultation; brief visit</u>	<u>\$41.50</u>
<u>90641</u>	<u>Follow-up consultation; limited visit</u>	<u>48.00</u>

Confirmatory (Additional Opinion) Consultation

<u>90650</u>	<u>Confirmatory consultation; limited</u>	<u>\$46.00</u>
<u>90651</u>	<u>intermediate</u>	<u>75.00</u>

Immunization Injections

<u>90701</u>	<u>Immunization, active; diphtheria and tetanus toxoids and pertussis vaccine (DTP)</u>	<u>\$10.00</u>
<u>90702</u>	<u>diphtheria and tetanus toxoids (DT)</u>	<u>9.25</u>
<u>90703</u>	<u>tetanus toxoid</u>	<u>9.00</u>
<u>90704</u>	<u>mumps virus vaccine, live</u>	<u>15.80</u>
<u>90705</u>	<u>measles virus vaccine, live, attenuated</u>	<u>14.00</u>
<u>90706</u>	<u>rubella virus vaccine, live</u>	<u>13.40</u>
<u>90707</u>	<u>measles, mumps, and rubella virus vaccine, live</u>	<u>20.75</u>
<u>90708</u>	<u>measles and rubella virus vaccine, live</u>	<u>19.00</u>
<u>90712</u>	<u>polio virus vaccine, live, oral; any type(s)</u>	<u>10.00</u>
<u>90713</u>	<u>poliomyelitis vaccine</u>	<u>10.00</u>
<u>90718</u>	<u>tetanus and diphtheria toxoids absorbed, for adult use (Td)</u>	<u>8.45</u>
<u>90719</u>	<u>diphtheria toxoid</u>	<u>8.50</u>
<u>90724</u>	<u>influenza virus vaccine</u>	<u>10.00</u>
<u>90732</u>	<u>pneumococcal vaccine, polyvalent</u>	<u>15.00</u>
<u>90733</u>	<u>meningococcal polysaccharide vaccine; any group(s)</u>	<u>15.00</u>

Therapeutic Injections

<u>90788</u>	<u>Intramuscular injection of antibiotic (specify)</u>	<u>\$12.75</u>
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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.

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General Clinical Psychiatric Diagnostic or Evaluative Interview Procedures

Code	Service	Maximum Fee
90801	Psychiatric diagnostic interview examination including history, mental status, or disposition	\$106.30 <u>110.00</u>
<u>90841</u>		
<u>90843</u>	Individual medical psychotherapy with continuing medical diagnostic evaluation, and drug management when indicated, including psychoanalysis, insight oriented, behavior modifying or supportive psychotherapy; <u>time unspecified</u>	<u>85.00</u>
<u>90843</u>	approximately 20 to 30 minutes	50.00
<u>90844</u>	approximately 45 or 50 minutes	88.00 <u>90.00</u>
<u>90847</u>	Family medical psychotherapy (conjoint psychotherapy)	85.00
<u>90853</u>	<u>Group medical psychotherapy (other than of a multiple-family group)</u>	<u>45.00</u>
<u>Other Psychiatric Therapy</u>		
<u>90880</u>	<u>Medical hypnotherapy</u>	<u>\$55.00</u>
<u>90887</u>	<u>Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient</u>	<u>55.75</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 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 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	\$ 44.50 <u>46.50</u>
92004	Comprehensive ophthalmological service: medical evaluation with initiation of diagnostic and treatment program—new patient, one or more visits	49.00 <u>51.50</u>
<u>92012</u>	<u>Ophthalmological services: medical examination and evaluation, with initiation or continuation or diagnostic and treatment program; intermediate, established patient</u>	<u>40.00</u>
92014	Comprehensive ophthalmological service: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program—established patient, one or more visits	49.00 <u>51.00</u>
92020	Gonioscopy with medical diagnostic evaluation (separate procedure)	28.00 <u>29.00</u>

Special Services

<u>92065</u>	<u>Orthoptic or pleoptic training, with continuing medical direction and evaluation</u>	<u>\$ 29.50</u>
92083	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)	48.00 <u>\$ 50.00</u>
92100	Serial tonometry with medical diagnostic evaluation as a separate procedure, one or more sessions, same day	22.00 <u>23.00</u>

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Code	Service	Maximum Fee
92140	Provocative tests for glaucoma, with medical diagnostic evaluation, without tonography	25.00 <u>27.00</u>
Ophthalmoscopy		
92225	Ophthalmoscopy, extended as for retinal detachment with medical diagnostic evaluation; initial	\$ 25.00 <u>30.00</u>
<u>92226</u>	<u>subsequent</u>	<u>30.00</u>
92235	Ophthalmoscopy, including medical diagnostic with fluorescein angiography and multiframe photography and medical interpretation	128.00 <u>134.00</u>
Other Specialized Services		
92265	Oculoelectromyography, one more extraocular muscles, one of both eyes, with medical diagnostic evaluation	\$ 68.50
92280	<u>Visually evoked potential or response study, with medical diagnostic evaluation</u>	\$ <u>140.00</u>

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.

92543	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests), with recording	\$ 50.00
92545	Oscillating tracking test, with recording	30.00

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.

Basic Audiometry

Code	Service	Maximum Fee
<u>92551</u>	<u>Screening test, pure-tone; air only</u>	\$ <u>12.00</u>
92552	Pure tone audiometry (threshold); air only	\$ 19.00 <u>20.00</u>
92553	Pure tone audiometry (threshold); air and bone	29.50 <u>33.00</u>
<u>92555</u>	<u>Speech audiometry; threshold only</u>	<u>15.00</u>
92556	Speech audiometry; threshold and discrimination	32.00
92557	Basic comprehensive audiometry (92553 and 92556 combined), (pure tone, air and bone, and speech, threshold and discrimination)	50.50 <u>53.00</u>

Audiologic Tests

92562	<u>Loudness balance test, alternate binaural or monaural</u>	\$ <u>16.00</u>
92563	Tone decay test	\$ 12.00 <u>15.00</u>
92566	Impedance testing	18.75 <u>20.00</u>
92567	Tympanometry	15.00
<u>92568</u>	<u>Acoustic reflex testing</u>	<u>15.00</u>
92575	Sensorineural acuity level test	8.75 <u>9.50</u>
92581	Evoked response audiometry	155.00 <u>165.00</u>
<u>92582</u>	<u>Conditioning play audiometry</u>	<u>30.00</u>
92585	Brainstem evoked response recording	165.00 <u>173.00</u>
92591	Hearing aid examination and selection binaural	65.00
92593	Hearing aid check; binaural	18.00 <u>19.00</u>

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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
<u>92960</u>	<u>Cardioversion, elective, electrical conversion of arrhythmia, external</u>	<u>\$ 200.00</u>
<u>93000</u>	<u>Electrocardiogram (ECG); with interpretation and report, routine ECG with at least 12 leads</u>	<u>\$ 37.50 39.40</u>
<u>93000-26</u>	<u>professional component only</u>	<u>17.00</u>
<u>93005</u>	<u>tracing only, without interpretation and report</u>	<u>27.80</u>
<u>93010</u>	<u>interpretation and report only</u>	<u>16.70</u>
<u>93015</u>	<u>Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, with interpretation and report</u>	<u>172.00</u>
<u>93017</u>	<u>tracing only without interpretation and report</u>	<u>130.00</u>
<u>93018</u>	<u>interpretation and report only</u>	<u>91.00</u>
<u>93040</u>	Rhythm ECG, one to three leads; with interpretation	20.00
<u>93041</u>	Rhythm ECG, tracing only without interpretation and report	16.50
<u>93042</u>	<u>interpretation and report only</u>	<u>14.50</u>
<u>93220</u>	Vectorcardiogram (VCG), with or without ECG; with interpretation and report	95.00
<u>93270</u>	Electrocardiographic monitoring utilizing a system such as magnetic tape for up through 12 hours; includes recording, scanning analysis, interpretation, and report	171.00
<u>93274</u>	Electrocardiographic monitoring utilizing a system such as magnetic tape, 12 through 24 hours; includes recording, scanning analysis, interpretation and report	190.50 <u>200.00</u>
<u>93276</u>	Scanning analysis with report	96.00
<u>93277</u>	physician review and interpretation, with report	90.00 <u>85.00</u>
<u>93300</u>	<u>Echocardiography, M-mode; complete</u>	<u>96.00</u>
<u>93300-26</u>	<u>professional component only</u>	<u>56.00</u>
<u>93308</u>	Echocardiography, real-time with image documentation (2D); limited	155.00
<u>93309</u>	<u>Echocardiography, M-mode and real time with image documentation</u>	<u>80.00</u>
<u>93320</u>	<u>Doppler echocardiography</u>	<u>75.00</u>

Cardiac Catheterization

<u>93501</u>	<u>Right heart catheterization only</u>	<u>\$471.75</u>
<u>93503</u>	<u>Placement of flow directed catheter (e.g., Swan-Ganz), with or without balloon tip, when placed for monitoring purposes, collection of blood, and/or angiography</u>	<u>316.00</u>
<u>93543</u>	<u>Injection procedure during cardiac catheterization; for pulmonary angiography for selective left ventricular or left atrial angiography</u>	<u>300.00</u>
<u>93544</u>	<u>for aortography</u>	<u>295.00</u>
<u>93547</u>	<u>Combined left heart catheterization, selective coronary angiography and selective left ventricular angiography</u>	<u>710.00</u>
<u>93549</u>	<u>Combined right and left heart catheterization, selective coronary angiography, and selective left ventricular angiography</u>	<u>972.00</u>

Non-Invasive Peripheral Vascular Diagnostic Studies

Cerebrovascular Arterial Studies

<u>93870</u>	<u>Non-invasive studies of carotid artery, imaging (e.g., flow imaging by ultrasonic arteriography, high resolution B-scan with or without pulsed Doppler flow evaluation, Doppler flow or duplex scan with spectrum analysis)</u>	<u>\$243.00</u>
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Venous Studies

<u>93950-26</u>	<u>Non-invasive studies of extremity veins; professional component only</u>	<u>\$43.50</u>
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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
94070	<u>Prolonged postexposure evaluation of bronchospasm with multiple spirometric determinations after test dose of broncho-dilator (aerosol only) or antigen, with spirometry</u>	<u>\$75.00</u>
94150	<u>Vital capacity, total</u>	<u>16.00</u>
94640	Nonpressurized inhalation treatment for acute airway obstruction	\$18.75 <u>20.00</u>
94650	<u>Intermittent positive pressure breathing (IPPB) treatment, air or oxygen, with or without nebulized medication; initial demonstration and/or evaluation</u>	<u>31.00</u>
94664	Aerosol or vapor inhalations for sputum mobilization, bronchodilation, or sputum induction for diagnostic purposes; initial demonstration and/or evaluation	17.10 <u>18.50</u>
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		
95017	<u>Intracutaneous (intra-dermal) tests, with antibiotics, biologicals, stinging insects, immediate reaction 15-20 minutes; 11-15 tests</u>	<u>\$40.00</u>
95078	<u>Provocative testing</u>	<u>10.00</u>
95120	Professional services for allergen immunotherapy in prescribing physician's office or institution, including provision of allergenic extract; single antigen	\$7.00 <u>7.50</u>
95125	Multiple antigens (specify number of injections)	9.00
95130	<u>Single stinging insect venom</u>	<u>15.00</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	<u>Electroencephalogram (EEG) including recording awake, drowsy, and asleep, with hyperventilation or photic stimulation, standard or portable, same facility</u>	<u>\$122.00</u>
95819-26	<u>professional component only</u>	<u>50.00</u>
95819-TC	<u>technical component only</u>	<u>110.00</u>
95822	<u>Electroencephalogram (EEG), sleep only</u>	<u>147.25</u>
95823	<u>physical or pharmacological activation only</u>	<u>45.00</u>
95833	<u>Muscle testing, manual; total evaluation of body, excluding hand</u>	<u>25.00</u>
95860	Electromyography; one extremity and related paraspinal areas	\$145.00 <u>170.00</u>
95860-26	<u>professional component only</u>	<u>125.00</u>
95861	two extremities and related paraspinal areas	225.00
95863	three extremities and related paraspinal areas	138.60 <u>145.50</u>
95864	four extremities and related paraspinal areas	191.50 <u>201.00</u>
95864-26	<u>professional component only</u>	<u>152.00</u>
95869	<u>Electromyography, limited study of specific muscles (e.g., thoracic spinal muscles)</u>	<u>78.00</u>
95882	<u>Assessment of higher cerebral function with medical interpretation; cognitive testing and others</u>	<u>150.00</u>
95900-26	<u>Nerve conduction, velocity, or latency study, motor, each nerve; professional component only</u>	<u>27.50</u>
95935	<u>"H" reflex, by electrodiagnostic testing</u>	<u>36.25</u>
95937	<u>Neuromuscular junction testing (repetitive stimulation, paired stimuli) each nerve, any one method</u>	<u>112.50</u>
95950	<u>Ambulatory 24-hour EEG monitoring</u>	<u>450.00</u>

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

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submitted under the appropriate code from this paragraph. Modalities and procedures require supervision by the physician, and constant attendance by the physician or therapist.

Code	Service	Maximum Fee
	Modalities	
<u>97000</u>	<u>Office visit with one of the following modalities to one area:</u>	<u>\$14.00</u>
	1. <u>Hot or cold packs</u>	
	2. <u>Traction, mechanical</u>	
	3. <u>Electrical stimulation (unattended)</u>	
	4. <u>Vasopneumatic devices</u>	
	5. <u>Paraffin bath</u>	
	6. <u>Microwave</u>	
	7. <u>Whirlpool</u>	
	8. <u>Diathermy</u>	
	9. <u>Infrared</u>	
	10. <u>Ultraviolet</u>	
<u>97012</u>	<u>Physical medicine treatment to one area; traction mechanical</u>	<u>14.50</u>
<u>97014</u>	<u>Physical medicine treatment to one area; electrical stimulation (unattended)</u>	<u>14.00</u>
<u>97018</u>	<u>Paraffin bath</u>	<u>15.00</u>
<u>97020</u>	<u>Microwave</u>	<u>12.75</u>
<u>97022</u>	<u>Whirlpool</u>	<u>17.50</u>
<u>97024</u>	<u>Diathermy</u>	<u>13.75</u>
<u>97026</u>	<u>Infrared</u>	<u>7.50</u>
<u>97039</u>	<u>Unlisted modality (specify)</u>	<u>16.30</u>
<u>97010</u>	<u>Physical medicine treatment to one area; hot or cold packs</u>	<u>15.00</u>
<u>97012</u>	<u>Traction, mechanical</u>	<u>14.00</u>
<u>97014</u>	<u>Electrical stimulation (unattended)</u>	<u>13.00</u>
<u>97020</u>	<u>Microwave</u>	<u>18.00</u>
<u>97022</u>	<u>Whirlpool</u>	<u>14.00</u>
<u>97026</u>	<u>Infrared</u>	<u>11.00</u>
<u>97028</u>	<u>Ultraviolet</u>	<u>19.50</u>
<u>97039</u>	<u>Unlisted modality (specify)</u>	<u>30.00</u>
	Procedures	
<u>97110</u>	<u>Physical medicine treatment to one area, initial 30 minutes, each visit; therapeutic exercises</u>	<u>\$22.00</u>
<u>97116</u>	<u>Gait training</u>	<u>32.00</u>
<u>97118</u>	<u>Electrical stimulation (manual)</u>	<u>15.50</u>
<u>97120</u>	<u>Iontophoresis</u>	<u>20.00</u>
<u>97122</u>	<u>Traction, manual</u>	<u>20.00</u>
<u>97124</u>	<u>Massage</u>	15.50 <u>16.30</u>
<u>97126</u>	<u>Contrast baths</u>	<u>14.50</u>
<u>97128</u>	<u>Ultrasound</u>	15.00 <u>16.00</u>
<u>97139</u>	<u>Unlisted procedure (specify)</u>	<u>25.00</u>
<u>97145</u>	<u>Physical medicine treatment to one area, each additional 15 minutes</u>	10.00 <u>14.00</u>
<u>97220</u>	<u>Hubbard tank; initial 30 minutes, each visit</u>	<u>28.00</u>
<u>97240</u>	<u>Pool therapy or Hubbard tank with therapeutic exercises; initial 30 minutes, each visit</u>	<u>35.00</u>
<u>97260</u>	<u>Manipulation (cervical, thoracic, lumbosacral, sacroiliac, hand, wrist) (separate procedure), performed by physician; one area</u>	21.00 <u>22.00</u>
<u>97261</u>	<u>each additional area</u>	<u>7.00</u>

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PROPOSED RULES

Code	Service	Maximum Fee
<u>97530</u>	<u>Kinetic activities to increase coordination, strength, and/or range of motion, one area; initial 30 minutes, each visit</u>	<u>15.50</u>
<u>97531</u>	<u>each additional 15 minutes</u>	<u>5.50</u>
<u>97540</u>	<u>Activities of daily living (ADL) and diversional activities; initial 30 minutes, each visit</u>	<u>29.70</u>
<u>97541</u>	<u>Each additional 15 minutes</u>	<u>12.50</u>
<u>97700</u>	<u>Office visit, including one of the following tests or measurements, with report:</u>	<u>52.00</u>
	<u>a. Orthotic check-out</u>	
	<u>b. Prosthetic check-out</u>	
	<u>c. Activities of daily living check-out; initial 30 minutes, each visit</u>	
<u>97701</u>	<u>each additional 15 minutes</u>	<u>16.25</u>
<u>97720</u>	<u>Extremity testing for strength, dexterity, or stamina; initial 30 minutes, each visit</u>	<u>30.00</u>
<u>Tests and Measurements</u>		
<u>97740</u>	<u>Kinetic activities to increase coordination, strength, and/or range of motion, one area, any two extremities, initial 30 minutes</u>	<u>\$14.50</u>
<u>97741</u>	<u>each additional 15 minutes</u>	<u>5.00</u>
<u>97752</u>	<u>Muscle testing, torque curves during isometric and isokinetic exercise (e.g., by use of cybex machine)</u>	<u>48.00</u>
5221.2200 CRITICAL CARE SERVICES.		
<p>Critical care services (codes 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.</p>		
<u>99000</u>	<u>Collection, handling, or conveyance of specimen for transfer from the physician's office to a laboratory</u>	<u>\$ 8.00</u>
<u>99001</u>	<u>Handling and/or conveyance of specimen for transfer from the patient in other than a physician's office to a laboratory (distance may be indicated)</u>	<u>11.90</u>
<u>Surgical Procedures</u>		
<u>99025</u>	<u>Initial, new patient visit when asterisk (*) surgical procedure constitutes major service at that visit</u>	<u>20.00</u>
<u>99058</u>	Office services provided on an emergency basis	\$31.00 <u>32.00</u>
<u>99075</u>	Medical testimony	Reasonableness of charges reviewable by commissioner
<u>99080</u>	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
<u>Prolonged Services</u>		
<u>99150</u>	<u>Prolonged physician attendance requiring physician detention beyond usual service (e.g., operative standby, monitoring ECG, EEG, intrathoracic pressures, intravascular pressures, blood gases during surgery); 30 minutes to one hour</u>	<u>\$90.00</u>
<u>99151</u>	<u>more than one hour</u>	<u>174.00</u>
<u>99155</u>	<u>Medical conference by physician regarding medical management with patient, or relative, guardian, or other (may include counseling by a physician); approximately 25 minutes</u>	<u>63.00</u>

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Code	Service	Maximum Fee
99156	<u>approximately 50 minutes</u>	<u>100.00</u>
99156	Medical conference by physician regarding medical management with patient, or relative, guardian, or other (may include counseling by a physician); approximately 50 minutes	\$100.00
Critical Care		
99160	<u>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</u>	<u>\$127.00</u>
99162	<u>additional 30 minutes</u>	<u>73.00</u>
99162	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	\$ 60.50
99171	Critical care, subsequent follow-up visit; brief examination, evaluation and/or treatment for same illness	55.00
99172	Critical care, subsequent follow-up visit; limited examination, evaluation, or treatment for same or new illness	42.00 <u>50.00</u>
99173	intermediate examination, evaluation, or treatment, same or new illness	75.00
99174	<u>Extended reexamination, reevaluation and/or treatment, same or new illness</u>	<u>110.00</u>
99175	<u>Ipecac or similar administration for individual emesis and continued observation until stomach adequately emptied of poison</u>	<u>60.00</u>

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 ~~11400 to 11442~~ 11200 to 11441) 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~~ 16030) refer to local treatment of the burned surface only. Simple repair (codes 12001 to ~~12013~~ 12014) 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 ~~12034 to 12051~~ 12031 to 12052) 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 ~~13151 to 13152~~ 13120 to 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 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

10000*	Incision and drainage of infected or noninfected sebaceous cyst; one lesion	\$ 45.00 <u>48.00</u>
10003*	Incision and drainage of infected or noninfected epithelial inclusion cyst with complete removal of sac and treatment of cavity	55.00 <u>56.00</u>
10020*	Incision and drainage of furuncle	35.00

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PROPOSED RULES

Code	Service	Maximum Fee
10060*	Incision and drainage of abscess, for example, carbuncle, suppurative hidradenitis, and other cutaneous or subcutaneous abscesses; simple	45.50 <u>49.00</u>
10080	Incision and drainage of piloridial cyst; simple	49.00 <u>50.00</u>
10100*	Incision and drainage of onychia or paronychia single or simple	36.00 <u>45.00</u>
10120*	Incision and removal of foreign body, subcutaneous tissues; simple	46.00 <u>47.00</u>
<u>10140</u>	<u>Incision and drainage of hematoma; simple</u>	<u>47.00</u>
10160*	Puncture aspiration of abscess, hematoma, bulla, or cyst	39.20 <u>41.50</u>
Paring or Curettement		
<u>11050*</u>	<u>Paring or curettement of benign lesion with or without chemical cauterization (such as verrucae or clavi); single lesion</u>	<u>\$ 27.00</u>
11051	Paring or curettement of benign lesion with or without chemical cauterization (such as verrucae or clavi); two to four lesions	\$35.00 <u>40.00</u>
<u>11052</u>	<u>more than four lesions</u>	<u>49.00</u>
Biopsy		
11100	Biopsy of skin, subcutaneous tissue, or mucous membrane, including simple closure, unless otherwise listed (separate procedure); one lesion	\$56.45 <u>59.00</u>
<u>11101</u>	<u>each additional lesion</u>	<u>45.00</u>
Excision—Benign Lesions		
<u>11200*</u>	<u>Excision, skin tags, multiple fibrocuteaneous tags, any area; up to 15 lesions</u>	<u>\$ 53.00</u>
11400	Excision, benign lesion, except skin tag (unless listed elsewhere), trunk, arms or legs; lesion diameter up to 0.5 centimeter	\$ 59.00 <u>62.00</u>
11401	lesion diameter 0.5 to 1.0 centimeter	69.00 <u>75.00</u>
11402	lesion diameter 1.0 to 2.0 centimeters	83.00 <u>88.00</u>
11403	lesion diameter 2.0 to 3.0 centimeters	100.00 <u>108.00</u>
<u>11404</u>	<u>lesion diameter 3.0 to 4.0 centimeters</u>	<u>125.00</u>
11420	Excision, benign lesion, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; lesion diameter up to 0.5 centimeter	67.00 <u>70.00</u>
11421	lesion diameter 0.5 to 1.0 centimeter	80.00 <u>86.00</u>
11422	lesion diameter 1.0 to 2.0 centimeters	100.00
<u>11423</u>	<u>lesion diameter 2.0 to 3.0 centimeters</u>	<u>119.00</u>
11440	Excision, other benign lesion (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter up to 0.5 centimeter	75.40 <u>80.00</u>
<u>11441</u>	<u>lesion diameter 0.5 to 1.0 centimeter</u>	<u>99.00</u>
11442	lesion diameter 1.0 to 2.0 centimeters	119.00
Excision — Malignant Lesions		
11600	Excision, malignant lesion, trunk, arms, or legs; lesion diameter up to 0.5 centimeters	\$100.00
11601	Lesion diameter 0.5 to 1.0 centimeters	145.00
<u>11602</u>	<u>Excision, malignant lesion, trunk, arms, or legs; lesion diameter 1.0 to 2.0 centimeters</u>	<u>\$200.00</u>
11621	Lesion, malignant lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 to 1.0 centimeters	195.00 <u>210.00</u>
Nails		
<u>11701</u>	<u>Debridement of nails, manual; each additional five or less</u>	<u>\$ 16.00</u>
11730*	Avulsion of nail plate, partial or complete, simple; single	\$55.00 <u>57.50</u>
11740	Evacuation of subungual hematoma	30.00 <u>31.75</u>
Miscellaneous		
11900	Injection, intralesional, up to and including seven lesions	\$27.90 <u>32.00</u>
11901	more than seven lesions	42.50
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	\$ 46.50 <u>50.00</u>

PROPOSED RULES

Code	Service	Maximum Fee
12002*	2.5 to 7.5 centimeters	70.00 <u>69.00</u>
12004*	7.5 to 12.5 centimeters	100.00
<u>12005*</u>	<u>12.5 to 20.0 centimeters</u>	<u>144.50</u>
12011*	Simple repair of superficial wounds of face, ears, eyelids, nose, lips, or mucous membranes; up to 2.5 centimeters	70.00
12013*	2.5 to 5.0 centimeters	85.00 <u>93.50</u>
12014	5.0 to 7.5 centimeters	92.00 <u>110.00</u>
Repair — Intermediate		
<u>12031*</u>	<u>Layer closure of wounds of scalp, axillae, trunk, or extremities excluding hands and feet; up to 2.5 centimeters</u>	<u>\$72.00</u>
<u>12032</u>	<u>2.5 to 7.5 centimeters</u>	98.00
12034	Layer closure of wounds of scalp, axillae, trunk, or extremities excluding hands and feet; 7.5 to 12.5 centimeters	\$137.00
12041*	Layer closure of wounds of neck, hands, feet, or external genitalia; up to 2.5 centimeters	79.50 <u>90.00</u>
12042	2.5 to 7.5 centimeters	120.00 <u>110.00</u>
12051*	Layer closure of wounds of face, ears, eyelids, nose, lips, or mucous membranes up to 2.5 centimeters	100.00
<u>12052</u>	<u>2.5 to 5.0 centimeters</u>	<u>150.00</u>
Repair—Complex		
<u>13120</u>	<u>Repair, complex, scalp, arms and/or legs; 1.0 to 2.5 centimeters</u>	<u>\$200.00</u>
<u>13131</u>	<u>Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 1.0 to 2.5 centimeters</u>	<u>320.00</u>
<u>13132</u>	<u>2.5 to 7.5 centimeters</u>	400.00
13151	Repair, complex, eyelids, nose, ears, or lips; 1.0 to 2.5 centimeters	\$390.00 <u>420.00</u>
13152	2.5 to 7.5 centimeters	585.00 <u>630.00</u>
Adjacent Tissue Transfer or Rearrangement		
<u>14040</u>	<u>Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, or feet; defect up to 10 square centimeters</u>	<u>\$662.00</u>
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears, or lips; defect up to 10 square centimeters	\$780.00 <u>840.00</u>
Free Skin Grafts		
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	535.00 <u>\$550.00</u>
Burns, Local Treatment		
16000	Initial treatment, first degree burn, when no more than local treatment is required	\$ 38.50 <u>45.00</u>
16020*	Dressings or debridement, initial or subsequent; without anesthesia, office or hospital, small	35.00 <u>37.00</u>
16025*	without anesthesia, medium, for example, whole face or whole extremity	55.00 <u>58.00</u>
<u>16030</u>	<u>without anesthesia, large (e.g., more than one extremity)</u>	<u>65.00</u>
Destruction		
17000*	Destruction by any method, with or without surgical curettement, all facial lesions or premalignant lesions in any location, including local anesthesia; one lesion	\$ 38.00 <u>37.00</u>
17100*	Destruction by any method of benign skin lesions on any area other than the face, including local anesthesia; one lesion	35.00
<u>17101</u>	<u>second lesion</u>	<u>24.00</u>

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PROPOSED RULES

Code	Service	Maximum Fee
17200*	Electrosurgical destruction of multiple fibrocuteaneous tags; up to 15 lesions	40.00 38.00
17250*	<u>Chemical cauterization of a wound</u>	32.00
17340*	Cryotherapy (CO ₂ slush, liquid N ₂)	24.00 26.00

Subp. 4. **Musculoskeletal system.** The following codes, service descriptions, and maximum fees apply to surgical procedures of the musculoskeletal system. Rerduction 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

20205	Biopsy, muscle; deep	\$210.00 225.00
20220	<u>Biopsy, bone, trocar, or needle; superficial, for example ilium, sternum, spinous process, ribs</u>	150.00

Introduction or Removal — General

20501*	Injection of sinus tract; diagnostic (sinogram) (separate procedure)	\$ 47.00 48.00
20550*	Injection, tendon sheath, ligament, or trigger points	39.00 40.00
20600*	Arthrocentesis, aspiration, or injection; small joint or bursa, for example, fingers, toes	40.00 42.00
20605*	intermediate joint or bursa, for example, temporomandibular, acromioclavicular, wrist, elbow, or ankle, olecranon bursa	47.10 51.00
20610*	major joint or bursa, for example, shoulder, hip, knee joint, subacromial bursa	49.00 50.00
20680	Removal of implant; deep, for example, buried wire, pin, screw, metal band, nail, rod, or plate	287.80 305.00

Introduction or Removal

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

21240	<u>Arthroplasty, temporomandibular joint</u>	\$2,000.00
21310	Treatment of closed or open nasal fracture without manipulation	\$40.00 45.00
21315*	<u>Manipulative treatment, nasal bone fracture; without stabilization</u>	95.00
21320	Manipulative treatment, nasal bone fracture; with stabilization	260.00 250.00
21455	<u>Closed manipulative treatment by interdental fixation of closed or open mandibular fracture</u>	659.00

Neck (Soft Tissues) and Thorax — Fracture or Dislocation

Spine

Code	Service	Maximum Fee
22555	Arthrodesis with discectomy, cervical, anterior interbody approach with iliac or other autogenous bone graft (includes obtaining graft)	\$2,047.00 2,145.00

Shoulders — Fracture or Dislocation

23350	<u>Injection procedure for shoulder arthrography</u>	\$58.00
23420	Repair of complete shoulder cuff avulsion, chronic (includes acromionectomy)	\$1,330.00 1,397.00
23450	Capsulorrhaphy for recurrent dislocation, anterior; Putti-Platt procedure or Magnuson type operation	1,150.00 1,280.00
23500	<u>Treatment of closed clavicular fracture; without manipulation</u>	80.00
23550	Open treatment of closed or open acromioclavicular dislocation, acute or chronic	\$16.00 857.00
23650	Treatment of closed shoulder dislocation, with manipulation; without anesthesia	100.00 115.00
23655	requiring anesthesia	150.00

Shoulder—Manipulation

23700*	Manipulation under anesthesia, including application of fixation apparatus (dislocation excluded)	\$158.00 172.00
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Humerus (Upper Arm) and Elbow — Fracture or Dislocation

24105	Excision, olecranon bursa	\$326.00 361.00
24650	<u>Treatment of closed radial head or neck fracture without manipulation</u>	126.00

PROPOSED RULES

Forearm and Wrist — Incision and Excision

Code	Service	Maximum Fee
25111	Excision of ganglion, wrist (dorsal or volar); primary	\$337.00 <u>355.00</u>
<u>25260</u>	<u>Repair, tendon or muscle, flexor; primary, single, each tendon or muscle</u>	<u>350.00</u>
<u>25270</u>	<u>Repair, tendon or muscle, extension; primary, single, each tendon or muscle</u>	<u>305.00</u>
<u>25500</u>	<u>Treatment of closed radial shaft fracture; without manipulation</u>	<u>165.00</u>

Forearm and Wrist — Fracture or Dislocation

25505	Treatment of closed radial shaft fracture; with manipulation	\$285.00 <u>318.00</u>
25565	Treatment of closed radial and ulnar shaft fractures; with manipulation	364.00 <u>380.00</u>
<u>25600</u>	<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	Treatment of closed distal radial fracture (for example, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; with manipulation	278.50 <u>303.00</u>
25610	Treatment of closed, complex, distal radial fracture (for example, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, requiring manipulation; without external skeletal fixation or percutaneous pinning	398.00 <u>426.00</u>
25611	with external skeletal fixation or percutaneous pinning	517.00 <u>551.00</u>

Hand and Fingers — Incision, Excision, Repair, Revision, or Reconstruction

26055	Tendon sheath incision for trigger finger	\$335.00 <u>358.00</u>
<u>26120</u>	<u>Fasciectomy, palmar, simple, for Dupuytren's contracture; partial excision</u>	<u>478.00</u>
26160	Excision of lesion of tendon sheath or capsule	195.00 <u>212.00</u>
26418	Extensor tendon repair, dorsum of finger, single, primary, or secondary; without free graft, each tendon	294.00 <u>400.00</u>

Hands and Fingers — Fractures or Dislocations

26600	Treatment of closed metacarpal fracture, single; without manipulation, each bone	\$105.50 <u>126.00</u>
26605	with manipulation, each bone	170.00 <u>163.00</u>
<u>26615</u>	<u>Open treatment of closed or open metacarpal fracture, single, with or without internal or external skeletal fixation, each bone</u>	<u>480.00</u>
<u>26720</u>	<u>Treatment of closed phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each</u>	<u>55.00</u>
<u>26725</u>	<u>with manipulation, each</u>	<u>131.00</u>
<u>26725</u>	Treatment of closed phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, each	120.00
26750	Treatment of closed distal phalangeal fracture, finger or thumb; without manipulation, each	45.00 <u>50.00</u>
26770	Treatment of closed interphalangeal joint dislocation, single, with manipulation; without anesthesia	50.00 <u>57.00</u>

Hand and Fingers — Amputation

26951	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure	\$ 250.00 <u>240.00</u>
27130	Arthroplasty, Acetabular and proximal femoral prosthetic replacement; simple	2,818.00 <u>2,900.00</u>
<u>27131</u>	<u>complex</u>	<u>3,775.00</u>
27236	Open treatment of closed or open femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	1,522.50 <u>1,560.00</u>
27244	Open treatment of closed or open intertrochanteric or pertrochanteric femoral fracture, with internal fixation	1,418.00

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PROPOSED RULES

Femur (Thigh Region) and Knee Joint—Excision

Code	Service	Maximum Fee
27332	Arthrotomy, knee, for excision of semilunar cartilage (meniscectomy); medial or lateral	\$942.00

Femur (Thigh Region) and Knee Joint — Introduction or Removal

27370	Injection procedure for knee arthrography	\$ 53.50
27373	Arthroscopy, knee, diagnostic (separate procedure)	368.00 386.00
27374	Arthroscopy, knee, surgical; debridement with cartilage shaving or drilling or resection of reactive synovium	1,207.50 1,337.00
27376	with synovial biopsy	648.00
27377	with removal of loose body	1,097.00 1,219.00
27378	with partial meniscectomy	1,295.00 1,347.00
27379	with plica resection or shelf resection	1,056.00 1,069.00

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)	\$1,120.00
27425	Lateral retinacular release (any method)	\$1,006.00 847.00
27442	Arthroplasty, knee, femoral condyles or tibial plateaus	2,900.00
27444	Arthroplasty, knee, total; fascial	2,900.00
27447	Arthroplasty, knee condyle and plateau; medial and lateral compartments with or without patella resurfacing (total knee replacement)	2,724.00 2,834.00
27506	Open treatment of closed or open femoral shaft fracture (including supracondylar), with or without internal or external skeletal fixation	1,385.00

Leg (Tibula and Fibula) and Ankle Joint —Fractures or Dislocations

27752	Treatment of closed tibial shaft fracture; with manipulation	\$ 366.00
27760	Treatment of closed distal tibial fracture (Medial Malleolus); without manipulation	\$165.00 170.00
27780	Treatment of closed proximal fibula or shaft fracture; without manipulation	126.00
27786	Treatment of closed distal fibular fracture (lateral malleolus); without manipulation	130.00
27792	Open treatment of closed or open distal fibular fracture (lateral malleolus); with fixation	665.00
27802	Treatment of closed tibia and fibula fractures, shafts; with manipulation	451.50 482.00
27814	Open treatment of closed or open bimalleolar ankle fracture, with or without internal or external skeletal fixation	822.20 855.00
27822	Open treatment of closed or open trimalleolar ankle fracture, with or without internal or external skeletal fixation, medial, or lateral malleolus; only	977.00 1,120.00
27880	Amputation leg, through tibia and fibula	780.00

Foot — Fracture or Dislocation

28080	Excision of Morton neuroma; single each	\$ 350.00
28090	Excision of lesion of tendon or fibrous sheath or capsule (including synovectomy) (cyst or ganglion) foot	\$250.00 289.00
28285	Hammertoe operation; one toe (for example, interphalangeal fusion, filleting, phalangectomy)	410.00
28290	Hallux valgus (bunion) correction, with or without sesamoidectomy; simple extostectomy (silver type procedure)	310.00 355.00
28292	Keller, McBride or Mayo type procedure	600.00
28296	with metatarsal osteotomy (Mitchell or Lapidus type procedure)	724.00 759.00
28470	Treatment of closed metatarsal fracture; without manipulation, each	126.00
28490	Treatment of closed fracture great toe, phalanx, or phalanges; without manipulation	52.00 47.00
28510	Treatment of closed fracture, phalanx or phalanges, other than great toe; without manipulation, each	41.00 55.00

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	\$167.00
29065	shoulder to hand (long arm)	74.00 <u>\$78.50</u>
29075	elbow to finger (short arm)	61.80 <u>65.00</u>
29085	hand and lower forearm (gauntlet)	61.10 <u>65.00</u>

Splints

29105	Application of long arm splint (shoulder to hand)	\$ 44.00 <u>45.00</u>
29125	Application of short arm splint (forearm to hand); static	36.00 <u>37.00</u>
29130	Application of finger splint; static	23.00

Strapping — Any Age

29200	Strapping; thorax	\$ 20.00
<u>29220</u>	<u>low back</u>	<u>20.00</u>
29260	elbow or wrist	20.00
<u>29325</u>	<u>Application of hip spica cast; bilateral, or one and one-half spica</u>	<u>260.00</u>
29345	Application of long leg cast (thigh to toes)	95.00 <u>104.75</u>
29355	walker or ambulatory type	116.00 <u>113.00</u>
29358	Application of long leg cast brace	295.00 <u>244.00</u>
29365	Application of cylinder cast (thigh to ankle)	90.00 <u>86.50</u>
29405	Application of short leg cast (below knee to toes)	75.00 <u>78.00</u>
29425	walking or ambulatory type	84.00 <u>88.30</u>
29435	Application of patellar tendon bearing (PTB) cast	107.00 <u>113.00</u>
29440	Adding walker to previously applied cast	31.00
29450	Application of clubfoot cast with molding or manipulation, long or short leg; unilateral	48.00 <u>52.00</u>
29455	bilateral	79.00 <u>94.00</u>

Splints

29505	Application of long leg splint (thigh to ankle or toes)	\$ 54.00 <u>57.00</u>
<u>29515</u>	<u>Application of short leg splint (calf to foot)</u>	<u>44.00</u>

Strapping — Any Age

<u>29540</u>	<u>Strapping; ankle</u>	<u>\$24.00</u>
29580	Unna boot	\$30.00

Removal or Repair

29700	Removal or bivalving; gauntlet, boot, or body cast	\$ 30.00
29705	Removal or bivalving; full arm or full leg cast	30.00 <u>\$25.00</u>
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

<u>30300*</u>	<u>Removal foreign body, intranasal; office type procedure</u>	<u>\$35.00</u>
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Nose — Repair

30420	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, or elevation of nasal tip, including major septal repair	\$1,825.00 <u>1,975.00</u>
30520	Septoplasty with or without cartilage implant (separate procedure)	810.00 <u>903.00</u>

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PROPOSED RULES

Other Procedures

Code	Service	Maximum Fee
30901	Control nasal hemorrhage, anterior, simple (cauterization); unilateral	\$41.00 40.00
30903	Control nasal hemorrhage, anterior, complex (cauterization with local anesthesia and packing); unilateral	67.00 88.00

Larynx

<u>31500</u>	<u>Intubation, endotracheal, emergency procedure</u>	<u>\$ 94.00</u>
<u>31505</u>	<u>Laryngoscopy, indirect; diagnostic</u>	<u>32.75</u>
<u>31525</u>	<u>Laryngoscopy, direct; diagnostic, except newborn</u>	<u>314.75</u>
<u>31535</u>	<u>Laryngoscopy, direct; operative, with biopsy</u>	<u>502.50</u>
<u>31575</u>	<u>Laryngoscopy, flexible fiberoptic; diagnostic</u>	<u>66.00</u>

Trachea and Bronchi

<u>31600</u>	<u>Tracheostomy, planned (separate procedure)</u>	<u>\$425.00</u>
<u>31620</u>	<u>Bronchoscopy; diagnostic, rigid bronchoscope</u>	<u>425.00</u>
<u>31621</u>	<u>diagnostic, fiberoptic bronchoscope (flexible)</u>	<u>415.00</u>
<u>31625</u>	<u>with biopsy, rigid bronchoscope</u>	<u>430.00</u>
<u>31626</u>	<u>with biopsy, fiberoptic bronchoscope (flexible)</u>	<u>430.00</u>
<u>31627</u>	<u>with brushing, fiberoptic bronchoscope (flexible)</u>	<u>460.00</u>
<u>31628</u>	<u>with transbronchial lung biopsy, fiberoptic bronchoscope (flexible) under fluoroscopic guidance</u>	<u>425.00</u>

Lungs

<u>32000*</u>	<u>Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent</u>	<u>\$ 112.00</u>
<u>32020</u>	<u>Tube thoracostomy with water seal (for example, pneumothorax, hemothorax, empyema)(separate procedure)</u>	<u>420.00</u>
<u>32480</u>	<u>Lobectomy, total or segmental</u>	<u>1,750.00</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.

Heart

<u>33210</u>	<u>Insertion of temporary transvenous cardiac electrode, or pacemaker catheter</u>	<u>\$410.00</u>
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Coronary Artery Procedures

<u>33511</u>	<u>Coronary artery bypass, autogenous graft (for example, saphenous vein or internal mammary artery); two coronary arteries</u>	<u>\$4,233.00</u>
<u>33512</u>	<u>three coronary arteries</u>	<u>4,655.00</u>

Vascular Injection Procedures — Venous

<u>36000*</u>	<u>Introduction of needle or intracatheter, vein; unilateral</u>	<u>\$ 22.00</u>
<u>36010</u>	<u>Introduction of catheter; in superior or inferior vena cava, right heart or pulmonary artery</u>	<u>331.00</u>
<u>36415*</u>	<u>Routine venipuncture for collection of specimen(s)</u>	<u>6.00</u>
<u>36430</u>	<u>Transfusion, blood or blood components; indirect</u>	<u>69.50</u>
<u>36431</u>	<u>direct</u>	<u>25.50</u>
<u>36471*</u>	<u>Injection of sclerosing solution; multiple veins, same</u>	<u>38.50</u>
<u>36471</u>	<u>Venipuncture; multiple veins, same leg</u>	<u>\$26.00</u>
<u>36480*</u>	<u>Catheterization, subclavian, external jugular or other vein, for central venous pressure determination; percutaneous</u>	<u>105.00</u>

PROPOSED RULES

Vascular Injection Procedures — Arterial

Code	Service	Maximum Fee
36620	Arterial catheterization or cannulation for sampling, monitoring, or transfusion (separate procedure); percutaneous	\$120.00 <u>125.00</u>
<u>36625</u>	<u>cutdown</u>	<u>130.00</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		
<u>Spleen</u>		
<u>38100</u>	<u>Splenectomy; total</u>	<u>\$1,015.00</u>
<u>Esophagus</u>		
<u>43200</u>	<u>Esophagoscopy, rigid or flexible fiberoptic (specify); diagnostic procedure</u>	<u>\$ 350.00</u>
<u>43235</u>	<u>Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; complex diagnostic</u>	<u>319.00</u>
<u>43239</u>	<u>For biopsy and/or collection or specimen by brushing or washing</u>	<u>354.00</u>
<u>43324</u>	<u>Esophagogastric fundoplasty (for example, Nissen, Belsey IV, Hill procedures)</u>	<u>1,470.00</u>
<u>43450*</u>	<u>Dilation esophagus, by unguided sound(s) or bougie(s), indirect; initial session</u>	<u>76.00</u>
<u>43451*</u>	<u>subsequent session</u>	<u>50.00</u>
<u>Stomach</u>		
<u>43760*</u>	<u>Change of gastrostomy tube; simple</u>	<u>\$50.00</u>
<u>43830</u>	<u>Gastrostomy, temporary (tube, rubber, or plastic) (separate procedure); neonatal, for feeding</u>	<u>630.00</u>
<u>43844</u>	<u>Gastric bypass for morbid obesity</u>	<u>2,015.00</u>
<u>43846</u>	<u>Gastric bypass with Roux-en-Y gastroenterostomy for morbid obesity</u>	<u>2,540.00</u>
<u>Intestines</u>		
<u>44000</u>	<u>Enterolysis, freeing of intestinal adhesion</u>	<u>\$ 820.00</u>
<u>44005</u>	<u>with acute bowel obstruction</u>	<u>1,010.00</u>
<u>44140</u>	<u>Colecotomy, partial; with anastomosis</u>	<u>1,400.00</u>
<u>44950</u>	<u>Appendectomy</u>	<u>670.00</u>
<u>44960</u>	<u>for ruptured appendix with abscesses or generalized peritonitis</u>	<u>806.00</u>
<u>45300</u>	<u>Proctosigmoidoscopy; diagnostic</u>	<u>58.00</u>
<u>45305</u>	<u>for biopsy</u>	<u>93.00</u>
<u>45330</u>	<u>Sigmoidoscopy, flexible fiberoptic; diagnostic</u>	<u>97.75</u>
<u>45331</u>	<u>for biopsy and/or collection of specimen by brushing or washing</u>	<u>145.00</u>
<u>45378</u>	<u>Colonoscopy, fiberoptic, beyond splenic flexure; diagnostic procedure</u>	<u>466.00</u>
<u>45380</u>	<u>for biopsy and/or collection of specimen by brushing or washing</u>	<u>565.00</u>
<u>45385</u>	<u>for removal of polypoid lesion(s)</u>	<u>647.00</u>
<u>45505</u>	<u>Proctoplasty; for prolapse of mucous membrane</u>	<u>770.00</u>
<u>46255</u>	<u>Hemorrhoidectomy, internal and external, simple</u>	<u>600.00</u>
<u>46275</u>	<u>Fistulectomy; submuscular</u>	<u>700.00</u>
<u>46320*</u>	<u>Enucleation or excision of external thrombotic hemorrhoid</u>	<u>67.75</u>
<u>Liver</u>		
<u>47000*</u>	<u>Biopsy of liver; percutaneous needle</u>	<u>\$ 129.00</u>
<u>47600</u>	<u>Cholecystectomy</u>	<u>1,070.00</u>
<u>47605</u>	<u>with cholangiography</u>	<u>1,145.00</u>

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PROPOSED RULES

Code	Service	Maximum Fee
47610	<u>Cholecystectomy with exploration of common duct</u>	<u>1,287.00</u>
49000	<u>Exploratory laparotomy, exploratory celiotomy</u>	<u>700.00</u>
49420*	<u>Insertion of intraperitoneal cannula or catheter for drainage or dialysis; temporary</u>	<u>150.00</u>
49505	<u>Repair inguinal hernia, age 5 or over; unilateral</u>	\$ 630.00 <u>650.00</u>
49506	<u>bilateral</u>	<u>1,050.00</u>
49515	<u>with excision of hydrocele or spermatocele</u>	720.00 <u>766.00</u>
49520	<u>recurrent</u>	750.00 <u>775.00</u>
49530	<u>incarcerated</u>	<u>806.00</u>
49550	<u>Repair femoral hernial groin incision</u>	<u>660.00</u>
49560	<u>Repair ventral (incisional) hernia (separate procedure)</u>	689.00 <u>736.00</u>
49565	<u>Recurrent</u>	<u>907.00</u>
49581	<u>Repair umbilical hernia; age 5 or over</u>	527.00 <u>589.00</u>

Kidney

50200*	<u>Renal biopsy, percutaneous trocar or needle</u>	<u>\$ 350.00</u>
51600*	<u>Injection procedure for cystography or voiding urethrocytography</u>	<u>1,785.00</u>
51705*	<u>Change of cystostomy tube; simple</u>	<u>39.00</u>
51725	<u>Simple cystometrogram (CMG) (for example, spinal manometer)</u>	<u>67.00</u>
51726	<u>Complex cystometrogram (for example, calibrated electronic equipment)</u>	<u>74.50</u>
51736	<u>Simple uroflowmetry</u>	<u>64.00</u>
51741	<u>Complex uroflowmetry</u>	<u>50.00</u>
51786	<u>Electromyography; during cystometrogram</u>	<u>155.00</u>
51840	<u>Anterior vesicourethropexy, or urethropexy; simple</u>	<u>992.00</u>
52000	<u>Cystourethroscopy, office</u>	<u>126.00</u>
52005	<u>with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service</u>	<u>252.00</u>
52100	<u>Cystourethroscopy, hospital</u>	<u>144.00</u>
52105	<u>Cystourethroscopy, hospital; with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service</u>	<u>235.00</u>
52204	<u>Cystourethroscopy with biopsy; office</u>	<u>150.00</u>
52280	<u>Cystourethroscopy, with calibration and/or dilation or urethral stricture or stenosis, with or without meatotomy and injection procedure for cystography, male or female; hospital</u>	<u>211.00</u>
52281	<u>office</u>	<u>223.00</u>
52320	<u>Cystourethroscopy; with removal of ureteral calculus</u>	<u>490.00</u>
52332	<u>Cystourethroscopy, with insertion of indwelling ureteral stent</u>	<u>297.00</u>
53600*	<u>Dilation of urethral stricture by passage of sound, male; initial</u>	<u>36.50</u>
53660*	<u>Dilation of female urethra including suppository and/or instillation; initial</u>	<u>26.00</u>
53661	<u>subsequent</u>	<u>25.00</u>
53670*	<u>Catheterization; simple</u>	<u>25.00</u>
54640	<u>Orchiopexy, any type, with or without hernia repair; unilateral</u>	<u>800.00</u>
55040	<u>Excision of hydrocele; unilateral</u>	<u>600.00</u>
58150	<u>Total hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)</u>	<u>1,110.00</u>
58260	<u>Vaginal hysterectomy</u>	<u>1,116.00</u>
58265	<u>with plastic repair of vagina, anterior and/or posterior colporrhaphy</u>	<u>1,350.00</u>
58720	<u>Salpingo-oophorectomy, complete or partial, unilateral or bilateral</u>	<u>800.00</u>
58980	<u>Laparoscopy for visualization of pelvic viscera</u>	<u>500.00</u>

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

Code	Service	Maximum Fee
61107	<u>Twist drill hole for subdural or ventricular puncture; for implanting ventricular catheter or pressure recording device</u>	<u>\$709.00</u>
61310	<u>Craniectomy or craniotomy, evacuation of hematoma, extradural, subdural, or intracerebral; supratentorial</u>	<u>2,385.00</u>

PROPOSED RULES

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

Code	Service	Maximum Fee
62270*	Spinal puncture lumbar diagnostic	\$ 75.00 <u>89.00</u>
62273*	Injection lumbar epidural, of blood or clot patch	176.00 <u>160.00</u>
62274*	Injection of anesthetic substance, diagnostic or therapeutic; subarachnoid or subdural simple	89.00 <u>82.75</u>
62278*	epidural or caudal single	125.00 <u>135.00</u>
62284*	Injection procedure for myelography and computerized axial tomography, spinal or posterior fossa	130.00
62289	Injection of substance other than anesthetic, contrast, or neurolytic solutions, epidural or caudal	184.00 <u>232.00</u>
62292	Injection procedure for chemonucleolysis, intervertebral disk, single or multiple levels; lumbar	1,595.00 <u>1,650.00</u>

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

Code	Service	Maximum Fee
63005	Laminectomy for decompression of spinal cord and/or cavda equina, one or two segments; lumbar, except for spondylolisthesis	\$1,750.00 <u>1,797.00</u>
<u>63017</u>	<u>Laminectomy for decompression of spinal cord or cavda equina; more than two segments; lumbar</u>	<u>2,115.00</u>
<u>63020</u>	<u>Laminotomy (hemilaminectomy), for excision of herniated intervertebral disk, and/or decompression of nerve root; one interspace, cervical, unilateral</u>	<u>1,850.00</u>
63030	Laminotomy (hemilaminectomy), for herniated intervertebral disk, or decompression of nerve root; one interspace, lumbar, unilateral	1,755.00 <u>1,767.00</u>
63042	Laminotomy (hemilaminectomy), for herniated intervertebral disk, or decompression of nerve root, any level, extensive or re-exploration; lumbar	2,255.00

Extracranial Nerves, Peripheral Nerves, and Autonomic

Nervous System—Exploration, Neurolysis, or Nerve Decompression (Neuroplasty)

Code	Service	Maximum Fee
<u>64450*</u>	<u>Injection, anesthetic agent; other peripheral nerve or branch</u>	<u>\$ 87.00</u>
<u>64550</u>	<u>Application of surface (transcutaneous) neurostimulator</u>	<u>55.00</u>
64718	Neurolysis or transposition; ulnar nerve at elbow	\$875.00 <u>884.00</u>
64721	median nerve at carpal tunnel	640.00 <u>645.00</u>
<u>64831</u>	<u>Suture of digital nerve, hand or foot; one nerve</u>	<u>450.00</u>

Eye and Ocular Adnexa — Removal of Ocular Foreign Body

65205*	Removal foreign body, external eye; conjunctival superficial	\$36.00 <u>39.00</u>
65210*	conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating	44.00 <u>45.00</u>
65220*	corneal, without slit lamp	43.50 <u>45.00</u>
65222*	corneal, with slit lamp	55.00 <u>56.00</u>
<u>65420</u>	<u>Excision or transposition of pterygium; without graft</u>	<u>428.00</u>
<u>66980</u>	<u>Insertion intraocular lens prosthesis; at time of cataract extraction (any technique) one stage</u>	<u>1,720.00</u>
<u>66984</u>	<u>Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure)</u>	<u>1,850.00</u>
<u>67216</u>	<u>Destruction of localized lesion/retina or choroid, one or more stages; photocoagulation, laser</u>	<u>725.00</u>
<u>67226</u>	<u>Destruction of progressive retinopathy, one or more stages; photocoagulation, laser</u>	<u>703.00</u>
<u>68800*</u>	<u>Dilation of lacrimal punctum, with or without irrigation, unilateral or bilateral</u>	<u>35.00</u>

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PROPOSED RULES

Code	Service	Maximum Fee
68825	<u>Probing of nasolacrimal duct, with or without irrigation, unilateral or bilateral; requiring hospitalization</u>	210.00
<u>Auditory System</u>		
69433*	<u>Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia; unilateral</u>	\$164.00
69436	<u>Tympanostomy (requiring insertion of ventilating tube), general anesthesia; unilateral</u>	210.00
69437	<u>bilateral</u>	330.00
69440	<u>Middle ear exploration through postauricular or ear canal incision</u>	785.00
69620	<u>Meningoplasty</u>	1,130.00
69631	<u>Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction</u>	1,650.00
69632	<u>with ossicular chain reconstruction (for example, postfenestration)</u>	1,885.00
69641	<u>Tympanoplasty with antrotomy or mastoidotomy; without ossicular chain reconstruction</u>	1,995.00
69660	<u>Stapedectomy with reestablishment of ossicular continuity, with or without use of foreign material</u>	1,706.00

5221.2300 PHYSICIAN SERVICES—RADIOLOGY.

Subpart 1. [Unchanged.]

Subp. 3. **Diagnostic radiology.** The following codes, service descriptions, and maximum fees apply to diagnostic radiology procedures.

Head and Neck

Code	Service	Maximum Fee
70100	Radiologic examination, mandible; partial, less than four views	\$ 40.00 36.00
70100-26	<u>professional component only</u>	20.00
70110-26	<u>professional component only</u>	20.00
70120	<u>Radiologic examination, mastoids; less than three views per side</u>	55.00
70130	Radiologic examination, mastoids; complete, minimum of three views per side	70.00 76.50
70134	Radiologic examination, internalauditory meati, complete	78.00
70140	<u>Radiologic examination, facial bones; less than three views</u>	46.00
70140-26	<u>professional component only</u>	18.00
70150-26	<u>professional component only</u>	22.00
70160	<u>Radiologic examination, nasal bones; complete, minimum of three views</u>	47.00
70160-26	<u>professional component only</u>	13.00
70200-26	<u>professional component only</u>	20.50
70210	Radiologic examination, sinuses, paranasal, less than three views	32.00 34.00
70210-26	<u>professional component only</u>	15.00
70220	Radiologic examination, sinuses, paranasal, complete, minimum of three views; without contrast studies	60.00 61.00
70220-26	<u>professional component only</u>	22.00
70240	<u>Radiologic examination, sella turcica</u>	42.00
70250	<u>Radiologic examination, skull, less than four views, with or without stereo</u>	35.00
70260	<u>complete, minimum of four views, with or without stereo</u>	58.00
70260-26	<u>professional component only</u>	32.00
70260-TC	<u>technical component only</u>	55.00
70332	<u>Temporomandibular joint arthrotomography; supervision and interpretation only</u>	191.00
70350	<u>Cephalogram, orthodontic</u>	40.00
70355	<u>Orthopantogram</u>	30.00
70355-26	<u>professional component only</u>	16.50
70360	<u>Radiologic examination, neck, soft tissue</u>	26.00
70360-26	<u>professional component only</u>	15.00
70450-26	<u>professional component only</u>	77.50
70460-26	<u>professional component only</u>	85.00
70470-26	<u>professional component only</u>	98.00

PROPOSED RULES

Code	Service	Maximum Fee
<u>70480-26</u>	<u>professional component only</u>	<u>75.00</u>
<u>70490</u>	<u>Computerized axial tomography, soft tissue neck; without contrast material</u>	<u>104.00</u>
Chest		
<u>71010</u>	<u>Radiologic examination, chest; single view, posteroanterior</u>	\$28.00 <u>30.00</u>
<u>71010-26</u>	<u>professional component only</u>	<u>12.50</u>
<u>71010-TC</u>	<u>technical component only</u>	<u>23.50</u>
<u>71015</u>	<u>stereo, posteroanterior</u>	30.40 <u>31.90</u>
<u>71020</u>	<u>two views, posteroanterior and lateral</u>	40.00 <u>42.00</u>
<u>71020-TC</u>	<u>technical component only</u>	<u>35.00</u>
<u>71020-26</u>	<u>professional component only</u>	<u>18.00</u>
<u>71021</u>	<u>Radiological examination, frontal and lateral; with apical lordotic procedure</u>	<u>36.00</u>
<u>71022</u>	<u>Radiological examination, frontal and lateral; with oblique projections</u>	<u>47.00</u>
<u>71022-26</u>	<u>professional component only</u>	<u>20.00</u>
<u>71030-26</u>	<u>professional component only</u>	<u>24.00</u>
<u>71100</u>	<u>Radiologic examination, ribs, unilateral; two views</u>	44.00 <u>46.00</u>
<u>71100-26</u>	<u>professional component only</u>	<u>20.00</u>
<u>71100-TC</u>	<u>technical component only</u>	<u>36.50</u>
<u>71110</u>	<u>Radiologic examination, ribs, bilateral; three views</u>	57.00 <u>58.00</u>
<u>71110-26</u>	<u>professional component only</u>	<u>27.00</u>
<u>71120</u>	<u>Radiologic examination; sternum, minimum of two views</u>	34.00 <u>36.00</u>
<u>71120-26</u>	<u>professional component only</u>	<u>16.00</u>
<u>71250</u>	<u>Computerized axial tomography, thorax; without contrast material</u>	<u>379.00</u>
<u>71250-26</u>	<u>professional component only</u>	<u>115.00</u>
<u>71260-26</u>	<u>professional component only</u>	<u>120.00</u>
<u>71270-26</u>	<u>without contrast material, followed by contrast material(s) and further sections; professional component only</u>	<u>133.00</u>
Spine and Pelvis		
<u>72010-26</u>	<u>Radiologic examination, spine, entire, survey study, anteroposterior, and lateral; professional component only</u>	<u>\$25.00</u>
<u>72020-26</u>	<u>Radiologic examination, spine, single view, specify level; professional component only</u>	<u>15.00</u>
<u>72040</u>	<u>Radiologic examination, spine, cervical; anteroposterior and lateral</u>	\$42.00 <u>44.00</u>
<u>72040-26</u>	<u>professional component only</u>	<u>18.00</u>
<u>72050</u>	<u>minimum of four views</u>	<u>70.00</u>
<u>72050-26</u>	<u>professional component only</u>	<u>26.00</u>
<u>72050-TC</u>	<u>technical component only</u>	<u>51.00</u>
<u>72052</u>	<u>complete, including oblique and flexion or extension studies</u>	<u>70.00</u>
<u>72052-26</u>	<u>professional component only</u>	<u>31.00</u>
<u>72070</u>	<u>Radiologic examination, spine; thoracic, anteroposterior and lateral</u>	46.00 <u>49.00</u>
<u>72070-26</u>	<u>professional component only</u>	<u>21.00</u>
<u>72070-TC</u>	<u>technical component only</u>	<u>45.00</u>
<u>72072-26</u>	<u>professional component only</u>	<u>24.50</u>
<u>72080</u>	<u>thoracolumbar, anteroposterior and lateral</u>	<u>55.00</u>
<u>72090</u>	<u>scoliosis study, including supine and erect studies</u>	42.00 <u>45.00</u>
<u>72100</u>	<u>Radiologic examination, spine, lumbosacral; anteroposterior and lateral</u>	51.00 <u>54.00</u>
<u>72100-26</u>	<u>professional component only</u>	<u>22.00</u>
<u>72110</u>	<u>complete, with oblique views</u>	<u>75.00</u>
<u>72110-26</u>	<u>professional component only</u>	<u>28.50</u>

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PROPOSED RULES

Code	Service	Maximum Fee
<u>72110-TC</u>	<u>technical component only</u>	<u>59.00</u>
<u>72114</u>	<u>complete, including bending views</u>	<u>87.00</u>
<u>72125</u>	<u>Computerized axial tomography, cervical spine; without contrast material</u>	<u>525.00</u>
<u>72125-26</u>	<u>professional component only</u>	<u>106.00</u>
<u>72126-26</u>	<u>professional component only</u>	<u>126.00</u>
<u>72128-26</u>	<u>Computerized axial tomography, thoracic spine; without contrast material; professional component only</u>	<u>100.00</u>
<u>72131</u>	<u>Computerized axial tomography, lumbar spine; without contrast material</u>	<u>440.00</u>
<u>72131-26</u>	<u>professional component only</u>	<u>100.00</u>
<u>72132</u>	<u>with contrast material</u>	<u>365.00</u>
<u>72132-26</u>	<u>professional component only</u>	<u>99.00</u>
<u>72170</u>	<u>Radiologic examination, pelvis; anteroposterior only</u>	35.00 <u>36.50</u>
<u>72170-26</u>	<u>professional component only</u>	<u>15.00</u>
<u>72180</u>	<u>stereo</u>	<u>42.00</u>
<u>72180-26</u>	<u>professional component only</u>	<u>21.50</u>
<u>72190</u>	<u>complete, minimum of three views</u>	46.25 <u>50.00</u>
<u>72190-26</u>	<u>professional component only</u>	<u>21.00</u>
<u>72192</u>	<u>Computerized axial tomography, pelvis; without contrast material</u>	<u>177.00</u>
<u>72192-26</u>	<u>professional component only</u>	<u>90.00</u>
<u>72193-26</u>	<u>with contrast material(s); professional component only</u>	<u>78.00</u>
<u>72200</u>	<u>Radiologic examination, sacroiliac joints; less than three views</u>	<u>37.00</u>
<u>72202</u>	<u>three or more views</u>	<u>49.00</u>
<u>72202-26</u>	<u>professional component only</u>	<u>15.00</u>
<u>72220</u>	<u>Radiologic examination, sacrum and coccyx, minimum of two views</u>	43.00 <u>45.00</u>
<u>72220-26</u>	<u>professional component only</u>	<u>16.00</u>
<u>72241-26</u>	<u>Myelography, cervical, complete procedure; professional component only</u>	<u>222.50</u>
<u>72265-26</u>	<u>Myelography, lumbosacral; supervision and interpretation only; professional component only</u>	<u>63.00</u>
<u>72266-26</u>	<u>complete procedure; professional component only</u>	<u>217.00</u>
<u>72270</u>	<u>Myelography, entire spinal canal; supervision and interpretation only</u>	<u>178.00</u>
<u>72271</u>	<u>complete procedure</u>	<u>302.00</u>
<u>72271-26</u>	<u>professional component only</u>	<u>291.00</u>
<u>72295</u>	<u>Diskography, lumbar; supervision and interpretation only</u>	<u>42.50</u>
Upper Extremities		
<u>73000</u>	<u>Radiologic examination; clavicle, complete</u>	\$ 30.00 <u>31.00</u>
<u>73000-26</u>	<u>professional component only</u>	<u>12.00</u>
<u>73000-TC</u>	<u>technical component only</u>	<u>37.00</u>
<u>73010</u>	<u>scapula, complete</u>	<u>45.00</u>
<u>73010-26</u>	<u>professional component only</u>	<u>14.00</u>
<u>73020</u>	<u>Radiologic examination, shoulder; one view</u>	30.00 <u>33.00</u>
<u>73020-26</u>	<u>professional component only</u>	<u>12.00</u>
<u>73030</u>	<u>complete, minimum of two views</u>	40.25 <u>41.00</u>
<u>73030-26</u>	<u>professional component only</u>	<u>14.00</u>
<u>73040-26</u>	<u>Radiologic examination, shoulder, arthrography; supervision and interpretation only; professional component only</u>	<u>13.00</u>
<u>73041-26</u>	<u>complete procedure; professional component only</u>	<u>147.00</u>
<u>73050</u>	<u>Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction</u>	<u>46.00</u>
<u>73050-26</u>	<u>professional component only</u>	<u>16.00</u>
<u>73060</u>	<u>humerus, minimum of two views</u>	35.00 <u>37.00</u>
<u>73060-26</u>	<u>professional component only</u>	<u>13.00</u>
<u>73070</u>	<u>Radiologic examination, elbow; anteroposterior and lateral views</u>	33.00 <u>35.00</u>
<u>73070-26</u>	<u>professional component only</u>	<u>13.00</u>
<u>73070-TC</u>	<u>technical component only</u>	<u>26.55</u>
<u>73080</u>	<u>complete, minimum of three views</u>	<u>41.00</u>

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Code	Service	Maximum Fee
<u>73080-26</u>	<u>professional component only</u>	<u>16.00</u>
<u>73080-TC</u>	<u>technical component only</u>	<u>35.00</u>
73090	Radiologic examination; forearm, anteroposterior and lateral views	32.00 <u>35.00</u>
<u>73090-26</u>	<u>professional component only</u>	<u>13.00</u>
<u>73090-TC</u>	<u>technical component only</u>	<u>28.00</u>
73100	Radiologic examination, wrist; anteroposterior and lateral views	31.00 <u>34.00</u>
<u>73100-26</u>	<u>professional component only</u>	<u>13.00</u>
<u>73100-TC</u>	<u>technical component only</u>	<u>27.00</u>
73110	complete, minimum of three views	36.75 <u>39.00</u>
<u>73110-26</u>	<u>professional component only</u>	<u>15.00</u>
<u>73110-TC</u>	<u>technical component only</u>	<u>35.00</u>
73120	Radiologic examination, hand; two views	33.50 <u>34.50</u>
<u>73120-26</u>	<u>professional component only</u>	<u>13.00</u>
<u>73120-TC</u>	<u>technical component only</u>	<u>23.00</u>
73130	minimum of three views	<u>37.00</u>
<u>73130-26</u>	<u>professional component only</u>	<u>13.00</u>
<u>73130-TC</u>	<u>technical component only</u>	<u>36.00</u>
73140	Radiologic examination, finger or fingers, minimum of two views	29.50 <u>30.00</u>
<u>73140-26</u>	<u>professional component only</u>	<u>11.00</u>
<u>73140-TC</u>	<u>technical component only</u>	<u>25.50</u>
Lower Extremities		
73500	Radiologic examination, hip; unilateral, one view	\$ 29.50 <u>31.00</u>
<u>73500-26</u>	<u>professional component only</u>	<u>13.00</u>
73510	complete, minimum of two views	45.00 <u>48.00</u>
<u>73510-26</u>	<u>professional component only</u>	<u>19.00</u>
<u>73510-TC</u>	<u>technical component only</u>	<u>36.00</u>
73520	Radiologic examination, hips, bilateral, minimum of two views of each hip, including anteroposterior view of pelvis	45.00 <u>51.00</u>
<u>73520-26</u>	<u>professional component only</u>	<u>22.00</u>
<u>73530</u>	<u>Radiologic examination, hip, during operative procedure</u>	<u>24.00</u>
<u>73530-26</u>	<u>professional component only</u>	<u>24.00</u>
<u>73550</u>	<u>Radiologic examination, femur, anteroposterior, and lateral views</u>	<u>43.00</u>
<u>73550-26</u>	<u>professional component only</u>	<u>13.00</u>
73560	Radiologic examination, knee; anteroposterior and lateral views	35.00 <u>37.00</u>
<u>73560-26</u>	<u>professional component only</u>	<u>13.00</u>
<u>73560-TC</u>	<u>technical component only</u>	<u>28.00</u>
73562	anteroposterior and lateral, with oblique, minimum of three views	44.00 <u>45.00</u>
<u>73562-26</u>	<u>professional component only</u>	<u>14.00</u>
<u>73562-TC</u>	<u>technical component only</u>	<u>44.00</u>
73564	complete, including oblique, or tunnel, or patellar, or standing views	49.10 <u>52.00</u>
<u>73564-26</u>	<u>professional component only</u>	<u>18.00</u>
<u>73564-TC</u>	<u>technical component only</u>	<u>58.00</u>
<u>73580</u>	<u>Radiologic examination, knee, arthrography; supervision and interpretation only</u>	<u>105.00</u>
73581	Radiologic examination, knee, arthrography; complete procedure	128.25 <u>139.00</u>
<u>73581-26</u>	<u>professional component only</u>	<u>139.00</u>
73590	Radiologic examination, tibia and fibula, anteroposterior and lateral views	36.50 <u>37.00</u>
<u>73590-26</u>	<u>professional component only</u>	<u>13.00</u>
<u>73590-TC</u>	<u>technical component only</u>	<u>28.00</u>
73600	Radiologic examination, ankle; anteroposterior and lateral views	30.50 <u>33.00</u>

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PROPOSED RULES

Code	Service	Maximum Fee
<u>73600-26</u>	<u>professional component only</u>	<u>13.00</u>
<u>73600-TC</u>	<u>technical component only</u>	<u>26.00</u>
<u>73610</u>	complete, minimum of three views	37.00 <u>39.00</u>
<u>73610-26</u>	<u>professional component only</u>	<u>15.00</u>
<u>73610-TC</u>	<u>technical component only</u>	<u>35.00</u>
<u>73620</u>	Radiologic examination, foot; anteroposterior and lateral views	31.00 <u>34.00</u>
<u>73620-26</u>	<u>professional component only</u>	<u>13.00</u>
<u>73620-TC</u>	<u>technical component only</u>	<u>26.00</u>
<u>73630</u>	complete, minimum of three views	38.00 <u>40.00</u>
<u>73630-26</u>	<u>professional component only</u>	<u>13.00</u>
<u>73630-TC</u>	<u>technical component only</u>	<u>36.00</u>
<u>73650</u>	Radiologic examination; calcaneus, minimum of two views	31.00 <u>33.00</u>
<u>73650-26</u>	<u>professional component only</u>	<u>13.00</u>
<u>73650-TC</u>	<u>technical component only</u>	<u>31.00</u>
<u>73660</u>	toe or toes, minimum of two views	29.50 <u>30.00</u>
<u>73660-26</u>	<u>professional component only</u>	<u>11.00</u>
<u>73660-TC</u>	<u>technical component only</u>	<u>27.00</u>
<u>Abdomen</u>		
<u>74000</u>	<u>Radiologic examination, abdomen, single anteroposterior view</u>	<u>\$ 37.00</u>
<u>74000-26</u>	<u>professional component only</u>	<u>16.00</u>
<u>74000-TC</u>	<u>technical component only</u>	<u>28.00</u>
<u>74010-26</u>	<u>anteroposterior and additional oblique and cone views, professional component only</u>	<u>18.00</u>
<u>74020-26</u>	<u>complete, including decubitus or erect views, professional component only</u>	<u>22.00</u>
<u>74022</u>	<u>Complete acute abdomen series, including supine, erect, and/ordecubitus views, upright PA chest</u>	<u>32.00</u>
<u>74022-26</u>	<u>professional component only</u>	<u>32.00</u>
<u>74150-26</u>	<u>Computerized axial tomography, abdomen; without contrast material, professional component only</u>	<u>103.00</u>
<u>74160-26</u>	<u>with contrast materials; professional component only</u>	<u>105.00</u>
<u>74170-26</u>	<u>without contrast material followed by contrast material and further sections; professional component only</u>	<u>134.00</u>
<u>Gastrointestinal Tract</u>		
<u>74220</u>	<u>Radiologic examination; esophagus</u>	<u>\$ 90.00</u>
<u>74220-26</u>	<u>professional component only</u>	<u>45.50</u>
<u>74240</u>	Radiologic examination, gastrointestinal tract, upper; with or without delayed films, without KUB	\$81.00 <u>86.00</u>
<u>74240-26</u>	<u>professional component only</u>	<u>50.50</u>
<u>74241</u>	with or without delayed films, with KUB	52.00 <u>56.00</u>
<u>74241-26</u>	<u>professional component only</u>	<u>46.00</u>
<u>74241-TC</u>	<u>technical component only</u>	<u>56.00</u>
<u>74245-26</u>	<u>with small bowel, includes multiple serial films; professional component only</u>	<u>73.00</u>
<u>74247</u>	with or without delayed films, with KUB	<u>57.75</u>
<u>74250-26</u>	<u>Radiologic examination, small bowel, includes multiple serial films; professional component only</u>	<u>43.50</u>
<u>74270</u>	Radiologic examination, colon; barium enema	80.00 <u>87.50</u>
<u>74270-26</u>	<u>professional component only</u>	<u>50.50</u>
<u>74270-TC</u>	<u>technical component only</u>	<u>69.00</u>
<u>74280-26</u>	<u>air contrast with specific high density barium, with or without glucagon; professional component only</u>	<u>66.00</u>
<u>74290</u>	<u>Cholecystography, oral contrast</u>	<u>62.00</u>
<u>74290-26</u>	<u>professional component only</u>	<u>23.00</u>
<u>74290-TC</u>	<u>technical component only</u>	<u>55.00</u>
<u>74300-26</u>	<u>Cholangiography; during surgery, professional component only</u>	<u>37.50</u>

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Code	Service	Maximum Fee
<u>74330</u>	<u>Combined endoscopic catheterization of the biliary and pancreatic ductal systems, fluoroscopic monitoring and radiography</u>	<u>59.00</u>
<u>74330-26</u>	<u>professional component only</u>	<u>50.50</u>
Urinary Tract		
<u>74400</u>	<u>Urography, intravenous, including kidneys, ureters, and bladder</u>	<u>\$117.00</u>
<u>74400-26</u>	<u>professional component only</u>	<u>50.50</u>
<u>74400-TC</u>	<u>technical component only</u>	<u>84.00</u>
<u>74405</u>	<u>Urography (pyelography), intravenous, including kidneys, ureters, and bladder with special hypertensive contrast concentration or clearance studies</u>	\$140.40 <u>147.00</u>
<u>74405-26</u>	<u>professional component only</u>	<u>53.00</u>
<u>74410</u>	<u>Urography, infusion, drip technique</u>	<u>90.00</u>
<u>74410-26</u>	<u>professional component only</u>	<u>37.00</u>
<u>74420-26</u>	<u>Urography, retrograde, with or without kidneys, ureters, and bladder; professional component only</u>	<u>23.00</u>
<u>74425-26</u>	<u>professional component only</u>	<u>42.00</u>
<u>74430-26</u>	<u>Cystography, minimum of three views; supervision and interpretation only, professional component only</u>	<u>25.00</u>
<u>74455-26</u>	<u>Urethrocytography, voiding; professional component only</u>	<u>40.00</u>
<u>74456-26</u>	<u>professional component only</u>	<u>54.00</u>
<u>75628-26</u>	<u>Aortography, abdominal, catheter by serialography; professional component only</u>	<u>350.00</u>
<u>75631-26</u>	<u>Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography; professional component only</u>	<u>400.00</u>
<u>75655-26</u>	<u>Angiography, cervicocerebral, selective catheter, including vessel origin; two vessels, complete procedure; professional component only</u>	<u>450.00</u>
<u>75657-26</u>	<u>three or four vessels, complete procedure; professional component only</u>	<u>550.00</u>
<u>75673-26</u>	<u>Angiography, carotid, cerebral, bilateral; catheter, complete procedure; professional component only</u>	<u>423.50</u>
<u>75712-26</u>	<u>Angiography, by serialography, complete procedure; professional component only</u>	<u>178.00</u>
<u>75750-26</u>	<u>Angiography, coronary, root injection; professional component only</u>	<u>76.50</u>
<u>75754-26</u>	<u>Angiography, coronary, bilateral selective injection, including left ventricular and supraaortic angiogram and pressure recording; professional component only</u>	<u>161.50</u>
Veins and Lymphatics		
<u>75821-26</u>	<u>Venography, extremity, unilateral; complete procedure; professional component only</u>	<u>\$115.00</u>
Miscellaneous		
<u>76062</u>	<u>Radiologic examination, osseous survey; complete</u>	<u>\$150.00</u>
<u>76062-26</u>	<u>professional component only</u>	<u>58.00</u>
<u>76081-26</u>	<u>Radiologic examination, fistula or sinus tract study; complete procedure; professional component only</u>	<u>63.00</u>
<u>76100</u>	<u>Radiologic examination, single plane body section</u>	<u>88.00</u>

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.

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PROPOSED RULES

Head and Neck

Code	Service	Maximum Fee
76511	Ophthalmic ultrasound, echography; A-mode, spectral analysis with amplitude quantification	\$150.00
76516	Echography, ophthalmic, ultrasonic biometry;	150.00

Chest

76604	B-scan (includes Mediastinum) and/or real time with image documentation	\$57.25 57.00
<u>76620-26</u>	<u>Echocardiography, M-mode; professional component only</u>	<u>92.00</u>
<u>76700-26</u>	<u>Echography, abdominal, B-scan; professional component only</u>	<u>64.50</u>
<u>76705-26</u>	<u>limited; professional component only</u>	<u>51.00</u>
<u>76770-26</u>	<u>Echography, retroperitoneal (for example, renal, aorta, nodes), B-scan; professional component only</u>	<u>61.00</u>
<u>76775</u>	<u>Echography, retroperitoneal, B-scan and/or real time with image documentation; complete</u>	<u>63.00</u>
<u>76775-26</u>	<u>professional component only</u>	<u>65.00</u>

Pelvis

76805	Echography, pelvic, B-scan (for example, real-time), in obstetrics, gynecology, or transplants; complete	\$75.00
<u>76805-26</u>	<u>professional component only</u>	<u>59.00</u>

Vascular Studies

76925	Peripheral imaging, B-scan, Doppler or real-time scan	\$110.00
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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.

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	Therapeutic radiology simulation aided field setting; simple	\$105.50 111.00
<u>77300</u>	<u>Basic radiation dosimetry calculation, central axis depth dose, TDF, NSD, gap calculation off axis factor, tissue inhomogeneity factors, as required during course of treatment</u>	<u>50.00</u>
<u>77300-26</u>	<u>professional component only</u>	<u>50.00</u>
<u>77334</u>	<u>Treatment devices, design and construction; complex</u>	<u>88.00</u>
<u>77400</u>	<u>Daily megavoltage treatment management; simple</u>	<u>80.00</u>
<u>77400-26</u>	<u>professional component only</u>	<u>34.00</u>
<u>77410-26</u>	<u>professional component only</u>	<u>44.00</u>
<u>77415</u>	<u>Therapeutic radiology treatment port film interpretation and verification, per treatment course</u>	<u>8.00</u>
<u>77420</u>	<u>Weekly megavoltage treatment management; simple</u>	<u>20.00</u>
<u>77420-26</u>	<u>professional component only</u>	<u>44.00</u>
77465	Daily kilovoltage treatment management	31.50 35.00
<u>77465-26</u>	<u>professional component only</u>	<u>24.00</u>
<u>77465-TC</u>	<u>technical component only</u>	<u>36.00</u>

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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.

Code	Service	Maximum Fee
<u>78000-26</u>	<u>Thyroid uptake; single determination; professional component only</u>	<u>\$19.50</u>
<u>78006-26</u>	<u>Thyroid imaging, with uptake; single determination, professional component only</u>	<u>56.50</u>
<u>78010-26</u>	<u>Thyroid imaging; only, professional component only</u>	<u>45.00</u>
Diagnostic—Gastrointestinal System		
78201	Liver imaging only	\$67.30 63.00
<u>78215-26</u>	<u>Liver and spleen imaging; professional component only</u>	<u>75.00</u>
<u>78216</u>	<u>with vascular flow</u>	<u>83.00</u>
<u>78220</u>	<u>Liver function study with hepatobiliary agents, with serial images</u>	<u>75.00</u>
<u>78220-26</u>	<u>professional component only</u>	<u>78.00</u>
<u>78223-26</u>	<u>professional component only</u>	<u>75.00</u>
<u>78280</u>	<u>Gastrointestinal blood loss study</u>	<u>75.00</u>
<u>78300-26</u>	<u>Bone imaging; limited area (for, example, skull, pelvis), professional component only</u>	<u>51.00</u>
78305	Bone imaging; multiple areas	73.50 <u>79.00</u>
Diagnostic—Musculoskeletal System		
<u>78305-26</u>	<u>professional component only</u>	<u>\$ 79.00</u>
<u>78306-26</u>	<u>whole body; professional component only</u>	<u>75.00</u>
<u>78310</u>	<u>Bone imaging; vascular flow only</u>	<u>70.00</u>
<u>78310-26</u>	<u>professional component only</u>	<u>70.00</u>
Diagnostic—Cardiovascular System		
<u>78403-26</u>	<u>Cardiac blood pool imaging; with determination of regional ventricular function including ejection fraction and wall motion; professional component only</u>	<u>\$ 77.00</u>
<u>78413</u>	<u>with determination of ventricular wall motion</u>	<u>103.00</u>
<u>78418-26</u>	<u>Myocardium imaging, regional myocardial perfusion at rest; professional component only</u>	<u>72.00</u>
78422	Myocardium imaging; regional Myocardial perfusion at rest for evaluation of infarction (infarct avid imaging)	\$68.90 <u>73.00</u>
78435	Cardial flow imaging (i.e., angiocardigraphy)	73.10 <u>73.00</u>
<u>78455</u>	<u>Vascular flow imaging (i.e., angiography, venography)</u>	<u>93.00</u>
<u>78580</u>	<u>Pulmonary perfusion imaging; particulate</u>	<u>73.00</u>
<u>78580-26</u>	<u>professional component only</u>	<u>73.00</u>
Diagnostic—Respiratory System		
78581	Pulmonary perfusion imaging; gaseous	\$67.00 <u>72.00</u>
<u>78582</u>	<u>gaseous, with ventilation, rebreathing and washout</u>	<u>69.00</u>
<u>78585</u>	<u>rebreathing and washout, with or without single breath</u>	<u>103.00</u>
<u>78587</u>	<u>multiple projections</u>	<u>70.00</u>
<u>78587-26</u>	<u>professional component only</u>	<u>45.00</u>
<u>78591</u>	<u>Pulmonary ventilation imaging, gaseous, single breath, single projection</u>	<u>59.00</u>
<u>78591-26</u>	<u>professional component only</u>	<u>59.00</u>
<u>78593</u>	<u>Pulmonary ventilation imaging, gaseous, with rebreathing and washout, with or without single breath; single projection</u>	<u>60.00</u>
<u>78593-26</u>	<u>professional component only</u>	<u>54.00</u>
78594	Pulmonary ventilation imaging, gaseous, with rebreathing and washout with or without single breath; multiple projections (e.g., anterior, posterior, lateral views)	70.00 <u>73.00</u>

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PROPOSED RULES

Code	Service	Maximum Fee
<u>78594-26</u>	<u>professional component only</u>	<u>70.00</u>
<u>Nervous System</u>		
<u>78606</u>	<u>Brain imaging, complete study; with vascular flow</u>	<u>\$ 81.00</u>
<u>78630</u>	<u>Cerebrospinal fluid flow, imaging</u>	<u>119.00</u>
<u>78701</u>	<u>Kidney imaging; with vascular flow</u>	<u>70.00</u>
<u>Genitourinary System</u>		
<u>78704</u>	<u>Kidney imaging; with function study (imaging renogram)</u>	<u>\$71.00</u>
<u>78715</u>	<u>Kidney vascular flow only</u>	<u>48.00</u>
<u>78715-26</u>	<u>professional component only</u>	<u>35.00</u>
<u>78720</u>	<u>kidney function study only</u>	<u>78.00</u>
<u>78720-26</u>	<u>professional component only</u>	<u>77.00</u>
<u>78802</u>	<u>Tumor localization; whole body</u>	<u>77.00</u>

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 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
<u>80002</u>	<u>Automated multichannel tests; 1 or 2 clinical chemistry tests</u>	<u>\$12.00</u>
<u>80003</u>	<u>Automated multichannel tests; 3 clinical chemistry tests</u>	<u>\$ 30.00</u> <u>29.00</u>
<u>80004</u>	<u>4 clinical chemistry tests</u>	<u>24.00</u>

PROPOSED RULES

Code	Service	Maximum Fee
80005	<u>5 clinical chemistry tests</u>	30.00
80007	<u>7 clinical chemistry tests</u>	24.70 <u>27.00</u>
80009	<u>9 clinical chemistry tests</u>	26.00 <u>27.00</u>
80011	<u>11 clinical chemistry tests</u>	35.00 <u>37.00</u>
80012	<u>12 clinical chemistry tests</u>	30.00 <u>33.00</u>
80016	<u>13-16 clinical chemistry tests</u>	34.00
80018	<u>17-18 clinical chemistry tests</u>	49.50
80031	<u>Therapeutic quantitative drug monitoring in blood and/or urine; measurement one drug</u>	35.00
80058	<u>Hepatic function panel</u>	28.00
80059	Hepatitis panel	57.00 <u>60.00</u>
80060	<u>Hypertension panel</u>	31.00
80061	<u>Lipid profile</u>	27.00
80062	Cardiac evaluation (including coronary risk) panel	26.00 <u>27.00</u>
80064	Cardiac injury panel; with creatine phosphokinase (CPK) and/or lactic dehydrogenase (LDH) isoenzyme determination	15.00
80065	<u>Metabolic panel</u>	46.00
80070	<u>Thyroid panel</u>	26.00
80071	<u>with thyrotropin releasing hormone (TRH)</u>	43.00
80072	Arthritis panel	42.65 <u>42.00</u>

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

81000	Urinalysis; routine (pH, specific gravity, protein, tests for reducing substances as glucose), with microscopy	\$40.00 <u>10.50</u>
81002	routine, without microscopy	6.00 <u>6.50</u>
81004	components, single, not otherwise listed, specify	5.25 <u>5.00</u>
81005	chemical, qualitative, any number of constituents	4.90 <u>5.00</u>
81010	<u>concentration and dilution test</u>	<u>5.00</u>
81015	microscopic only	8.00

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
82009	<u>Acetone; qualitative</u>	\$ <u>5.00</u>
82011	Acetylsalicylic acid; quantitative	\$18.00
82012	qualitative	47.00
82060	<u>Alcohol, blood; by gas-liquid chromatography</u>	<u>34.00</u>
82137	<u>Aminophylline</u>	<u>32.00</u>
82150	Amylase, serum;	46.90 <u>18.00</u>
82156	<u>Amylase, urine</u>	<u>19.00</u>
82205	<u>Barbiturates; quantitative</u>	<u>29.00</u>
82210	<u>quantitative and identification</u>	<u>29.50</u>
82245	<u>Bile pigments, urine</u>	<u>7.00</u>
82250	Bilirubin; blood, total OR direct	43.00 <u>14.50</u>
82251	Bilirubin; blood, total and direct	45.75 <u>17.00</u>
82270	<u>Blood; occult, feces, screening</u>	<u>7.00</u>
82310	Calcium, blood; chemical	42.75 <u>14.00</u>
82340	<u>Calcium, urine; quantitative, timed specimen</u>	<u>16.00</u>
82372	Carbamazepine, serum	29.75 <u>29.00</u>
82375	<u>Carbon monoxide; quantitative</u>	<u>26.00</u>

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PROPOSED RULES

Code	Service	Maximum Fee
<u>82380</u>	<u>Carotene, blood</u>	<u>19.00</u>
<u>82435</u>	<u>Chlorides; blood (specify chemical or electrometric)</u>	14.00 <u>16.00</u>
<u>82465</u>	<u>Cholesterol, serum; total</u>	12.50 <u>13.00</u>
<u>82470</u>	<u>Cholesterol, serum; total and esters</u>	<u>18.00</u>
<u>82512</u>	<u>Clonazepam</u>	<u>37.00</u>
<u>82525</u>	<u>Copper; blood</u>	<u>18.00</u>
<u>82533</u>	<u>Cortisol; RIA, plasma</u>	<u>35.00</u>
<u>82540</u>	<u>Creatine; blood</u>	<u>12.00</u>
<u>82546</u>	<u>Creatine and creatinine</u>	<u>5.00</u>
<u>82550</u>	<u>Creatine phosphokinase</u>	<u>19.00</u>
<u>82555</u>	<u>Colorimetric</u>	<u>16.00</u>
<u>82565</u>	<u>Creatinine; blood</u>	12.60 <u>14.00</u>
<u>82570</u>	<u>urine</u>	<u>18.50</u>
<u>82575</u>	<u>clearance</u>	27.00 <u>27.50</u>
<u>82606</u>	<u>Cyanocobalamin; bioassay</u>	<u>35.00</u>
<u>82607</u>	<u>Cyanocobalamin (Vitamin B-12); RIA</u>	31.50 <u>32.00</u>
<u>82643</u>	<u>Digoxin, RIA</u>	31.50 <u>33.00</u>
<u>82660</u>	<u>Drug screen (amphetamines, barbiturates, alkaloids)</u>	31.50 <u>32.00</u>
<u>82756</u>	<u>Free thyroxine index (T-7)</u>	28.00 <u>25.00</u>
<u>82785</u>	<u>Gammaglobulin, E</u>	<u>33.00</u>
<u>82792</u>	<u>Gases, blood, oxygen saturation; by oximetry</u>	<u>35.00</u>
<u>82947</u>	<u>Glucose; except urine (for example, blood, spinal fluid, joint fluid)</u>	12.50 <u>13.00</u>
<u>82948</u>	<u>blood, stick test</u>	8.50 <u>11.00</u>
<u>82949</u>	<u>Glucose; fermentation</u>	<u>8.00</u>
<u>82950</u>	<u>post glucose dose (includes glucose)</u>	12.75 <u>14.00</u>
<u>82951</u>	<u>tolerance test (GTT), three specimens (includes glucose)</u>	<u>42.00</u>
<u>82996</u>	<u>Gonadotropin, chorionic, bioassay; qualitative</u>	<u>15.00</u>
<u>82997</u>	<u>quantitative</u>	<u>17.00</u>
<u>82998</u>	<u>Gonadotropin, chorionic, RIA</u>	26.00 <u>28.00</u>
<u>83000</u>	<u>Gonadotropin, pituitary, follicle stimulating hormone (FSH); bioassay</u>	40.00 <u>44.00</u>
<u>83001</u>	<u>RIA</u>	39.00 <u>41.00</u>
<u>83002</u>	<u>Gonadotropin, pituitary, luteinizing hormone (LH) (ICSH), RIA</u>	40.00 <u>46.00</u>
<u>83036</u>	<u>Hemoglobin; glycosylated</u>	<u>18.00</u>
<u>83052</u>	<u>sickle, turbidimetric</u>	<u>8.00</u>
<u>83053</u>	<u>solubility, S-D, etc.</u>	<u>10.00</u>
<u>83523</u>	<u>Imipramine</u>	<u>49.00</u>
<u>83540</u>	<u>Iron, serum; chemical</u>	14.85 <u>14.00</u>
<u>83545</u>	<u>automated</u>	13.65 <u>15.00</u>
<u>83550</u>	<u>Iron binding capacity, serum; chemical</u>	23.50 <u>21.00</u>
<u>83555</u>	<u>automated</u>	22.80 <u>25.00</u>
<u>83605</u>	<u>Lactate</u>	<u>12.00</u>
<u>83615</u>	<u>Lactic dehydrogenase (LDH), blood; kinetic ultraviolet method</u>	<u>19.00</u>
<u>83620</u>	<u>colorimetric or fluorometric</u>	<u>12.50</u>
<u>83690</u>	<u>Lipase, blood</u>	<u>19.00</u>
<u>83705</u>	<u>Lipids, blood; fractionated</u>	<u>17.00</u>
<u>83718</u>	<u>Lipoprotein high density cholesterol by precipitation method</u>	<u>17.00</u>
<u>83725</u>	<u>Lithium, blood, quantitative</u>	16.50 <u>18.00</u>
<u>83735</u>	<u>Magnesium, blood; chemical</u>	<u>15.00</u>
<u>83835</u>	<u>Metanephrines, urine</u>	<u>25.00</u>
<u>83930</u>	<u>Osmolality; blood</u>	<u>9.00</u>
<u>83970</u>	<u>Parathormone, RIA</u>	<u>87.00</u>
<u>84030</u>	<u>Phenylalanine (PKU), blood; Guthrie</u>	10.00 <u>11.00</u>
<u>84035</u>	<u>Phenylketones; blood, qualitative</u>	13.00 <u>13.50</u>
<u>84037</u>	<u>urine, qualitative</u>	<u>6.00</u>
<u>84045</u>	<u>Phenytoin</u>	27.00 <u>28.00</u>
<u>84060</u>	<u>Phosphatase, acid; blood</u>	<u>20.00</u>

PROPOSED RULES

Code	Service	Maximum Fee
84065	prostatic fraction	21.25 <u>21.00</u>
84075	Phosphatase, alkaline, blood;	14.00 <u>15.00</u>
84078	<u>heat stable (total not included)</u>	13.20
84080	isoenzymes, electrophoretic method	39.00 <u>33.00</u>
84100	<u>Phosphorus (phosphate); blood</u>	<u>15.00</u>
84132	Potassium; blood	11.80 <u>13.00</u>
84133	urine	10.00 <u>14.00</u>
84139	<u>Pregnanetriol; other method (specify)</u>	<u>16.00</u>
84141	<u>Primidone</u>	<u>38.00</u>
84144	<u>Progesterone, any method</u>	<u>38.00</u>
84146	<u>Prolactin, RIA</u>	<u>45.00</u>
84165	Protein, total, serum; electrophoretic fractionation and quantitation	26.25 <u>24.50</u>
84175	<u>Protein, other sources, quantitative</u>	<u>8.50</u>
84180	Protein, urine; quantitative, 24-hour specimen	14.50 <u>15.50</u>
84190	electrophoretic fractionation and quantitation	25.50 <u>25.00</u>
84195	<u>Protein, spinal fluid; semi-quantitative</u>	<u>16.50</u>
84202	<u>Protoporphyrin, RBC; quantitative</u>	<u>13.00</u>
84203	<u>screen</u>	<u>8.00</u>
84295	Sodium; blood	10.50 <u>11.00</u>
84403	<u>Testosterone, blood, RIA</u>	<u>71.00</u>
84420	Theophylline, blood, or saliva	30.00
84435	<u>Thyroxine, CPB or resin uptake</u>	<u>19.00</u>
84436	<u>Thyroxine, true, RIA</u>	<u>18.00</u>
84439	<u>Thyroxine, free, RIA</u>	<u>18.50</u>
84442	Thyroxine binding globulin (TBG)	29.00 <u>31.00</u>
84443	Thyroid stimulating hormone (TSH), RIA	36.60 <u>37.00</u>
84447	<u>Toxicology, screen; general</u>	<u>81.00</u>
84448	<u>sedative</u>	<u>28.00</u>
84450	Transaminase, glutamic oxaloacetic (SGOT), blood; timed kinetic ultraviolet method	15.75 <u>15.00</u>
84455	colorimetric or fluorometric	12.00
84460	Transaminase, glutamic pyruvic (SGPT), blood; timed kinetic ultraviolet method	17.70 <u>19.00</u>
84478	Triglycerides, blood	15.00
84480	<u>Triiodothyronine, true, RIA</u>	<u>50.00</u>
84520	Urea nitrogen, blood (BUN); quantitative	12.75 <u>14.00</u>
84550	Uric acid; blood, chemical	12.75 <u>14.00</u>
84555	uricase, ultraviolet method	15.00 <u>13.00</u>
84560	<u>Uric acid, urine</u>	<u>15.00</u>
84590	<u>Vitamin A, blood</u>	<u>35.50</u>
84595	<u>including carotene</u>	<u>35.50</u>

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

Code	Service	Maximum Fee
85000	<u>Bleeding time; Duke</u>	<u>\$ 7.00</u>
85002	<u>Ivy or template</u>	<u>19.00</u>
85005	Blood count; basophil count, direct	\$ 21.75 <u>22.00</u>
85007	differential WBC count (includes RBC morphology and platelet estimation)	9.00 <u>10.00</u>
85012	eosinophil count, direct	12.00 <u>13.00</u>
85014	hematocrit	7.00 <u>7.50</u>
85018	hemoglobin, colorimetric	7.50 <u>8.00</u>
85021	hemogram, automated (RBC, WBC, Hgb, Hct and indices only)	15.00 <u>18.00</u>

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PROPOSED RULES

Code	Service	Maximum Fee
85022	hemogram, automated, with platelet count	21.25 22.00
85027	hemogram, automated, and differential WBC count (CBC)	12.75 14.00
85028	Hemogram, automated, and differential WBC count (CBC) with platelet count	22.45 23.00
85031	hemogram, manual, complete CBC (RBC, WBC, Hgb, Hct, differential and indices)	20.15 20.00
85044	reticulocyte count	12.00
85048	White blood cell (WBC)	8.00 8.50
<u>85096</u>	<u>Bone marrow smear and/or cell block; interpretation only</u>	<u>75.00</u>
<u>85097</u>	<u>smear interpretation only</u>	<u>80.00</u>
<u>85097-26</u>	<u>professional component only</u>	<u>70.00</u>
<u>85100</u>	<u>aspiration, staining, and interpretation</u>	<u>91.00</u>
<u>85103</u>	<u>Bone marrow needle biopsy; staining and interpretation</u>	<u>94.00</u>
<u>85103-26</u>	<u>professional component only</u>	<u>73.00</u>
<u>85105-26</u>	<u>professional component only</u>	<u>70.00</u>
<u>85341</u>	<u>Clotting inhibitors or anticoagulants; PTT inhibition test</u>	<u>12.00</u>
<u>85368</u>	<u>Fibrin degradation (split) products (FDP) (FSP); protamine paracoagulation</u>	<u>18.50</u>
<u>85548</u>	<u>Morphology of red blood cells only</u>	<u>26.50</u>
<u>85575</u>	<u>Platelet; adhesiveness</u>	<u>12.00</u>
<u>85210</u>	<u>Clotting; factor II, prothrombin, specific</u>	<u>13.75</u>
85580	Platelet; count (Rees-Ecker)	13.00
<u>85585</u>	<u>estimation on smear, only</u>	<u>9.00</u>
85590	phase microscopy	12.00 9.00
85595	electronic technique	11.00 13.00
85610	Prothrombin time;	11.00
85650	Sedimentation rate (ESR); Wintrobe type	9.00 10.00
85651	Westergren type	8.50 9.00
85660	Sickling of RBC, reduction, slide method	9.00 10.00
<u>85730</u>	<u>Thromboplastin time, partial; plasma or whole blood</u>	<u>15.00</u>

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

Code	Service	Maximum Fee
<u>86000</u>	<u>Agglutinins; febrile, each</u>	<u>\$15.00</u>
86006	Antibody, qualitative, not otherwise specified; first antigen, slide or tube	\$ 16.00 15.00
<u>86007</u>	<u>Antibody, qualitative, not otherwise specified; each additional antigen</u>	<u>25.00</u>
<u>86008</u>	<u>Antibody, quantitative titer, not otherwise specified; first antigen</u>	<u>17.25</u>
<u>86013</u>	<u>Antibody absorption, cold auto absorption; differential</u>	<u>8.00</u>
<u>86017</u>	<u>with ABO ± Rh(D) typing (for holding blood instead of complete crossmatch)</u>	<u>15.00</u>
<u>86024</u>	<u>Antibody identification; RBC antibodies (8-10 cell panel); standard technique</u>	<u>24.00</u>
<u>86028</u>	<u>Saline or high protein, each</u>	<u>25.00</u>
<u>86031</u>	<u>Antihuman globulin test; direct, 1-3 dilutions</u>	<u>12.50</u>
<u>86032</u>	<u>indirect, qualitative</u>	<u>20.00</u>
<u>86034</u>	<u>enzyme technique, qualitative</u>	<u>28.00</u>
86060	Antistreptolysin O; titer	20.00 22.00
86063	screen	11.00 10.00
<u>86066</u>	<u>Antitrypsin, alpha-1; Pi typing</u>	<u>17.00</u>
<u>86072</u>	<u>Blood crossmatch; enzyme technique</u>	<u>19.00</u>
<u>86080</u>	<u>Blood typing; ABO only</u>	<u>9.00</u>
<u>86082</u>	<u>ABO and Rho(D)</u>	<u>19.00</u>
<u>86095</u>	<u>Blood typing, RBC, antigens other than ABO or Rho(D); antiglobulin technique, each antigen</u>	<u>18.00</u>
<u>86100</u>	<u>Blood typing; Rho(D) only</u>	<u>15.00</u>
86105	Blood typing; Rh genotyping, complete	9.00
86140	C-reactive protein	11.75 13.00
<u>86151</u>	<u>Carcinoembryonic antigen (CEA); RIA</u>	<u>51.00</u>
<u>86163</u>	<u>Complement; C¹₃ esterase</u>	<u>23.00</u>
<u>86164</u>	<u>C¹₄ esterase</u>	<u>23.00</u>

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Code	Service	Maximum Fee
86185	<u>Counterelectrophoresis, each antigen</u>	76.00
86225	<u>Deoxyribonucleic acid (DNA) antibody</u>	25.00
86255	Fluorescent antibody; screen	28.50 29.50
86256	titer	27.50 29.50
86280	Hemagglutination inhibition tests (HAI), each (for example, amebiasis, rubella, viral)	15.00
86287	<u>Hepatitis B surface antigen (HB-Ag) (Australian antigen, HAA); RIA method</u>	24.00
86289	<u>Hepatitis B core antibody; RIA or EIA</u>	29.00
86291	<u>Hepatitis B surface antibody</u>	24.00
86293	<u>Hepatitis Be antigen</u>	49.00
86296	<u>Hepatitis A antibody</u>	31.00
86300	Heterophile antibodies; screening (includes monotype test), slide or tube	12.00 13.00
86423	<u>Radioimmunosorbent test IgE, quantitative</u>	35.00
86305	<u>quantitative titer</u>	16.50
86430	Rheumatoid factor, latex fixation	16.00 15.00
86580	Skin test; tuberculosis, patch, or intradermal	8.50
86585	tuberculosis, tine test	7.00
86590	<u>Streptokinase, antibody</u>	10.00
86592	<u>Syphilis, precipitation or flocculation tests, qualitative VDRL, RPR, ART</u>	10.00
86650	<u>Treponema antibodies, fluorescent, absorbed</u>	26.00

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

87040	<u>Culture, bacterial, definitive, aerobic; blood (may include anaerobic screen)</u>	\$21.00
87060	Culture, bacterial, definitive, aerobic, throat or nose	\$10.00 11.00
87070	<u>any other source</u>	20.00
87072	Culture, presumptive, pathogenic organisms, by commercial kit, any source except urine	12.00 12.50
87081	Culture, bacterial, screening only, for single organisms	11.00 11.50
87082	Culture, presumptive, pathogenic organisms, screening only, by commercial kit (specify type); for single organisms	11.00 10.00
87083	<u>multiple organisms</u>	12.00
87084	<u>with colony estimation from density chart (includes throat culture)</u>	17.00
87086	Culture, bacterial, urine; quantitative, colony count	16.00 17.00
87087	<u>commercial kit</u>	12.00
87088	identification, in addition to quantitative or commercial kit	20.00 20.50
87101	Culture, fungi, isolation; skin	15.75 15.00
87106	<u>definitive identification, by culture, per organism, in addition to skin or other source</u>	25.00
87117	<u>Culture, tubercle or other acid-fast bacilli; concentration plus isolation</u>	32.00
87140	Culture, typing; fluorescent method, each antiserum	12.65 14.00
87147	<u>Serologic method, agglutination grouping, per antiserum</u>	13.00
87163	<u>Culture, special extensive definitive diagnostic studies, beyond usual definitive studies</u>	21.00
87164	<u>Dark field examination, any source (for example, penile, vaginal, oral, skin); includes specimen collection</u>	7.50
87177	<u>Ova and parasites, direct smears, concentration and identification</u>	23.00
87181	Sensitivity studies, antibiotic; agar diffusion method, each antibiotic	15.00
87184	disc method, each plate (12 or less discs)	16.00 17.00
87186	microtiter, minimum inhibitory concentration (MIC), 8 or less antibiotics	22.00 23.00
87205	Smear, primary source, with interpretation; routine stain for bacteria, fungi, or cell types	10.00 13.00

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PROPOSED RULES

Code	Service	Maximum Fee
87206	<u>fluorescent and/or acid fast stain for bacteria, fungi, or cell types</u>	24.00
87208	<u>direct or concentrated, dry, for ova and parasites</u>	12.00
87210	wet mount with simple stain and interpretation, for bacteria, fungi, ova, or parasites	10.00 11.00
87211	wet and dry mount, with interpretation, for ova and parasites	9.50 10.00
87220	Tissue examination for fungi (for example, KOH slide)	11.00

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

Cytopathology

88104	Cytopathology, fluids, washings or brushings, with centrifugation except cervical or vaginal; smears and interpretation	\$ 30.00 31.50
88106	<u>filter method only with interpretation</u>	28.50
88107	<u>smears and filter preparation with interpretation</u>	30.00
88109	smears and cell block with interpretation	50.00 48.00
88160	<u>Cytopathology, any other source; screening and interpretation</u>	25.00
88161-26	<u>preparation, screening, and interpretation; professional component only</u>	25.00

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
88302	Surgical pathology, gross and microscopic; examination for identification and record purposes (for example, uterine tubes, vas deferens, sympathetic ganglion)	\$ 42.00 37.00
88302-26	<u>professional component only</u>	30.00
88304	diagnostic exam, small or uncomplicated specimen (for example, skin lesion, needle biopsy)	40.00 45.00
88305	<u>diagnostic exam, larger specimen or multiple small specimens</u>	67.00
88307	complex diagnostic exam, large specimen, organs or multiple tissues requiring multiple slides	90.00
88309	<u>Complex diagnostic problem with or without dissection</u>	150.00
88312	<u>Special stains; Group I stains for microorganisms</u>	18.50
88318-26	<u>Determinative histochemistry to identify chemical components; professional component only</u>	10.50
88321	<u>Consultation and report on referred slides prepared elsewhere</u>	43.50
88329-26	<u>Consultation during surgery; professional component only</u>	40.00
88331	<u>with frozen section(s); single specimen</u>	100.00
88332-26	<u>each additional tissue block with frozen section(s); professional component only</u>	25.00
88346-26	<u>Immunofluorescent study, each study; professional component only</u>	98.00
88348-26	<u>Electron microscopy; diagnostic scanning; professional component only</u>	198.50

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	<u>Cell count, miscellaneous body fluids</u>	22.00
89051	<u>with differential count</u>	12.50
89130	<u>Gastric intubation and aspiration, diagnostic, each specimen, for chemical analyses or cytopathology</u>	39.00
89180	Microscopic examination for eosinophils, nasal secretions, sputum, bronchoscopic aspiration, mucus of stools, others (specify)	10.00 11.00
89190	<u>Nasal smear for eosinophils</u>	11.00
89205	<u>Occult blood, any source except feces</u>	6.00

PROPOSED RULES

Code	Service	Maximum Fee
<u>89310</u>	<u>Semen analysis; motility and count</u>	<u>18.00</u>
<u>89320</u>	<u>complete</u>	<u>40.00</u>
<u>89350</u>	<u>Sputum, obtaining specimen, aerosol induced technique</u>	<u>51.50</u>

5221.2500 DENTISTS.

Subpart 1. [Unchanged.]

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

Clinical Oral Examination

Code	Service	Maximum Fee
<u>00110</u>	<u>Initial oral examination</u>	<u>\$13.00</u>
<u>00120</u>	<u>Periodic oral examination</u>	<u>11.00</u>
<u>00130</u>	<u>Emergency oral examination</u>	<u>15.00</u>

Radiographs

<u>00210</u>	<u>Intraoral complete series</u>	<u>\$35.00</u>
<u>00220</u>	<u>Intraoral; periapical, single, first film</u>	<u>6.00</u>
<u>00240</u>	<u>occlusal, film</u>	<u>7.00</u>
<u>00272</u>	<u>Bitewing; two films</u>	<u>10.00</u>
<u>00274</u>	<u>four films</u>	<u>15.00</u>
<u>00330</u>	<u>Panoramic; maxilla and mandible, film</u>	<u>34.50</u>
<u>00335</u>	<u>maxilla and mandible, film with bitewings</u>	<u>40.00</u>
<u>00340</u>	<u>Cephalometric film</u>	<u>30.00</u>

Tests and Laboratory Examinations

<u>00450</u>	<u>Histopathologic examination</u>	<u>\$40.00</u>
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Restorative

<u>02110</u>	<u>Amalgam; one surface, deciduous</u>	<u>22.00</u>
<u>02120</u>	<u>Amalgam; two surfaces, deciduous</u>	<u>35.00</u>
<u>02130</u>	<u>Amalgam; three surfaces, deciduous</u>	<u>44.00</u>
<u>02131</u>	<u>Amalgam; four surfaces, deciduous</u>	<u>50.00</u>
<u>02140</u>	<u>Amalgam; one surface, permanent</u>	<u>24.00</u>
<u>02150</u>	<u>Amalgam; two surfaces, permanent</u>	<u>35.00</u>
<u>02160</u>	<u>Amalgam; three surfaces, permanent</u>	<u>45.00</u>
<u>02161</u>	<u>Amalgam; four or more surfaces, permanent</u>	<u>55.00</u>

Acrylic or Plastic Restorations

<u>02310</u>	<u>Acrylic or plastic</u>	<u>\$30.00</u>
<u>02330</u>	<u>Composite resin; one surface</u>	<u>30.00</u>
<u>02331</u>	<u>Composite resin; two surfaces</u>	<u>44.00</u>
<u>02332</u>	<u>Composite resin; three surfaces</u>	<u>56.00</u>
<u>02335</u>	<u>Composite resin (involving incisal angle)</u>	<u>60.00</u>

Crowns—Single Restoration Only

<u>02711</u>	<u>Plastic, prefabricated</u>	<u>\$85.00</u>
<u>02825</u>	<u>Removal of tooth, soft tissue impaction</u>	\$65.00 <u>75.00</u>
<u>02826</u>	<u>Removal of tooth, partial bony impaction</u>	75.00 <u>84.00</u>
<u>02827</u>	<u>Removal of tooth, complete bony impaction</u>	75.00 <u>87.00</u>
<u>02830</u>	<u>stainless steel</u>	<u>75.00</u>
<u>02832</u>	<u>Alveolectomy with or without alveoloplasty, six teeth (quadrant)</u>	70.00 <u>75.00</u>
<u>02910</u>	<u>Recent inlays</u>	<u>20.00</u>

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PROPOSED RULES

Code	Service	Maximum Fee
<u>02920</u>	<u>Recement crowns</u>	<u>20.00</u>
<u>02940</u>	<u>Fillings</u>	<u>21.00</u>
<u>02950</u>	<u>Crown buildups</u>	<u>70.00</u>
<u>Endodontics</u>		
<u>03220</u>	<u>Vital pulpotomy</u>	<u>\$35.00</u>
<u>Root Canal Therapy</u>		
<u>03310</u>	<u>Anterior (excludes final restoration)</u>	<u>\$160.00</u>
<u>03320</u>	<u>Bicuspid (excludes final restoration)</u>	<u>193.00</u>
<u>03330</u>	<u>Molar (excludes final restoration)</u>	<u>245.00</u>
<u>03410</u>	<u>Apicoectomy—performed as separate surgical procedure (per root)</u>	<u>125.00</u>
<u>03950</u>	<u>Canal preparation and fitting of pre-formed dowel or post</u>	<u>57.25</u>
<u>Prosthodontics, Removable</u>		
<u>Complete Dentures—including six months post-delivery care</u>		
<u>05110</u>	<u>Complete upper</u>	<u>\$435.00</u>
<u>05120</u>	<u>Complete lower</u>	<u>432.00</u>
<u>05130</u>	<u>Immediate upper</u>	<u>450.00</u>
<u>05140</u>	<u>Immediate lower</u>	<u>445.00</u>
<u>Partial Dentures—including six months post-delivery care</u>		
<u>05212</u>	<u>Lower—without clasps, acrylic base</u>	<u>\$450.00</u>
<u>05216</u>	<u>Upper—with two chrome clasps with rests, acrylic base</u>	<u>450.00</u>
<u>05218</u>	<u>Lower—with chrome clasps with rests, acrylic base</u>	<u>475.00</u>
<u>05231</u>	<u>Lower—with chrome lingual bar and two clasps, acrylic base</u>	<u>480.00</u>
<u>05241</u>	<u>Lower—with chrome lingual bar and two clasps, cast base</u>	<u>295.00</u>
<u>05251</u>	<u>Upper—with chrome palatal bar and two clasps, acrylic base</u>	<u>485.00</u>
<u>05261</u>	<u>Upper—with chrome palatal bar and two clasps, cast base</u>	<u>500.00</u>
<u>05292</u>	<u>Full cast partial—with two chrome clasps (upper)</u>	<u>495.00</u>
<u>05294</u>	<u>Full cast partial—with two chrome clasps (lower)</u>	<u>500.00</u>
<u>Adjustments to Dentures</u>		
<u>05421</u>	<u>Partial denture (upper)</u>	<u>\$17.50</u>
<u>Repairs to Dentures</u>		
<u>05610</u>	<u>Repair broken or complete or partial denture—no teeth damaged</u>	<u>\$50.00</u>
<u>05620</u>	<u>Repair broken complete or partial denture—replace one broken tooth</u>	<u>52.00</u>
<u>05630</u>	<u>Replace additional teeth—each tooth</u>	<u>25.00</u>
<u>05640</u>	<u>Replace broken tooth or denture—no other repairs</u>	<u>43.00</u>
<u>05650</u>	<u>Adding tooth to partial denture to replace extracted tooth—each tooth (not involving clasp or abutment tooth)</u>	<u>57.00</u>
<u>05660</u>	<u>Adding tooth to partial denture to replace extracted tooth—each tooth (involving clasp or abutment tooth)</u>	<u>91.50</u>
<u>05670</u>	<u>Reattaching damaged clasp on denture</u>	<u>52.50</u>
<u>05680</u>	<u>Replacing broken clasp with new clasp on denture</u>	<u>68.00</u>
<u>05690</u>	<u>Each additional clasp with rest</u>	<u>60.00</u>
<u>Denture Duplication</u>		
<u>05710</u>	<u>Duplicate upper or lower complete denture</u>	<u>\$200.00</u>
<u>05720</u>	<u>Duplicate upper or lower partial denture</u>	<u>204.00</u>
<u>Denture Relining</u>		
<u>05730</u>	<u>Relining upper or lower complete denture (office reline)</u>	<u>\$105.00</u>
<u>05740</u>	<u>Relining upper or lower partial denture (office reline)</u>	<u>100.00</u>
<u>05750</u>	<u>Relining upper or lower complete denture (laboratory)</u>	<u>135.00</u>
<u>05760</u>	<u>Relining upper or lower partial denture (laboratory)</u>	<u>135.00</u>

PROPOSED RULES

Code	Service	Maximum Fee
<u>Other Prosthetic Services</u>		
<u>05820</u>	<u>Denture temporary (partial stayplate), upper</u>	<u>\$155.00</u>
<u>05850</u>	<u>Tissue Conditioning</u>	<u>25.00</u>
<u>Prosthodontics, Fixes</u>		
<u>06620</u>	<u>Replace broken facing where post is intact</u>	<u>\$60.00</u>
<u>06640</u>	<u>Replace broken facing with acrylic</u>	<u>54.00</u>
<u>06930</u>	<u>Recement bridge</u>	<u>33.00</u>
<u>Oral Surgery</u>		
<u>Extractions—includes local anesthesia and routine post-operative care</u>		
<u>07110</u>	<u>Single tooth</u>	<u>\$28.00</u>
<u>07120</u>	<u>Each additional tooth</u>	<u>25.00</u>
<u>Surgical Extractions—includes local anesthesia and routine post-operative care</u>		
<u>07210</u>	<u>Extraction of tooth—erupted</u>	<u>\$ 60.00</u>
<u>07220</u>	<u>Impaction that requires incision of overlying soft tissue and the removal of the tooth</u>	<u>75.00</u>
<u>07230</u>	<u>Impaction that requires incision of overlying soft tissue, elevation of a flap, removal of bone and the removal of the tooth</u>	<u>95.00</u>
<u>07240</u>	<u>Impaction that requires incision of overlying soft tissue, elevation of a flap, removal of bone and sectioning of the tooth for removal</u>	<u>110.00</u>
<u>07241</u>	<u>Impaction that requires incision of overlying soft tissue, elevation of a flap, removal of bone, sectioning of the tooth for removal, and presents unusual difficulties and circumstances</u>	<u>125.00</u>
<u>07250</u>	<u>Root recovery (surgical removal of residual root)</u>	<u>60.00</u>
<u>07280</u>	<u>Surgical exposure of impacted or unerupted tooth for orthodontic reasons—including wire attachment</u>	<u>110.00</u>
<u>07310</u>	<u>Alveoloplasty (per quadrant) in conjunction with extractions</u>	<u>50.00</u>
<u>07320</u>	<u>per quadrant; not in conjunction with extractions</u>	<u>65.00</u>
<u>Surgical Excision</u>		
<u>07425</u>	<u>Excision pericoronal gingiva</u>	<u>\$ 35.00</u>
<u>07430</u>	<u>Excision of benign tumor lesion, diameter up to 1.25 centimeter</u>	<u>100.00</u>
<u>07510</u>	<u>Incision and drainage of abscess, intraoral</u>	<u>35.00</u>
<u>Other Oral Surgery</u>		
<u>07960</u>	<u>Frenulectomy</u>	<u>\$75.00</u>
<u>Adjunctive General Services</u>		
<u>Unclassified treatment</u>		
<u>09220</u>	<u>General</u>	<u>\$63.00</u>
<u>09230</u>	<u>Analgesia</u>	<u>10.00</u>
<u>09430</u>	<u>Office visit during regularly scheduled office hours</u>	<u>12.00</u>
<u>Miscellaneous Services</u>		
<u>09910</u>	<u>Application of desensitizing medicaments</u>	<u>\$11.00</u>

5221.2700 AUDIOLOGISTS AND SPEECH PATHOLOGISTS.

Subpart 1. [Unchanged.]

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

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PROPOSED RULES

Code	Service	Maximum Fee
06665	Monaural dispensing fee	\$190.00
92506	Medical evaluation, speech, language and/or hearing problems	\$45.00
92507	Speech, language, or hearing therapy, with continuing medical supervision; individual	15.00
92508	group	5.00
92590	Hearing and examination and selection; monaural	45.00
92592	Hearing aid check; monaural	30.00

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
95831	Muscle testing, manual (separate procedure); extremity (excluding hand) or trunk, with report	\$14.00
95851	Range of motion measurements and report (separate procedure); each extremity, excluding hand	14.00
90900	Biofeedback training, by electromyogram application (e.g. in tension headache, muscle spasm)	\$22.00

Modalities

97039	Unlisted modality (specify) procedures	\$30.00
97120	Iontophoresis, first 30 minutes	15.00
97128	Ultrasound, first 30 minutes	14.00
97145	Physical medicine treatment to one area, each additional 15 minutes	40.00
97500	Orthotics training (dynamics bracing, splinting), upper extremities, initial 30 minutes, each visit	20.00
97501	each additional 15 minutes	12.00
97540	Activities of daily living (ADL) and diversional activities, initial 30 minutes, each visit	15.40
97541	each additional 15 minutes	40.00
97012	Physical medicine treatment to one area; traction, mechanical	\$14.00
97014	electrical stimulation (unattended)	13.00
97016	vasopneumatic devices	13.00
97018	paraffin bath	18.00
97022	whirlpool	15.00
97024	diathermy	14.00

Procedures

97110	Physical medicine treatment to one area, initial 30 minutes, each visit; therapeutic exercises	\$20.00
97112	neuromuscular reeducation	17.00
97114	functional activities	15.00
97116	gait training	16.00
97120	iontophoresis	16.00
97122	traction, manual	15.00
97124	massage	15.00
97126	contrast baths	23.00
97128	ultrasound	15.00
97145	Physical medicine treatment to one area, each additional 15 minutes	12.50
97220	Hubbard tank; initial 30 minutes, each visit	41.00
97260	Manipulation (cervical, thoracic, lumbosacral, sacroiliac, hand, wrist) (separate procedure), performed by physician; one area	10.00
97501	Orthotics training (dynamic bracing, splinting), upper extremities; each additional 15 minutes	24.00
97530	Kinetic activities to increase coordination, strength and/or range of motion, one area (any two extremities or trunk); initial 30 minutes, each visit	25.00

PROPOSED RULES

Code	Service	Maximum Fee
<u>97531</u>	each additional 15 minutes	<u>12.00</u>
<u>97541</u>	<u>Activities of daily living (ADL) and diversional activities; each additional 15 minutes</u>	<u>14.00</u>
Tests and Measurements		
97720	Extremity testing for strength, dexterity, or stamina; initial 30 minutes, each visit	50.00 <u>\$33.00</u>
97740	Kinetic activities to increase coordination, strength and/or range of motion, one area (any two extremities or trunk); initial 30 minutes	15.00
5221.2900 CHIROPRACTORS.		
Subpart 1. [Unchanged.]		
Subp. 2. Medicine. The following codes, service descriptions, and maximum fees apply to medical services.		
09510	Routine initial examination, history and diagnosis	\$ 35.00
<u>09501</u>	<u>Intermediate examination, history and diagnosis</u>	<u>42.00</u>
09502	Extensive examination with history and diagnosis, complete history and physical examination of one or more systems, with report	60.00 <u>70.00</u>
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	40.00 <u>50.00</u>
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	12.00
09504	Treatment, one unit of manipulative or conjunctive therapy (specify). Includes office visit	20.00
09505	Treatment, one unit of manipulative and one unit of conjunctive therapy (specify). Includes office visit	30.00
09507	Ambulation traction application	40.00
<u>Examinations—Includes History and Diagnosis, Office</u>		
<u>09520</u>	<u>New patient; brief examination</u>	<u>\$30.00</u>
<u>09521</u>	<u>intermediate</u>	<u>40.00</u>
<u>09522</u>	<u>extensive</u>	<u>65.00</u>
<u>09530</u>	<u>Established patient; brief examination</u>	<u>30.00</u>
<u>09531</u>	<u>intermediate</u>	<u>40.00</u>
<u>09532</u>	<u>extensive</u>	<u>60.00</u>
<u>Chiropractic visit with manipulation/adjustment</u>		
<u>09540</u>	<u>Visit with manipulation/adjustment, initial; office</u>	<u>\$20.00</u>
<u>09541</u>	<u>Visit with manipulation/adjustment, subsequent; office</u>	<u>20.00</u>
<u>09542</u>	<u>Each additional manipulation/adjustment on same day; office, home, or nursing home</u>	<u>12.00</u>
<u>Home/nursing home visits</u>		
<u>09550</u>	<u>Chiropractic visit with manipulation/adjustment</u>	<u>\$40.00</u>
<u>Conjunctive therapy/modality—office, home, or nursing home</u>		
<u>09560</u>	<u>Application of hot pack</u>	<u>\$10.00</u>
<u>09561</u>	<u>Application of cold pack</u>	<u>12.00</u>
<u>09562</u>	<u>Diathermy</u>	<u>15.00</u>
<u>09563</u>	<u>Electrical stimulation, includes: muscle stimulation, low volt therapy, sine wave therapy, stimulation of peripheral nerve, galvanic</u>	<u>12.00</u>

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PROPOSED RULES

Code	Service	Maximum Fee
09564	<u>Intersegmental motorized mobilization</u>	<u>22.00</u>
09565	<u>Muscle stimulation, manual</u>	<u>12.00</u>
09566	<u>Ultrasound therapy</u>	<u>11.00</u>
09567	<u>Traction</u>	<u>13.00</u>
09568	<u>Acupressure, manual or mechanical</u>	<u>12.00</u>
09569	<u>Acupuncture</u>	<u>15.00</u>
09571	<u>Colonic therapy</u>	<u>10.00</u>
09572	<u>Infrared—heat lamp</u>	<u>9.00</u>
09573	<u>Ultraviolet</u>	<u>16.00</u>
09574	<u>Trigger point therapy</u>	<u>12.00</u>
09593	<u>Diet consultation/instruction</u>	<u>20.00</u>

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.

Code	Service	Maximum Fee
Chest		
71010	Radiologic examination, chest; (single view, posteroanterior)	\$25.00 <u>30.00</u>
71100	Radiologic examination, ribs, unilateral; two views	<u>86.00</u>
Spine and Pelvis		
72010	Radiologic examination, spine, entire, survey study (14 x 36, anteroposterior and lateral)	\$55.00 <u>60.00</u>
72020	Radiologic examination, spine; single view, (specify level)	40.00 <u>35.00</u>
72040	<u>Radiologic examination, spine, cervical; limited</u>	<u>40.00</u>
72050	<u>comprehensive (minimum four views)</u>	<u>80.00</u>
72070	<u>Radiologic examination, spine; thoracic</u>	<u>50.00</u>
72080	thoracic, limited (anteroposterior and lateral)	44.00 <u>56.50</u>
72090	scoliosis study, comprehensive	<u>40.00</u>
72100	Radiologic examination, spine; lumbar, limited (anteroposterior and lateral)	56.00 <u>50.00</u>
72114	<u>Radiologic examination, spine, lumbosacral; complete, including bending views</u>	<u>100.00</u>
72170	<u>Radiologic examination, pelvis; limited (minimum two views)</u>	<u>40.00</u>
72180	<u>Radiologic examination, pelvis; stereo</u>	<u>35.00</u>
72190	<u>complete; minimum of three views</u>	<u>113.00</u>
Upper Extremities		
73020	Radiologic examination, shoulder; limited (one projection)	\$ 30.00 <u>25.50</u>
73070	<u>Radiologic examination, elbow; limited (anteroposterior and lateral)</u>	<u>30.00</u>
73100	<u>Radiologic examination, wrist; limited (anteroposterior and lateral)</u>	<u>25.00</u>
73120	Radiologic examination, hand	25.00 <u>28.00</u>
Lower Extremities		
73500	Radiologic examination, hip; limited (one view)	\$22.00 <u>25.00</u>
73510	<u>Radiologic examination, hip; complete, minimum of two views</u>	<u>45.00</u>
73562	<u>Radiologic examination, knee; anteroposterior and lateral, with oblique(s), minimum of three views</u>	<u>78.00</u>
73600	<u>Radiologic examination, ankle; limited (two views)</u>	<u>30.00</u>
73610	Radiologic examination, ankle; comprehensive (minimum of three views)	48.00 <u>45.00</u>
Miscellaneous		
76140	<u>Consultation on x-ray examination made elsewhere, written report</u>	<u>\$ 30.00</u>

Subp. 4. **Laboratory.** The following codes, service descriptions, and maximum fees apply to laboratory procedures. Automated, standard chemistry profiles 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, oxalic (SGOT)
- Transaminase, gluten, pyruvic (SGPT)
- Triglycerides
- Urea nitrogen
- Uric acid
- White blood cell count

Code	Service	Maximum Fee
80016	Automated multichannel test; 13-16 clinical chemistry tests	\$90.00
80019	19 or more clinical chemistry tests (indicate instrument use and number of tests performed)	69.00 <u>60.00</u>
81015	Urinalysis; microscopic only	40.00 <u>10.50</u>
<u>85022</u>	<u>Blood count; hemogram, automated, and differential WBC count (CBC)</u>	<u>22.00</u>
<u>85031</u>	<u>Blood count; hemogram, manual, complete CBC (RBC, WBC, Hgb, Hct, differential and indices)</u>	<u>15.00</u>
<u>85577</u>	<u>Platelet; retention (in vitro), glass bead</u>	<u>15.00</u>
87164	Dark field examination, any source (e.g., penile, vaginal, oral, skin); includes specimen collection	35.00

5221.3000 PODIATRISTS.

Subpart 1. [Unchanged.]

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

Office Medical Services

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PROPOSED RULES

Surgery

Code	Service	Maximum Fee
<u>10100*</u>	<u>Incision and drainage of onychia or paronychia; single or simple</u>	<u>\$48.00</u>
<u>11050*</u>	<u>Paring or curettement of benign lesion with or without chemical cauterization; single lesion</u>	<u>20.00</u>
<u>11052</u>	<u>more than four lesions</u>	<u>32.50</u>
<u>11420</u>	<u>Excision, benign lesion, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia, lesion diameter up to 0.5 centimeter</u>	<u>86.00</u>

Nails

<u>11700*</u>	<u>Debridement of nails, manual; five or less</u>	<u>\$15.00</u>
<u>11701</u>	<u>each additional, five or less</u>	<u>10.00</u>
<u>11710*</u>	<u>Debridement of nails, electric grinder; five or less</u>	<u>17.00</u>
<u>11711</u>	<u>each additional, five or less</u>	<u>9.00</u>
<u>11750</u>	<u>Excision of nail and nail matrix, partial or complete, for permanent removal</u>	<u>168.00</u>
<u>17100*</u>	<u>Destruction by any method of benign skin lesions on any area other than the face, including local anesthesia; one lesion</u>	<u>30.00</u>
<u>17110*</u>	<u>Destruction by any method of flat (plane, juvenile) warts or molluscum contagiosum, milia, up to 15 lesions</u>	<u>24.00</u>
<u>29405</u>	<u>Application of short leg cast (below knee to toes)</u>	<u>100.00</u>
<u>29540</u>	<u>Strapping; ankle</u>	<u>18.00</u>
<u>29550</u>	<u>toes</u>	<u>15.00</u>
<u>29580</u>	<u>Unna boot</u>	<u>33.00</u>
<u>64450</u>	<u>Injection, anesthetic agent; other peripheral nerve or branch</u>	<u>20.00</u>
<u>73600</u>	<u>Radiologic examination, ankle; anteroposterior and lateral views</u>	<u>36.00</u>
<u>73620</u>	<u>Radiologic examination, foot; anteroposterior and lateral views</u>	<u>33.00</u>
<u>73630</u>	<u>complete, minimum of three views</u>	<u>50.00</u>
<u>73650</u>	<u>Radiologic examination; calcaneus, minimum of two views</u>	<u>32.00</u>
<u>73660</u>	<u>toe or toes, minimum of two views</u>	<u>38.00</u>
<u>82947</u>	<u>Glucose; except urine</u>	<u>11.00</u>
<u>85018</u>	<u>Blood count; hemoglobin, colorimetric</u>	<u>6.00</u>
<u>90000</u>	<u>New patient, brief service</u>	<u>\$25.00 28.00</u>
<u>90010</u>	<u>New patient; limited service</u>	<u>35.00</u>
<u>90015</u>	<u>New patient; intermediate service</u>	<u>25.00</u>
<u>90017</u>	<u>New patient; extended service</u>	<u>25.00 28.00</u>
<u>90020</u>	<u>New patient; comprehensive service</u>	<u>28.00 30.00</u>
<u>90030</u>	<u>Established patient; minimal service</u>	<u>16.00</u>
<u>90040</u>	<u>Established patient; brief service</u>	<u>20.00 22.00</u>
<u>90050</u>	<u>Established patient; limited service</u>	<u>22.00 24.00</u>
<u>90060</u>	<u>Established patient; intermediate service</u>	<u>22.00 25.00</u>
<u>90070</u>	<u>Established patient; extended service</u>	<u>25.00 39.00</u>
<u>90080</u>	<u>Established patient; comprehensive service</u>	<u>25.00 30.00</u>

Hospital Medical Services

<u>90140</u>	<u>Brief service</u>	<u>\$21.00</u>
<u>90200</u>	<u>Brief history and examination, initiation of diagnostic and treatment programs, and preparation of hospital records</u>	<u>\$60.00 59.00</u>
<u>90215</u>	<u>Intermediate examination</u>	<u>40.00</u>

Therapeutic Injections

<u>90782</u>	<u>Therapeutic injection of medication (specify); subcutaneous or intramuscular</u>	<u>\$20.00</u>
<u>90788</u>	<u>Intramuscular injection of antibiotic (specify)</u>	<u>16.50</u>

Physical Medicine

<u>95851</u>	<u>Range of motion measurements and report (separate procedure); each extremity</u>	<u>\$ 8.00 35.00</u>
<u>97010</u>	<u>Physical medicine treatment to one area; hot or cold packs</u>	<u>28.00 26.50</u>
<u>97022</u>	<u>Whirlpool</u>	<u>17.50</u>

PROPOSED RULES

Code	Service	Maximum Fee
97110	Physical medicine treatment to one area, initial 30 minutes, each visit, therapeutic exercises	24.50
97128	Ultrasound	13.00
<u>L1940</u>	<u>Ankle-foot arthoses, molded to patient model, plastic</u>	<u>78.00</u>
<u>L3000</u>	<u>Foot, insert, removable, molded to patient model (UCB) type Berkeley Shell, each</u>	<u>85.00</u>
<u>L3010</u>	<u>Foot, insert, removable, molded to patient model, longitudinal arch support, each</u>	<u>105.00</u>

Other Procedure

02229		
<u>X1229</u>	Radical excision of nail	\$175.00 <u>190.00</u>

5221.3100 PSYCHOLOGISTS AND SOCIAL WORKERS.

Subpart 1. [Unchanged.]

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

<u>09046</u>	<u>Initial office visit with evaluation and history, one hour</u>	<u>\$75.00</u>
<u>09048</u>	<u>Initial inpatient hospital visit, including history and evaluation, per hour</u>	<u>88.00</u>
09050	Initial consultation, one hour	\$75.00 <u>78.00</u>
09064	Biofeedback, per hour	58.50 <u>65.00</u>
<u>09065</u>	<u>Biofeedback, per half hour</u>	<u>42.50</u>
09066	Psychotherapy (inpatient, outpatient, office or home) one hour, or biofeedback performed by a licensed consulting psychologist, one hour	70.00 <u>75.00</u>
<u>09067</u>	<u>Psychotherapy, group (maximum ten persons per group), 1-1/2 hours per person</u>	<u>40.00</u>
09068	Psychotherapy (inpatient, outpatient, office or home) half hour, or biofeedback performed by a licensed consulting psychologist, one-half hour	45.00 <u>42.50</u>
09070	Family members psychotherapy, conjoint, two or more members, family group, evaluation and therapy per hour (per family charge)	65.00 <u>68.00</u>

5221.3200 HOSPITAL—SEMI-PRIVATE ROOM CHARGES.

Subpart 1. **Scope.** The following service descriptions and maximum fees apply to daily charges for semi-private rooms at the hospitals listed below. The maximum fees do not apply to semi-private rooms for which a rate higher than the hospital's normal rate applies and which require an unusually high level of service, such as emergency or intensive care rooms. The maximum fees apply to daily semi-private room charges only. The maximum fees do not apply to private or ward rooms, and do not apply to hospital charges for services not customarily included in the daily room charge.

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

- A. Abbott Northwestern Hospital, Minneapolis
- B. Bethesda Lutheran Medical Center, Saint Paul
- C. The Children's Hospital, Saint Paul
- D. Divine Redeemer Memorial Hospital, South Saint Paul
- E. Eitel Hospital, Minneapolis
- F. Fairview Hospital, Minneapolis
- G. ~~Fairview Deaconess Hospital, Minneapolis~~ Fairview-Ridges Hospital, Burnsville
- H. Fairview-Southdale Hospital, Minneapolis
- I. Gillette Children's Hospital, Saint Paul
- J. Golden Valley Health Center, Golden Valley
- K. Mercy Medical Center, Coon Rapids

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PROPOSED RULES

- L. Methodist Hospital, Saint Louis Park
- M. Metropolitan Medical Center, Minneapolis
- N. Midway Hospital, Saint Paul
- O. Miller-Dwan Medical Center, Duluth
- P. Minneapolis Children's Hospital, Minneapolis
- Q. Mounds Park Hospital, Saint Paul
- R. Mount Sinai Hospital, Minneapolis
- S. North Memorial Medical Center, Robbinsdale
- T. Saint Cloud Hospital, Saint Cloud
- U. Saint John's Hospital, Saint Paul
- V. St. John's Hospital Northeast, St. Paul
- W. Saint Joseph's Hospital, Saint Paul
- X. Saint Luke's Hospital, Duluth
- Y. Saint Mary's Hospital, Duluth
- Z. Saint Mary's Hospital, Minneapolis
- AA. The Samaritan Hospital, Saint Paul
- BB. United Hospital, Saint Paul
- CC. Unity Medical Center, Fridley

Service

Maximum Fee

Group 1 semi-private room charge for one day

~~\$223.00~~ 254.92

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

- A. A. L. Vadheim Memorial Hospital, Tyler
- B. Ada Municipal Hospital, Greenbush
- C. Aitkin Community Hospital, Aitkin
- D. Albany Community Hospital, Albany
- E. Appleton Municipal Hospital, Appleton
- F. Arlington Municipal Hospital, Arlington
- G. Arnold Memorial Hospital, Adrian
- H. Buffalo Memorial Hospital, Buffalo
- I. Caledonia Community Hospital, Caledonia
- J. Canby Community Hospital, Canby
- K. Central Mesabi Medical Center, Hibbing
- L. Chippewa County-Montevideo Hospital, Montevideo
- M. Chisago Lakes Hospital, Chisago City
- N. Clarkfield Memorial Hospital, Clarkfield
- O. Clearwater County Memorial Hospital, Bagley
- P. Cloquet Community Memorial Hospital, Cloquet
- Q. Comfrey Hospital, Comfrey
- R. Community Hospital—Cannon Falls, Cannon Falls
- S. Community Hospital—Saint Peter, Saint Peter
- T. Community Memorial Hospital—Deer River, Deer River

U. Community Memorial Hospital—Spring Valley, Spring Valley

V. Community Memorial Hospital—Winona, Winona

W. Community Mercy Hospital—Onamia, Onamia

X. Constance Bultman Wilson Center

X. to IIIII. [Reletter as Y. to JJJJJ.]

Service	Maximum Fee
Group 2 semi-private room charge for one day	\$179.00 <u>187.50</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	\$278.86 <u>286.39</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	\$158.86 <u>165.08</u>

EFFECTIVE DATE. These rules are effective October 1, 1986, and apply to all health care services or supplies governed by parts 5221.0100 to 5221.3200 provided after October 1, 1986.

Minnesota Board of Pharmacy

Proposed Permanent Rules Relating to Controlled Substances

Notice of Intent to Amend Rules without a Public Hearing

Notice is hereby given that the Minnesota Board of Pharmacy (hereinafter "Board") proposes to adopt the above-entitled rule without a public hearing following the procedures set forth in Minnesota Statutes, section 14.22 to 14.28. The statutory authority to adopt the rule is Minnesota Statute sections 151.06 subdivision 1 (9) and 152.02 subdivision 7 and subdivision 8.

All persons have 30 days in which to submit comment in support of or in opposition to the proposed rule or any part or subpart of the rule. Comment is encouraged. Each comment should identify the portion of the proposed rule addressed, the reason for the comment, and any change proposed.

Any person may make a written request for a public hearing on the rule within the 30-day comment period. If 25 or more persons submit a written request for a public hearing within the 30-day comment period, a public hearing will be held unless a sufficient number withdraw their request. Any person requesting a public hearing should state his or her name and address, and is encouraged to identify the portion of the proposed rule addressed, the reason for the request, and any change proposed. If a public hearing is required, the agency will proceed pursuant to Minnesota Statutes, sections 14.131 to 14.20.

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

David E. Holmstrom
Executive Director
MN Board of Pharmacy
2700 University Ave. W.
St. Paul, MN 55114
(612) 642-0541

The proposed rule may be modified if the modifications are supported by data and views and do not result in a substantial change in the proposed rule as noticed.

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PROPOSED RULES

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

A Statement of Need and Reasonableness that describes the need for and the 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 Mr. Holmstrom upon request.

Promulgation of the proposed rule changes will not result in the expenditure of public monies by local public bodies and will not affect agricultural land in the state. Likewise, it is not believed that the changes will have a quantitative or qualitative impact on any small business. Persons representing small businesses are nevertheless invited to participate in the rulemaking process.

If no hearing is required, upon adoption of the rule, the rule and the required supporting documents will be submitted to the Attorney General for review as to legality and form 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 adopted rule, must submit the written request to David E. Holmstrom, Executive Director, Minnesota Board of Pharmacy, 2700 University Ave. W. #107, St. Paul, MN 55114.

Dated: 4 September 1986

DAVID E. HOLMSTROM
Executive Director

Rules as Proposed

6800.4210 SCHEDULE I CONTROLLED SUBSTANCES.

Schedule I shall consist of the drugs and other substances, by whatever official name, common or usual name, chemical name, or brand name designated, listed in this part.

A. Opiates. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including their isomers (whether optical, positional, or geometric), esters, ethers, salts, and salts of isomers, esters, and ethers, whenever the existence of such isomers, esters, ethers, or salts is possible within the specific chemical designation:

(1) to (30) [Unchanged.]

(31) MPPP; 1-Methyl-4-Phenyl-4-Propionoxypiperidine

32 Methyl substituted isomers of Fentanyl;

(a) 3-Methylfentanyl; N-[3-Methyl-a-(2-phenylethyl)-4-piperidyl]-N-phenylpropanamide

(b) Acetyl-alpha-methylfentanyl; N-[1-(Methyl-2-phenyl)ethyl-4-piperidyl]-N-phenylacetamide

(c) Alpha-methylthiofentanyl; N-[1-benzyl-4-piperidyl]-N-phenylpropanamide

(d) Benzylfentanyl; N-[1-benzyl-4-piperidyl]-N-phenylpropanamide

(e) Beta-hydroxyfentanyl; N-[1-(2-hydroxy-2-phenyl)ethyl-4-piperidyl]-N-phenylpropanamide

(f) Beta-hydroxy-3-Methylfentanyl; N-[3-Methyl-1-(2-hydroxy-2-phenyl)ethyl-4-piperidyl]-N-phenylpropanamide

(g) 3-Methylthiofentanyl; N-[3-Methyl-1-(2-(2-thienyl)ethyl)-4-piperidyl]-N-phenylpropanamide

(h) Thenylfentanyl; N-[1-(2-thienyl)Methyl-4-piperidyl]-N-phenylpropanamide

(i) Thiofentanyl; N-[1-(2-(2-thienyl)ethyl)-4-piperidyl]-N-phenylpropanamide

(j) N-[1-(2-phenylethyl)-4-piperidyl]-N-(4-fluorophenyl)-propanamide (para-fluorofentanyl), its optical isomers, salts and salts of isomers

~~(32)~~ (33) Morpheridine;

~~(33)~~ (34) Noracymethadol;

~~(34)~~ (35) Norlevorphanol;

~~(35)~~ (36) Normethadone;

~~(36)~~ (37) Norpipanone;

~~(37)~~ (38) PEPAP; 1-(2-Phenylethyl)-4-Phenyl-4-Acetyloxypiperidine

(39) Phenadoxone;

~~(38)~~ (40) Phenampromide;

~~(39)~~ (41) Phenomorphan;

~~(40)~~ (42) Phenoperidine;

- ~~(41)~~ (43) Piritramide;
- ~~(42)~~ (44) Proheptazine;
- ~~(43)~~ (45) Properidine;
- ~~(44)~~ (46) Propiram;
- ~~(45)~~ (47) Racemoramide;
- ~~(36)~~ (48) Tilidine; and
- ~~(47)~~ (49) Trimeperidine.

B. [Unchanged.]

C. Hallucinogenic substances. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following hallucinogenic substances, or which contains any of its salts, isomers (whether optical, positional, or geometric), and salts of isomers, whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

Statutory Name

Some examples of common names, trade names, or names of products which contain a controlled substance.

(1) to (21) [Unchanged.]

(22) Tetrahydrocannabinols

THC

Synthetic equivalents of the substances contained in the plant, or in the resinous extractives of cannabis, sp. and/or synthetic substances, derivatives, and their isomers with similar chemical structure and pharmacological activities such as the following: 1 cis or trans tetrahydrocannabinol, and their ~~optie~~ optical isomers; excluding dronabinol in sesame oil and encapsulated in a soft gelatin capsule in a drug product approved by the U.S. Food and Drug Administration.

6 cis or trans tetrahydrocannabinol, and their optical isomers; 3,4 cis or trans tetrahydrocannabinol, and its ~~optie~~ optical isomers (Since nomenclature of these substances is not internationally standardized, compounds of these structures, regardless of numerical designation of atomic positions covered.)

(23) to (25) [Unchanged.]

D. to F. [Unchanged]

6800.4220 SCHEDULE II CONTROLLED SUBSTANCES.

The following items are listed in schedule II:

A. [Unchanged.]

B. Substances, vegetable origin, or chemical synthesis. Unless specifically excepted or unless listed in another schedule, any of the following substances whether produced directly or indirectly by extraction from substances of vegetable origin or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis:

(1) Opium and opiate, and any salt, compound, derivative, or preparation of opium or opiate, excluding apomorphine, dextrorphan, nalbuphine, nalmefene, naloxone, and naltrexone, and their respective salts, but including the following:

Statutory Name

Some examples of common names, trade names, or names of products which contain a controlled substance.

(a) to (i) [Unchanged.]

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PROPOSED RULES

(j) Hydrocodone

Dihydrocodeinone, ~~Diocodid~~, Hyeodan

(k) to (p) [Unchanged.]

(2) and (3) [Unchanged.]

(4) Coca leaves and any salt, cocaine compound, derivative, or preparation of coca leaves and any salt, compound, derivative, or preparation thereof which is chemically equivalent or identical with any of these substances, except that the substances shall not include decocainized coca leaves or extraction of coca leaves, which extractions do not contain cocaine or ~~ecgonine~~ ecgonine.

(5) [Unchanged.]

C. to F. [Unchanged.]

G. Hallucinogenic substances.

(1) Dronabinol (synthetic) in sesame oil and encapsulated in a soft gelatin capsule in a U.S. Food and Drug Administration approved drug product.

6800.4240 SCHEDULE IV CONTROLLED SUBSTANCES.

The following items are listed in schedule IV:

A. and B. [Unchanged.]

C. Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

Statutory Name

Some examples of common names, trade names, or names of products which contain a controlled substance.

(1) to (32) [Unchanged.]

(33) Midazolam

(34) Nimetazepam

~~(34)~~ (35) Nitrazepam

~~(35)~~ (36) Nordiazepam

~~(36)~~ (37) Oxazepam

Serax

~~(37)~~ (38) Oxazolam

~~(38)~~ (39) Paraldehyde

Paral

~~(39)~~ (40) Petrichloral

Periclor

(40) (41) Phenobarbital

Luminal, Phenobarbitone, Eskabarb

~~(41)~~ (42) Pinazepam

(42) (43) Prazepam

Centrax

(44) Quazepam

~~(43)~~ (45) Temazepam

Restoril

~~(44)~~ (46) Tetrazepam

~~(45)~~ (47) Triazolam

Halcion

D. to F. [Unchanged.]

6800.4250 SCHEDULE V CONTROLLED SUBSTANCES.

The following items are listed in schedule V:

A. [Unchanged.]

B. Narcotic drugs. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing any of the following narcotic drugs and their salts, as set forth below:

(1) Buprenorphine

C. Narcotic drugs containing nonnarcotic active medicinal ingredients. Any compound, mixture, or preparation containing any of the following narcotic drugs, or their salts calculated as the free anhydrous base or alkaloid, in limited quantities as follows,

which shall include one or more nonnarcotic active medicinal ingredients in sufficient proportion to confer upon the compound, mixture, or preparation valuable medicinal qualities other than those possessed by narcotic drugs alone:

Statutory Names

Some examples of common names, trade names, or names of products which contain a controlled substance.

(1) to (3) [Unchanged.]

(4) Not more than ~~45~~ 100 milligrams of ~~anhydrous morphine~~ Parapectolin, Donnagel P.G.
opium per 100 milliliters or per 100 grams.

(5) Not more than 0.5 milligrams of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit.

Board of Podiatry

Proposed Permanent Rules Relating to Registration Renewal; Fees

Notice of Intent to Adopt a Rule without a Public Hearing

Notice is hereby given that the Board of Podiatry proposes to adopt permanent rules relating to the annual registration renewal of licensees and licensure fees. The Board intends to adopt the rule without public hearing following the procedures set forth in Minnesota Statutes, sections 14.22 to 14.28 (1984). The statutory authority to adopt the rule is set forth in Minnesota Statutes, sections 153.02 and 214.06 (1984) and in section 16A.128 (1985 Supp.).

All persons have 30 days in which to submit comment in support of or in opposition to the proposed rule or any part or subpart of the rule. Comment is encouraged. Each comment should identify the portion of the proposed rule addressed, the reason for the comment, and any change proposed.

Any person may make a written request for a public hearing on the rule within the 30-day comment period. If 20 percent of the persons who will be required to pay the proposed fees submit a written request for a public hearing within the 30-day comment period, a public hearing will be held unless a sufficient number withdraw their request. Any person requesting a public hearing should state his or her name and address, and is encouraged to identify the portion of the proposed rule addressed, the reason for the request, and any change proposed. If a public hearing is required, the agency will proceed pursuant to Minnesota Statutes, sections 14.131 to 14.20.

Comment or written requests for a public hearing must be submitted to:

Joyce M. Schowalter
Executive Director
Board of Podiatry
2700 University Avenue West, #108
St. Paul, Minnesota 55114
Telephone: (612) 642-0568

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

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

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 Joyce M. Schowalter upon request. The Statement of Need and Reasonableness contains the approval of the Commissioner of Finance of the proposed fees.

If no hearing is required, upon adoption of the rule, the rule and the required supporting documents will be submitted to the Attorney General for review as to legality and form to the extent the form relates to legality. Any person may request notification

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

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 adopted rule, must submit the written request to Joyce M. Schowalter.

Dated: 8 September 1986

JOYCE M. SCHOWALTER
Executive Director

Rules as Proposed

6900.0200 REGISTRATION RENEWAL.

Every application for renewal of registration by a podiatrist shall be accompanied by a fee of \$50.

Rules as Proposed (all new material)

6900.0250 FEES.

Fees for the licensure of podiatrists are as follows:

- A. The fee for licensure by examination is \$200.
- B. The fee for reexamination under an original application is \$200.
- C. The fee for renewal of a license is \$75.
- D. The fee for late renewal of a license is \$50.
- E. The fee for licensure by reciprocity is \$200.
- F. The fee for the replacement of an original license or renewal certificate is \$10.

Public Utilities Commission

Proposed Permanent Rules Relating to Ex Parte Communication

Notice of Proposed Adoption of Rule Amendments without a Public Hearing

Notice is hereby given that the Minnesota Public Utilities Commission intends to adopt the above-entitled rule without a public hearing following the procedures set forth in the Administrative Procedure Act for adopting rules without a public hearing. Minnesota Statutes, sections 14.22 to 14.28. The statutory authority to adopt the rule is Minnesota Statutes, section 216A.037.

All persons have 30 days (until 4:30 p.m. on October 22, 1986) in which to submit comment in support of or in opposition to the proposed rule or any part or subpart of the rule. Comment is encouraged. Each comment should identify the portion of the proposed rule addressed, the reason for the comment, and any change proposed.

Any person may make a written request for a public hearing on the rule within the 30-day comment period. If 25 or more persons submit a written request for a public hearing within the 30-day comment period, a public hearing will be held unless a sufficient number withdraw their request in writing. Any person requesting a public hearing should state his or her name and address, and is encouraged to identify the portion of the proposed rule addressed, the reason for the request, and any change proposed. If a public hearing is required, the agency will proceed pursuant to Minnesota Statutes, sections 14.131 to 14.20.

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

Caroline Robinson
Minnesota Public Utilities Commission
780 American Center Building
St. Paul, MN 55101
Telephone: (612) 296-9617

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

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

A free copy of the rule is available upon request from Kathy Briesemeister, Minnesota Public Utilities Commission, 780 American Center Building, 150 East Kellogg Boulevard, St. Paul, MN 55101, (612) 296-9616.

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 Kathy Briesemeister upon request.

The adoption of this rule by the Commission will not require expenditure of public monies by local public bodies nor have a direct impact on agricultural land. Therefore, Minn. Stat. § 14.11 (1984) is inapplicable to this rulemaking proceeding. The Commission has considered pursuant to Minn. Stat. § 14.115 (1984) whether these proposed rules may have an impact on small businesses and has determined that they will not.

If no hearing is required, upon adoption of the rule, the rule and the required supporting documents will be submitted to the Attorney General for review as to legality and form 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 adopted rule, must submit the written request to Kathy Briesemeister.

Mary Ellen Hennen
Executive Secretary

Rules as Proposed (all new material)

7845.7000 DEFINITIONS.

Subpart 1. **Scope.** The terms used in parts 7845.7000 to 7845.7600 have the meanings given them in this part.

Subp. 2. **Decision-making personnel.** "Decision-making personnel" means the commission's executive secretary and professional staff, and consultants to the commission.

Subp. 3. **Disputed formal petition.** A "disputed formal petition" refers to a formal petition (1) filed with the commission, (2) for which a hearing is not automatically required, (3) for which the commission has received a written statement disputing the action or relief sought in the petition, and (4) on which the commission has ordered comments, written responses to comments, oral argument, negotiations, settlement conferences, a formal hearing, or other procedures it considers necessary or helpful to enable it to decide the petition. A petition ceases to be a "disputed formal petition" when the notice of dispute is withdrawn in writing or when the commission resolves the dispute by written order.

Subp. 4. **Ex parte communication.** "Ex parte communication" means an oral or written, off-the-record communication made to or by commissioners or commission decision-making personnel, without notice to parties, that is directed to the merits or outcome of an on-the-record proceeding. This term does not include procedural, scheduling, and status inquiries or other inquiries or requests for information that have no bearing on the merits or the outcome of the proceeding.

Subp. 5. **Material issue.** "Material issue" means an issue that may affect the merits or outcome of an on-the-record proceeding.

Subp. 6. **Party.** "Party" means a person by or against whom a proceeding before the commission is commenced or a person permitted to intervene in a proceeding before the commission. A party includes a petitioner, complainant, intervenor, applicant, and respondent, and their attorneys, agents, or representatives.

7845.7100 PERMISSIBLE EX PARTE COMMUNICATIONS.

An ex parte communication is permissible except as prohibited in part 7845.7200.

7845.7200 PROHIBITED EX PARTE COMMUNICATIONS.

Subpart 1. **Communications with commissioners.** An ex parte communication, either direct or indirect, must not be made or attempted to be made between a commissioner and a party concerning:

A. a material issue during a pending contested case proceeding, from the date the matter is referred to the Office of Administrative Hearings until the commission issues its final order and the time to petition for reconsideration expires, or until the commission issues a final order responding to the petition for reconsideration, whichever is later;

B. a material issue in a rulemaking proceeding after the beginning of commission deliberations, from the date the commission posts notice of its deliberations for adoption of rules on the open meeting calendar until the order adopting the rules is issued;

C. a material issue in a disputed formal petition; or

D. other communications prohibited by law such as:

(1) offers of employment to commissioners, as described in Minnesota Statutes, section 216A.036, and in parts 7845.0700 and 7845.0800;

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PROPOSED RULES

(2) discussions with commissioners concerning past or future benefits or compensation, as described in Minnesota Statutes, section 216A.037, subdivision 2, and in parts 7845.0700 and 7845.0800; or

(3) offers to commissioners of compensation, gifts, gratuities, favors, entertainment, meals, beverages, loans, or other things of monetary value, as described in part 7845.0700.

Subp. 2. **Communications with staff.** Ex parte communications with decision-making personnel are not prohibited under Minnesota Statutes, section 216A.037.

7845.7300 HANDLING PROHIBITED EX PARTE COMMUNICATIONS.

Subpart 1. **Written communication.** When possible, a commissioner who receives a prohibited written ex parte communication shall forward the communication, without reading it, to the commission's executive secretary.

A commissioner who receives and reads a prohibited written ex parte communication shall forward the communication to the commission's executive secretary within 48 hours, along with a signed statement of the source of and circumstances under which the communication was received and read.

Subp. 2. **Oral communication.** If a party makes or attempts to make a prohibited oral ex parte communication to a commissioner, the commissioner shall advise the party who makes or attempts to make the communication that the communication is prohibited and shall immediately terminate the communication. If a prohibited oral ex parte communication takes place, the commissioner who receives the communication shall forward to the commission's executive secretary, within 48 hours, a signed and dated statement that includes the following information:

A. the name and docket number of the proceeding;

B. to the extent known, the name and address of the person making the communication and the relationship, if any, to the parties to the proceeding;

C. the date and time of the communication, its duration, and the means by and circumstances under which it was made;

D. a summary of the matters discussed; and

E. whether the party making the prohibited communication persisted after being advised that the communication was prohibited.

Subp. 3. **Notice to parties.** The commission's executive secretary shall place the statement in the commission's public file within 48 hours, but shall not make the statement part of the record of the pending proceeding. The executive secretary shall serve a copy of the statement on the parties on the commission's official service list. If the statement is voluminous, the executive secretary may serve notice to the parties on the official service list that the statement is available for public inspection at the commission's offices during regular business hours.

7845.7400 HANDLING PERMISSIBLE EX PARTE COMMUNICATIONS.

Subpart 1. **Documentation.** Documentation is not needed for permissible ex parte communications with commissioners and decision-making personnel except as provided in subparts 2 to 4.

Subp. 2. **Written communications with staff.** Decision-making personnel who receive or generate a permissible written ex parte communication that is prohibited for commissioners under part 7845.7200 shall file a copy of the communication in the commission's public file with a notation of the sender and recipient within 48 hours after the communication is received and generated.

Subp. 3. **Oral communications with staff.** Decision-making personnel who receive or generate a permissible oral ex parte communication that is prohibited for commissioners under part 7845.7200 shall ensure that the substance of the communication and the name of the maker or recipient of the communication is recorded in a signed memorandum to the commission's public file within 48 hours. If a proceeding has been assigned to an administrative law judge, a copy of the memorandum must be sent to the judge.

Subp. 4. **Interim rate proceedings; compliance filings.** Commissioners and decision-making personnel may receive or generate written or oral ex parte communications with a party in the setting of interim rates or the review of compliance filings following the issuance of a final order or order after reconsideration. Commissioners and decision-making personnel who receive or generate written or oral ex parte communications in these situations shall place a signed note in the commission's public file containing the name of the party, date, docket number of proceeding, and topic as soon as practicable, but no later than the issuance of the interim rate order or the compliance filing order.

Subp. 5. **Informing the public.** The commission shall make information regarding ex parte communications that occur in these situations available to the public upon reasonable request at its office during regular business hours.

7845.7500 SANCTIONS.

Subject to notice and hearing, a party who makes a prohibited ex parte communication to a commissioner or who encourages or solicits others to make a prohibited ex parte communication to a commissioner is subject to the following sanctions:

A. dismissal of the proceeding if the prohibited ex parte communication has so prejudiced the proceeding that that commission cannot consider it impartially;

B. an adverse ruling on a pending issue that is the subject of the prohibited ex parte communication, when other parties are prejudiced by the prohibited ex parte communication;

C. the striking of evidence or pleadings when the evidence or pleadings are tainted by the prohibited ex parte communication;

or

D. a public statement of censure by the commission, when the prohibited ex parte communication is determined to be part of a continuing pattern of improper ex parte communication or when a single prohibited communication takes place and mitigating circumstances exist that:

(1) negate the need for a more severe sanction;

(2) do not prejudice the proceeding to the extent that the commission is unable to consider it impartially;

(3) do not prejudice other parties to the proceeding; and

(4) do not taint the evidence or pleadings.

7845.7600 VIOLATIONS BY COMMISSION AND STAFF.

A commissioner who intentionally violates parts 7845.7000 to 7845.7500 shall recuse himself or herself and shall not participate, offer advice, or vote in the commission's decision-making process in the pending on-the-record proceeding.

Decision-making personnel who intentionally violate parts 7845.7000 to 7845.7500 must be removed from participating in a staff support capacity or prohibited from offering advice on the affected case if the violation has substantially interfered with due process in the proceeding.

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.

Minnesota Racing Commission**Adopted Permanent Rules Relating to Harness Racing**

The rules proposed and published at *State Register*, Volume 11, Number 5, pages 128-130, August 4, 1986 (11 S.R. 128) are adopted as proposed.

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ADOPTED RULES

Department of Revenue

Adopted Permanent Rule Relating to Banking Affiliated Returns

The rule proposed and published at *State Register*, Volume 10, Number 46, pages 2286-2289, May 12, 1986 (10 S.R. 2286) is adopted with the following modifications:

Rule as Adopted

8019.0400 BANK AFFILIATED RETURNS.

Subp. 4. **Eligibility requirements.** A unitary group which meets all of the following conditions during the entire taxable year may elect to file a bank affiliated return:

B. each member of the unitary group must use the same accounting period (or, if a member is divested from the unitary group during the taxable year, its accounting period for the predivestiture portion of the year commenced on the same date as the accounting period of the other members of the group);

Subp. 5. **Election to file return.** A representative of each corporation in the unitary group shall sign a written election to be included in the bank affiliated return. The name and Minnesota and/or federal employer identification number of all corporations included on the bank affiliated return must be listed on the election. The election must be filed with the tax return and must appoint a key corporation from among the group. Each corporation in the unitary group shall grant power of attorney to the key corporation to represent it on all tax matters relating to the bank affiliated return. ~~The election is binding for all subsequent tax years and may be rescinded or modified only with the commissioner's permission. The key corporation may be changed only with the commissioner's permission.~~

Subp. 7. **Payment of tax.** ~~The members of the unitary group shall compute their income (loss) for the taxable year. The separate income (loss) of each member of the unitary group is subject to apportionment under Minnesota Statutes, sections 290.17, 290.19, and parts 8017.3000, 8019.0200, and 8019.0300, or Minnesota Statutes, section 290.171 and part 8017.5000. Each member of the unitary group shall compute its taxable net income (loss) on the basis of a combined report which must be filed with the return. Each member of the unitary group shall compute its separate tax pursuant to Minnesota Statutes, section 290.06, subdivision 1.~~ The members of the unitary group shall compute their aggregate tax for the taxable year. The key corporation and each of the corporations on the bank affiliated return are severally liable for the tax for such year on or before the due date or extended due date.

Subp. 8. **Extensions.** ~~Extensions~~ An extension under Minnesota Statutes, section 290.42, paragraph (6), must be filed by the key corporation on behalf of the corporations included in the bank affiliated return. A list of corporations included in the return must be filed with the extension.

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.

Board of Animal Health

Notice of Quarterly Board Meeting

A Quarterly Meeting of the Board of Animal Health has been scheduled for Friday, November 7, 1986, at the Board of Animal Health's office, 90 W. Plato Blvd., St. Paul, Minnesota 55107.

Information about this meeting may be obtained by calling the Board office at 612-296-5000.

T. J. Hagerty, D.V.M.
Executive Secretary

Department of Education Instructional Effectiveness Division

Notice Concerning Minnesota's FY 1987 and FY 1988 State Plan for Removal of Architectural Barriers to the Handicapped, as Authorized by Public Law 98-8

As required by federal regulations, notice is given of the following:

Minnesota's FY 1987 and FY 1988 State plan has been completed. Copies of the draft or information about the plan may be obtained by contacting Michael F. Trepanier, Minnesota State Department of Education, Special Education Section, 819 Capitol Square Building, St. Paul, Minnesota 55101, telephone 612-296-8589.

On a competitive basis, small grant awards will be available to K-12 educational agencies for removing existing architectural barriers. The intent of the building renovation projects must be to enable access by handicapped individuals. The grants will be for 40% of the expenditure, up to a maximum aid of \$25,000 per applicant agency. The minimum grant application must have an expenditure of \$7500. In order to reach the minimum, more than one project may be included in the application. Federal regulations require:

- a. Projects are restricted to eliminating existing architectural barriers.
- b. The selection process include special emphasis for areas of high unemployment.
- c. An environmental impact statement be filed.
- d. A historical site statement be filed.

The single time grant award funds for the state approximate \$700,000. It is anticipated that 40-50 projects will be approved.

Public comment must be received by 10/22/86. After comment has been received, and any necessary modifications are made in the state plan, it will be forwarded for final federal approval.

Once federal approval has been received, complete information and application materials will be forwarded to all eligible educational agencies. It is anticipated the information will be mailed 12/86.

Hazardous Substance Injury Compensation Board

Notice of Change of Address and Meeting Time

The Hazardous Substance Injury Compensation Board meets the third Tuesday of the month at 1:30 p.m. in the Board's offices at 2700 University Ave. West, Suite 115, St. Paul, MN 55114. All correspondence to the Board should use the above address.

Department of Health Office of Health Systems Development

Notice of Intent to Solicit Outside Opinion Regarding Proposed Rules Governing Health Maintenance Organizations

Notice is hereby given that the State Department of Health is seeking information or opinions from sources outside the agency in preparing to amend rules governing the fees paid by health maintenance organizations for various filings (MN Rule 4685.2800). The promulgation of these rules is authorized by Minnesota Statutes section 62D.20.

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OFFICIAL NOTICES

Interested or affected persons or groups may submit statements of information or comment orally or in writing. Written statements should be addressed to:

Judith M. Walker
Alternative Delivery Systems
Minnesota Department of Health
717 Delaware Street S.E.
Minneapolis, Minnesota 55440

Oral statements will be received during regular business hours over the telephone at 623-5545 and in person at the above address.

Department of Public Safety Driver and Vehicle Services

Notice of Intent to Solicit Outside Opinion Regarding Proposed Rules of the State Department of Public Safety Governing Depositing of Receipts by Deputy Registrars

Notice is hereby given that the State Department of Public Safety is seeking information or opinions from sources outside the agency in preparing to promulgate rules governing the daily depositing of state monies by deputy registrars and penalties for violations of Minnesota Statute, section 168.33 concerning depositing.

The promulgation of these rules is authorized by Minnesota Statutes section 299A.01, 168.33, which requires the agency to promulgate rules as necessary to carry out the duties of the department.

The State Department of Public Safety 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:

Virginia Lockman
Department of Public Safety
Room 161, Transportation Building
St. Paul, Minnesota 55155

Oral statements will be received during regular business hours over the telephone at (612) 296-3204 and in person at the above address.

All statements of information and comment shall be accepted until October 29, 1986. Any written material received by the State Department of Public Safety shall become part of the rulemaking record in the event that the rules are promulgated.

Dated: 12 September 1986

Paul J. Tschida
Commissioner of Public Safety

Department of Public Safety Driver and Vehicle Services

Notice of Intent to Solicit Outside Opinion Regarding Proposed Rules of the State Department of Public Safety Governing the Licensing of Motor Vehicle Dealers, Dealer Records and Temporary Vehicle Permits

Notice is hereby given that the State Department of Public Safety is seeking information or opinions outside the agency in preparing to promulgate rules governing policies and procedures required of motor vehicle dealers, procedures for suspension and revocation of dealer license.

The promulgation of the rules is authorized by Minnesota Statutes section 14.06, which requires the agency to adopt rules related to the administration of official agency duties that directly affect the rights of the public.

The State Department of Public Safety 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:

Virginia Lockman
Department of Public Safety
Room 161, Transportation Building
St. Paul, Minnesota 55155

Oral statements will be received during regular business hours over the telephone at (612) 296-3204 and in person at the above address.

All statements of information and comment shall be accepted until December 3, 1986. Any written material received by the State Department of Public Safety shall become part of the rulemaking record in the event that the rules are promulgated

Dated: 12 September 1986

Paul J. Tschida
Commissioner of Public Safety

Office of the Secretary of State

Notice of Vacancies in Multi-Member State Agencies

Notice is hereby given to the public that vacancies have occurred in multi-member state agencies, pursuant to Minn. Stat. § 15.0597, subd. 4. Application forms may be obtained at the Office of the Secretary of State, 180 State Office Building, St. Paul 55155-1299; (612) 296-2805. Application deadline is October 14, 1986.

ELEMENTARY-SECONDARY-VOCATIONAL (ESV) COMPUTER COUNCIL has 1 vacancy open for a rural school board member. The council advises and assists the State Board of Education in the development of plans and standards for ESV-IS (elementary, secondary and vocational education management information systems) and SDE-IS (State Department of Education information system). Members are appointed by the Governor. Members receive \$35 per diem. For specific information contact the Elementary-Secondary-Vocational (ESV) Computer Council, Board of Education, Capitol Square Bldg., 550 Cedar, St. Paul 55101; (612) 297-3152.

BOARD OF THE MINNESOTA SCHOOL OF THE ARTS AND RESOURCE CENTER has 1 vacancy open for a public member representing congressional district #2. The board shall have the powers necessary for the care, management and control of the Minnesota School of the Arts and Resource Center. Members are appointed by the Governor with the advice and consent of the Senate. Members receive \$35 per diem plus expenses. A member may not serve more than two consecutive terms. For specific information contact the Board of the Minnesota School of the Arts and Resource Center, 514 St. Peter St., Suite 110, St. Paul 55102; (612) 296-1319.

MINNESOTA WORLD TRADE CENTER BOARD has 1 vacancy open for a member. The board is created to facilitate and support Minnesota World Trade Center programs and services and promote the growth of international trade in Minnesota. Members represent the international business community and agricultural community. Must be Minnesota residents. Members are appointed by the Governor and confirmed by the Senate. Members receive \$35 per diem. For specific information contact the Minnesota World Trade Center Board, 1300 Conwed Tower, 444 Cedar St., St. Paul 55101; (612) 297-1580.

ETHICAL PRACTICES BOARD has 1 vacancy open immediately for a former legislator from a major political party different from that of the governor for term expiring in January, 1988. The board administers campaign finance disclosure and public financing for state candidates; economic interest disclosure for state and metropolitan public officials; lobbyist registration and reporting. Members are appointed by the Governor and confirmed by the House and by the Senate; members serve staggered four-year terms; members must file with the Ethical Practices Board. Meetings five to seven times a year; members receive \$35 per diem plus expenses. For specific information contact the Ethical Practices Board, 625 N. Robert St., St. Paul 55101-2520; (612) 296-1720.

ADVISORY TASK FORCE FOR THE MENTALLY RETARDED AND PHYSICALLY HANDICAPPED has 1 vacancy open for a member who is a provider or consumer of service for the mentally retarded or physically handicapped or interested citizens. The task force advises the Commissioner of Human Services relative to those laws for which the commissioner is responsible to administer and enforce relating to mental retardation and physical disabilities. Members are appointed by the Commissioner of Human Services and receive no compensation or per diem. For specific information contact the Advisory Task Force for the

OFFICIAL NOTICES

Mentally Retarded and Physically Handicapped, Mental Health Bureau, 4th Floor, Centennial Bldg., St. Paul 55155; (612) 297-4980.

MEDICAL SERVICES REVIEW BOARD has 1 vacancy open for an alternate member for a employer representative. The board advises the department on medical matters relating to workers compensation and hears appeals on decisions of the department. Members are appointed by the Commissioner of Labor and Industry. Members receive \$35 per diem plus expenses. Members must file with the Ethical Practices Board. For specific information contact the Medical Services Review Board, Dept. of Labor and Industry, Office of Public Affairs, 444 Lafayette Rd., St. Paul 55101; (612) 297-4373.

REHABILITATION REVIEW PANEL has 2 vacancies open immediately for the following alternate members: 1 labor representative and 1 employer representative. These 2 members will serve one-year terms as alternates to be Rehabilitation Review Panel when Panel members are unavailable for hearings. The panel reviews rehabilitation plans and rules; advises the Commissioner of Labor and Industry. Members must file with the Ethical Practices Board. Compensation for members is governed by section 15.0575. For specific information contact the rehabilitation Review Panel, Dept. of Labor and Industry, Office of Public Affairs, Space Center, 444 Lafayette Rd., St. Paul 55101; (612) 297-4374.

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

Contracts and Requisitions Open for Bid

Call 296-6152 for Referral to Specific Buyers.

<u>Commodity for Bid</u>	<u>Bid Closing Date at 2 pm</u>	<u>Department or Division</u>	<u>Delivery Point</u>	<u>Requisition #</u>
Tools, portable electric operated	September 23, 1986	Various	Various	Price-Contract
Bituminous Maint. Unit	September 23, 1986	Transportation	Willmar	79-382-01104
Wood Posts	September 23, 1986	Natural Resources	St. Paul	29-000-44406
1 Ton Pick-up Truck	September 23, 1986	Correctional Facility	Oak Park Heights	78-630-06498
Motor Graders	September 24, 1986	Transportation	Various	79-382-01105
Relays	September 24, 1986	Public Safety	St. Paul	07-500-39529
Addendum #1—Vehicle Dealer Plates	September 24, 1986	Natural Resources	St. Paul	29-000-44450
Air Compressor	September 24, 1986	Transportation	Various	79-382-01113
Electric Lights	September 25, 1986	State University	St. Cloud	26-073-19116
Portable Dictation Machines	September 25, 1986	Jobs & Training	St. Paul	21-200-12485

STATE CONTRACTS

Commodity for Bid	Bid Closing Date at 2 pm	Department or Division	Delivery Point	Requisition #
Lumber	September 25, 1986	Correctional Facility	Stillwater	78-620-00047
Reconnaissance flight application of fish toxicant	September 25, 1986	Natural Resources	St. Paul	29-000-44827
Lease/Purchase of copier	September 25, 1986	State University	Mankato	26-071-17022
Disassemble & reassemble partitions	September 25, 1986	Pollution Control	PCA	02-310-15051
Automated Power File	September 26, 1986	Human Rights	St. Paul	17-000-01957
DNR Uniform Fabric	September 26, 1986	Natural Resources	Grand Rapids	29-000-44448
Dormitory Beds	September 26, 1986	Human Services	Fergus Falls	02-310-14744
Poultry	September 26, 1986	Correctional Facility	Stillwater	78-620-00059
Drapery Fabric	September 26, 1986	Human Services	Willmar	55-106-06366
Steel Chair & Accessories	September 26, 1986	Transportation	Willmar	Sch. 160B
Disposal of Hazardous Lab. Waste	September 26, 1986	Agriculture	Agriculture	04-661-71651
Labor & material to clean asbestos contaminated area	September 26, 1986	Transportation	St. Paul	79-000-71979
Janitorial Service	September 26, 1986	Transportation	Eden Prairie	79-500-03040
Refrigeration System—Rebid	September 26, 1986	Correctional Facility	St. Cloud	78-830-08237
Car Wash Service	September 26, 1986	Various	Various	Price Contract
Air Compressor	September 29, 1986	Transportation	Various	79-382-01111 & 01112
Pipe	September 29, 1986	Transportation	St. Paul	79-000-71936
Receivers	September 29, 1986	State University	Mankato	26-071-17024
Telephone System	September 29, 1986	Natural Resources	Lake Itasca	29-001-10339
Lan/Novell Upgrade	September 29, 1986	Vocational Technical Education	St. Paul	36-000-06360
Sign Posts	September 29, 1986	Transportation	Detroit Lakes	79-400-02664

Department of Administration

Solicitation of Proposals for Provision of Corporate Credit Cards to State Employees Traveling on Official Business

The Department of Administration is interested in receiving proposals for the provision of corporate cards to traveling state employees for business use only.

All proposals should address, at a minimum, the following issues:

- Card fee
- Liability to the State

STATE GRANTS

- Management reports available to individual departments and the Travel Management Division
- Billing procedures
- Ability to interface with “preferred” travel agency (one or more) should such a selection be made
- Card acceptance (within Minnesota; outside of Minnesota)
- Sample of application form
- Any additional proposed benefits
- A listing of two accounts lost and why

Questions should be addressed to Ms. Karen Carpenter, Director, Travel Management Division (612) 296-9997. Proposals are due on October 24, 1986, at 4:00 p.m. Address proposals to Ms. Carpenter, 610 N. Robert St., St. Paul, MN 55101.

Department of Energy and Economic Development Governor's Rural Development Council

Request for Proposals for Agricultural Land Protection Curriculum Project

The Minnesota Department of Energy and Economic Development/Governor's Rural Development Council (MN DEED/GRDC) is requesting proposals from qualified individuals and organizations interested in working with the Governor's Rural Development Council on a project to work with teacher training institutes throughout the state to sponsor agricultural land protection coursework. The consultant would also assist the Minnesota Association of Soil and Water Conservation districts in the fields of education and natural resource protection through local workshops.

Proposals are being requested to complete the following major project activities.

- A. Work with teacher training institutes throughout the state to sponsor an agricultural land protection curriculum package as part of a credited course for elementary teachers in environmental education.
- B. Conduct a minimum of 15 in-service and leadership workshops throughout the state.
- C. Publish agricultural land protection curriculum packets for grades K-6 and other in-service and leadership training materials as needed.
- D. Assist district Soil and Water Conservation personnel in providing additional local workshops.
- E. Supervise distribution of materials.
- F. Respond to inquiries from other agencies and organizations within and outside the state of Minnesota.
- G. Compile records of the individuals receiving materials and training.
- H. Assist in sponsoring statewide Demonstration-Leadership-Teacher workshops for grades 7-9 curriculum.
- I. Provide periodic reports and a final report on workshops and program activities.

It is estimated that the cost of this activity need not approach but shall not exceed \$30,000, including travel and expenses and printing costs of the final report. Proposals should be received by MN/DEED/GRDC no later than 4:30 p.m. Friday, October 10, 1986. The formal Request for Proposals document may be requested and inquiries should be directed to:

Patrick K. Abbe, Program Manager
Governor's Rural Development Council
900 American Center Building
150 East Kellogg Boulevard
St. Paul, Minnesota 55101
Phone: (612) 296-3993

Minnesota Historical Society

Notice of Availability of Contract for Graphic Design

The Minnesota Historical Society is seeking the services of a graphic and/or book designer to design a historic sites booklet to be entitled *Fort Snelling: Colossus of the Wilderness* and published by the Minnesota Historical Society Press.

These services, which be provided under contract, are outlined in detail in the Request for Proposal (RFP). The formal RFP may be requested and inquiries directed to: Mark Schwartz, Contract Officer, 1500 Mississippi St., St. Paul, MN 55101, (612) 296-8378. The deadline for submitting completed proposals is the end of the business day (5:00 p.m.) October 1, 1986. Late proposals will not be accepted.

Minnesota State Board of Investment

Request for Proposal for the Purchase Or Lease of an Investment Management/ Accounting System

The State Board of Investment (SBI) is requesting proposals from suppliers of computer systems to provide the SBI with an investment management/accounting system.

The vendor must provide a comprehensive investment management/accounting system capable of providing the SBI with the majority of its accounting, reporting and analytical requirements for the life of the contract.

Proposals must be received by 4:30 p.m. October 31, 1986. A copy of the Request for Proposal is available upon request. Inquiries and requests should be directed to:

Mike Schmitt, Administrative Director
Minnesota State Board of Investment
Room 105; MEA Building
55 Sherburne Avenue
Saint Paul, Minnesota 55155
Phone: (612) 296-3328

Department of Jobs and Training, Division of Rehabilitation Services

Notice of Proposed Contracts for Federal Fiscal Year 1987

The Minnesota Department of Jobs and Training, Division of Rehabilitation Services, Office of Services for the Blind is publishing notice that the contracts listed below are available and will be awarded for federal fiscal year 1987 (November 1, 1986 to September 30, 1987):

A. Notice of Proposed Contracts for Medical Services

1. The Division of Rehabilitation Services, Office of Services for the Blind and Visually Handicapped is seeking 3 individuals to function as Regional General Medical Consultants in the Northeast (Duluth), Northwest (St. Cloud), and South (Mankato) Regions and 1 individual to function as Pediatric Specialist Medical Consultant (Statewide) to provide medical services under the contract as follows:

- a. serve as the medical expert for the Regional Supervisor(s) and provide face to face medical consultative services on all medical aspects of the rehabilitation program as it relates to specific clients;
- b. review all medical reports on blind and visually handicapped clients obtained in the region(s) during the year;
- c. determine the adequacy of the medical information obtained;
- d. record and code each disabling condition reported;
- e. make recommendations regarding client limitations;
- f. interpret medical findings to rehab counselors upon request;
- g. provide consultation and recommendations regarding medical practice, procedures and individual client needs upon request;
- i. make recommendations regarding medical charges upon request.

The medical consultants will be responsible to the respective regional supervisors with primary administrative direction coming from the Director of Services for the Blind and Visually Handicapped. All individuals will be paid at a rate of \$40.00 to \$60.00 per hour depending upon qualifications and previous experience in dealing with blind and visually handicapped persons. Most contract work in the outstate regions will require an average of 2-4 hours per month. Total cost of all contracts is not expected to

STATE CONTRACTS

exceed \$12,000.00. Inquiries and/or proposals including a brief statement of qualifications and training/work experience should be directed to:

Bradley J. Gerster, Jr.
Accounting Officer, Services for the Blind
and Visually Handicapped
Division of Rehabilitation Services
1745 University Avenue

St. Paul, Minnesota 55101
(612) 642-0782

All proposals must be received by 4:30 p.m. 10/24/86.

B. Notice of Proposed Contracts for Low Vision Services

1. The Division of Rehabilitation Services, Office of Services for the Blind and Visually Handicapped is seeking 2 individuals to function as Low Vision Consultants (1 of whom would be an optometrist; 1 of whom would be an ophthalmologist) to provide low vision services under the contract as follows:

- a. assist in the planning, development and conducting of in-service training for rehabilitation counselors in the area of low vision;
- b. evaluate staff and clinician qualifications (certification);
- c. advise on the development of future low vision services.

The low vision consultants will be responsible to the Director of Services for the Blind and Visually Handicapped and the Assistant Director of Operations. The individuals will be paid at a rate of \$40.00 to \$60.00 per hour. Most contract work will require an average of 4 to 8 hours per month. The total cost of all contracts is not anticipated to exceed \$12,000.00. Inquiries and/or proposals including a brief statement of qualifications and training/work experience should be directed to:

Bradley J. Gerster, Jr.
Accounting Officer, Services for the Blind
and Visually Handicapped
Division of Rehabilitation Services
1745 University Avenue

St. Paul, MN 55104
(612) 642-0782

All proposals must be received by 4:30 p.m. 10/24/86.

NON-STATE PUBLIC CONTRACTS

The *State Register* also serves as a central marketplace for contracts let out on bid by the public sector. The *Register* meets state and federal guidelines for statewide circulation of public notices. Any tax-supported institution or government jurisdiction may advertise contracts and requests for proposals from the private sector.

It is recommended that contracts and RFPs include the following: 1) name of contact person; 2) institution name, address, and telephone number; 3) brief description of project and tasks; 4) cost estimate; and 5) final submission date of completed contract proposal. Allow at least three weeks from publication date (four weeks from date article is submitted for publication). Surveys show that subscribers are interested in hearing about contracts for estimates as low as \$1,000. Contact the editor for further details.

Metropolitan Council, Metropolitan Waste Control Commission and Regional Transit Board of the Twin Cities Area

Request for Proposals for Real Estate Consultant Services

The Metropolitan Agencies desire proposals to prepare a financial analysis of five office space proposals currently being evaluated by the Agencies.

The scope of services requested involves the preparation of a comparative financial analysis of each office space proposal which permits the Agencies, with reasonable accuracy, to compare the proposals on an equal basis relative to cost and quality of space.

The contract period is from October 20, 1986 through November 3, 1986. The complete RFP document giving a detailed description of the project, selection criteria and submittal procedures may be obtained by directing requests to:

Jon Elam, Director of Administration
Metropolitan Council
300 Metro Square Building
St. Paul, MN 55101
(612) 451-6549

Four copies of the proposal must be received by the Metropolitan Council, Department of Administration by Monday, October 13, 1986, **no later** than 4:00 P.M.

Metropolitan Transit Commission

Request for Proposals for CPA Services

Notice is hereby given that the Metropolitan Transit Commission will receive proposals at its offices at 560 Sixth Avenue North, Minneapolis, Minnesota 55411-4398 from CPA firms interested in conducting annual audits of the Metropolitan Transit Commission's financial statements. Proposals will be due by October 3, 1986.

The Metropolitan Transit Commission reserves the right to reject all proposals.

The successful proposer shall be required to comply with all applicable Equal Employment Opportunity laws and regulations. The Metropolitan Transit Commission also hereby notifies all proposers that any contract entered into pursuant to this notice, that minority business enterprises will be afforded full opportunity to submit proposals and will not be subjected to discrimination on the basis of race, color, sex or national origin in consideration for an award.

The contract will be awarded to the firm judged to be most advantageous to the Metropolitan Transit Commission.

Prospective proposers may obtain Request for Proposals by contacting Robert Thompson, Director of Finance, at (612) 349-7701.

STATE GRANTS

In addition to requests by state agencies for technical/professional services (published in the State Contracts section), the *State Register* also publishes notices about grant funds available through any agency or branch of state government. Although some grant programs specifically require printing in a statewide publication such as the *State Register*, there is no requirement for publication in the *State Register* itself.

Agencies are encouraged to publish grant notices, and to provide financial estimates as well as sufficient time for interested parties to respond.

Department of Jobs and Training State Job Training Office

Notice of Availability of Funds for 1987 Youth Intervention Projects

Pursuant to Minnesota Statutes 268.31 to 268.36, \$150,000 of Youth Intervention funds are available for projects to operate in 1987. Priority for 1987 Youth Intervention Funds will be given to those applicants receiving 1986 funds who meet the established criteria and have demonstrated satisfactory progress toward meeting goals for their 1986 grants. For additional information or for a copy of the application form contact:

Kay Tracy
Youth Programs Coordinator
State Job Training Office
MN Department of Jobs and Training
690 American Center Bldg.
150 E. Kellogg Blvd.
St. Paul, MN 55101
(612) 296-6064

All applications must be received by the State Job Training Office no later than October 31, 1986.

SUPREME COURT CALENDAR

Listed below are the cases scheduled to be heard by the Minnesota Supreme Court in the next few weeks. This listing has been compiled by the Minnesota State Law Library for informational purposes only. Cases may be rescheduled by the Court subsequent to publication in the *State Register*. Questions concerning dates, locations, cases, etc., should be directed to: Clerk of the Appellate Courts, Room 230 State Capitol, St. Paul, MN 55155 612-296-2581.

Listed below are the cases scheduled to be heard by the Minnesota Supreme Court next month. This listing has been compiled by the Minnesota State Law Library for informational purposes only. Cases may be rescheduled by the Court subsequent to publication in the *State Register*. Questions concerning time and location should be directed to: Clerk of the Appellate Courts, Room 230 State Capitol, St. Paul, MN 55155.

October 1986

Monday, 10-6-86

9:00 AM

C9-85-1781 DUWAYNE M. REHNELT, Respondent (Attorney: Bruce Gershman) vs. ROBIN A. STUEBE, Appellant (Attorney: Cousineau, McGuire, Shaughnessy & Anderson and Barbara A. Burke and Mark A. Gwin) Opinion Court of Appeals.

May the owner and driver of an uninsured motor vehicle may recover in tort against an insured driver?

CX-86-410 AGATHA KAESS, as trustee for the heirs of Arthur Kaess, Respondent (Attorney: Hertogs, Fluegel, Sieben, Polk, Jones and Laverdiere) vs. ARMSTRONG CORK COMPANY, Defendants and MACARTHUR COMPANY, Appellant (Attorney: Pustorino, Pederson, Tilton & Parrington and John H. Faricy, Jr.) Certification and Request from Court of Appeals.

Does a so-called "dual-capacity doctrine" exist under the workers' compensation law of the State of Minnesota?

If there is such a "dual capacity doctrine", is it applicable to the case at bar?

Tuesday, 10-7-86

9:00 AM

C9-85-1490 EDWARD PIRROTTA, Petitioner (Attorney: Opheimer, Wolff, Foster, Shepard & Donnelly and Donald W. Selzer, Jr. and Ann J. Schultz) vs. INDEPENDENT SCHOOL DISTRICT NO. 347, Respondent (Attorney: Knutson, Flynn, & Hetlun, and Patricia A. Maloney) Opinion Court of Appeals.

Did the school district violate petitioner's seniority and continuing rights by placing him on unrequested leave of absence?

If petitioner's seniority rights were violated by his placement on unrequested leave, is the School District entitled to have the matter remanded to it for an evidentiary hearing to determine the appropriate amount of damages?

C9-85-1442 DAN GERMAN, Respondent (Attorney: Murnane, Conlin, White, Bradt, & Hoffman, and Steven J. Kirsch and Michael S. Ryan) vs. F. L. SMITHE MACHINE COMPANY, Appellant & QUALITY PARK PRODUCTS, Third Party Defendant (Attorney: Cousineau, McGuire, Shaughnessy, & Anderson, and Bruce D. Elliott) Opinion Court of Appeals.

Does the defendant have a duty to provide adequate warnings and instructions for the safe use of the product?

Does the defendant have the duty to warn about a product manufactured without defect regarding hazards which are created by the purchaser by the failure to either maintain or repair?

Was the jury's finding by special verdict that the product was defective and unreasonably dangerous for failure to provide adequate warnings and instructions for the safe use of the product manifestly and palpably contrary to the weight of the evidence?

Wednesday, 10-8-86

9:00 AM

C5-86-637, C7-86-848 MAX WINTER, et al, Respondents (Attorney: Briggs & Morgan, and Leonard J. Keyes, David C. Forsberg, Richard G. Mark and Michael H. Streater) PJ ACQUISITION CORP, Respondent (Attorney: Maun, Green, Hayes, Simon, Johanneson & Brehl, and Jerome B. Simon and Geoffrey P. Jarpe) vs. JOHN C. SKOGLUND, Appellants (Attorney: O'Connor & Hannan, and Joe A. Walters, Lawrence A. G. Maloney, and Corey J. Ayling) FIRST NATIONAL BANK OF MINNEAPOLIS, Appellants (Attorney: Rider, Bennett, Egan & Arundel, and Eric J. Magnuson) Certification and Request from Court of Appeals.

Is a right of first refusal restriction on the sale of corporate stock executed by one of three trustees valid and enforceable by a decree of specific performance?

Where the parties intended that the two rights of first refusal agreements would not be binding unless all essential parties were bound, are such agreements enforceable if essential parties are not bound thereto?

Are respondents estopped from contesting the enforceability of two right of refusal contracts?

Were the findings of the District Court clearly erroneous?

C9-85-2154 STATE OF MINNESOTA, Respondent. (Attorney: Thomas L. Johnson and Michael Richardson) vs. GUY PHILLIP JACKMAN, Appellant (Attorney: C. Paul Jones & Ann Remington) Judgement Hennepin County.

Was appellant denied due process of law when the trial court entered a not guilty plea on behalf of appellant in place of appellant's own plea of not guilty by reason of mental illness, thereby invoking a bifurcated trial procedure?

Did the trial court properly refuse to instruct the jury on third degree murder?

Was the evidence presented in Part I of the bifurcated jury trial insufficient as a matter of law to establish beyond a reasonable doubt for murder in the first and second degrees?

Thursday, 10-9-86

9:00 AM

C3-86-40 STATE OF MINNESOTA, Respondent (Thomas L. Johnson and Michael Richardson) RONALD VERNON SCHNEIDER, Appellant (Attorney: C. Paul Jones and Steven P. Russett) Judgement Hennepin County.

Was the evidence presented at trial insufficient as a matter of law to establish appellant's guilt of burglary and murder in the first degree?

Did the appellant establish by a fair preponderance of the evidence that he was so mentally ill as to be excused from criminal responsibility for the death of Officer Scanlon?

Did the trial court properly rule that the prosecutor could call defense-retained psychiatrists as witnesses pursuant to *State v. Dodis*?

Was the sentencing proper?

C1-85-2035, C6-85-2080 DONALD SCHLEICHER, Respondent (Attorney: Meshbesh, Singer & Spence, and Patrick Horan and Mark D. Streed) vs. LUND CONSTRUCTION COMPANY, Respondent and ADVANCE SHORING COMPANY, Appellant (Attorney: Richard T. McHaffie) vs. CEMSTONE PRODUCTS COMPANY, Respondent (Attorney: Jardine, Logan, & O'Brien, and Mark A. Fonken) Opinion Court of Appeals.

Were Advanced Shoring Company and Cemstone Products Company engaged in the furtherance of some common enterprise within the meaning of Minn. Stat. 176.01, subs. 1 plus 4 (1984)?

Does the "election of remedy" provision of Minn. Stat. 176.061 create an arbitrary class of injured tort victims in violation of this state's constitutional guarantee of equal protection under the laws?

Monday, 10-13-86

9:00 AM

C1-85-1645 VERA L. WAGNER, et al, Respondents (Attorney; Castor, Ditzler, Klukas, & Scherer) vs. THOMAS J. OBERT ENTERPRISES, Appellant (Attorney: Schermer, Schwappach, Borkon, Ramstead & Mariani) Opinion Court of Appeals.

Did the trial court err in instructing the jury on primary assumption of risk?

Was it error to receive the Accident Report and the Medical Records into evidence? Did the trial court confuse the jury by submitting instructions on both primary and secondary assumption of risk?

CX-86-777 STATE OF MINNESOTA, Appellant (Attorney: Tom Foley and Steven C. DeCoster) vs. JEFFREY ALAN GURSKE, Respondent (Attorney: Parker, Sartrom, O'Neil, Lindberg & Sauter) Certification and Request from Court of Appeals.

Did the trial court properly dismiss Count I of the indictment, which alleged murder in the first degree, on the basis that the accused did intentionally cause the death of Carla Guerske while committing the crime of arson in the first degree?

SUPREME COURT CALENDAR

Tuesday, 10-14-86

9:00 AM

C1-85-1967 STATE OF MINNESOTA, Respondent (Attorney: Tom Foley and Steve DeCoster) DAVID BRIAN SUTHERLAND, Appellant (Attorney: C. Paul Jones and J. Christopher Cuneo) Judgment Hennepin County.

Was the evidence sufficient to support the jury's finding of appellant's guilt of two counts of murder, or were there material issues of fact as to premeditation and intent?

Should the conviction of murder in the first degree be reversed for the deaths of both Perry Miller and Vincent Jones where the evidence shows that appellant was very intoxicated, and that shots which killed the decedents were fired while persons were struggling with appellant for the gun?

Was there an intervening concurrent cause in the death of Vincent Jones?

Did the trial court err by permitting the state to impeach appellant with involuntary statements and by allowing inadmissible hearsay?

C4-86-791 RUTH PARKER/LINDBERG, Respondent (Attorney: Michael E. Stephen) vs. FRIENDSHIP VILLAGE and ST. PAUL COMPANIES, Relators (Attorney: Meagher, Geer, Markham, Anderson, Adamson, Flaskamp & Breennan, and Gary M. Hagstrom and Stephen J. Foley) and AETNA LIFE AND CASUALTY, Respondent (Attorney: Fitch, Johnson, Larson & Walsh) STATE OF MINNESOTA, Dept. of Human Resources, Respondent (Attorney: Patricia A. Sonneberg) Order Worker's Compensation Court of Appeals.

Was Intervenor, Minnesota Department of Human Resources, entitled to full reimbursement of its intervention interest where it was not allowed to participate in settlement negotiations between employee and employer and insurer; it properly rejected an unreasonably low settlement offer after employee and employer and insurer had reached an agreement; and it was not notified that the settlement stipulation had been submitted to the compensation judge and therefore was precluded from effectively participating in the award proceedings?

Whether a Settlement and Award pursuant to Minn. Stat. 176.521, subd. 1 is valid when intervenors who refused to agree to it are awarded full reimbursement of their intervention interest pursuant to *Brooks v. AMF*?

C4-85-2210 IN THE MATTER OF THE APPLICATION FOR THE DISCIPLINE OF ROBERT J. TIESO, an attorney at law of the State of Minnesota. (Attorney; William J. Wernz and Betty M. Shaw) (Attorney: Robert J. Tieso, pro se)

When an attorney files a lawsuit against his ex-wife which is found by the federal court to be frivolous and vexatious, is a three month suspension and payment of the adverse parties' expenses warranted?

SUPREME COURT DECISIONS

Decisions Filed Friday 12 September 1986

Compiled by Wayne O. Tschimperle, Clerk

C1-86-635 State of Minnesota v. Gary Lee Vadnais, petitioner, Appellant. Court of Appeals.

Minnesota Sentencing Guidelines Commission's 1983 reductions in presumptive sentences must be applied retroactively to all inmates sentenced before the effective date of the reductions, not just to those who were in prison at the time.

Affirmed as modified. Amdahl, C. J.

ERRATA

Minnesota Pollution Control Agency

Correction to the Notice of Permanent List of Priorities Among Releases or Threatened Releases of Hazardous Substances, Pollutants or Contaminants

The Minnesota Pollution Control Agency (MPCA) published for public comment a proposed update of the Permanent List of Priorities among releases or threatened releases of hazardous substances, pollutants or contaminants in the Minnesota State Register on September 15, 1986. Corrections to the proposed November 1986 Permanent List of Priorities are as follows:

Corrections to the List of Class C Sites

The Hazard Ranking Score (HRS) score for Trio Solvent Site should read 21, not 31.

DM&IR Locomotive Shops, Duluth should read DM&IR Car and Locomotive Shops, Duluth.

The following sites are to be added:

<u>Site</u>	<u>Score</u>
Pipestone County Sanitary Landfill	27
Bassett Creek/Irving Avenue Dump, Minneapolis	10

Corrections to the List of Class D Sites

The HRS score for Trio Solvent Site should read 21, not 31.

The following site is to be added:

<u>Site</u>	<u>Score</u>
Owatonna City Dump	23

As a result of these corrections, the public comment period has been extended seven (7) days to **October 22, 1986**.

DOCUMENTS CENTER

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NEW PUBLICATIONS:

Physicians Directory 1985. Names and addresses in alphabetical order of licensed chiropractors, doctors of medicine and osteopaths, optometrists, podiatrists and registered physical therapists. Code #1-1. \$15.00.

Health Care Facilities Directory 1986. Contains a list of hospitals and related institutions licensed and/or certified in Minnesota. Alphabetical listing by county. Includes town and facility name, ownership, capacity, available services, address, phone number, and director's name. Code #1-89. \$15.00.

OTHER PUBLICATIONS:

Legislative District Maps. A six-map set of Minnesota Legislative and U.S. Congressional Districts. Shows boundaries since redistricting. (3 maps 17" × 22", 1 map 25" × 29", 2 maps 28" × 40"). Sent to you in a sturdy mailing tube. Code #7-7. \$4.95.

MN Hazardous Waste Rules (as in effect 2-10-86). MN Rules Chapter 7045 and 7046. The rules governing the permits, storage, production and shipment of Hazardous Waste. Code #3-71. \$13.50.

Occupational Safety and Health Rules (as in effect 1-6-86). Chapters 5205-5206, 5210, 5215. State standards for safe working conditions including: personal protective equipment, walking and working surfaces, illumination and ventilation. 84 pp. Code #3-18. \$9.00.

The Medical Alley Directory. Reach the decision-makers without delay at more than 300 medical and bio-tech companies and healthcare delivery organizations. Entries include major products and/or services, company background, special interests, trade name(s), major activities, and addresses and phone numbers. (Code #40-7. \$109.00)

The following two publications are discounted more than 40%.

Education Laws 1984. A complete extract from the 1984 Minnesota Statutes of the empowering legislation relating to public schools. Code #2-83. ~~\$16.00~~ reduced to \$9.00.

Education Laws 1985 Supplement. The 1986 Education Laws (with changes incorporated from the 1986 Legislative Session) will not be available until the Winter of 1986. Code #2-83s1. ~~\$12.50~~ reduced to \$7.00.

* *Minnesota Laws 1986.* All laws passed in the Regular and Special Sessions. Code #18-4. \$23.00, plus \$1.38 tax.

* *Minnesota Rules 1985.* 10-volume set. Code #18-200. Single volumes: \$13.00 plus 78¢ tax; Full set: \$125.00 plus \$7.50 tax.

* *Minnesota Rules 1986 Supplement Number 1.* Code #18-200A. \$15.00 + 90¢ tax.

State Register Index. Contains cumulative finding aids to Volume 9 of the *State Register*, including Minnesota Rules Amendments and Additions. Executive Orders list & index. Agency & Subject Matter indices. Code #13-9 SR INDEX. \$5.00.

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Minnesota State Documents Center 1986 Catalog. Contains list of publications available through Minnesota Documents Center. Free.

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