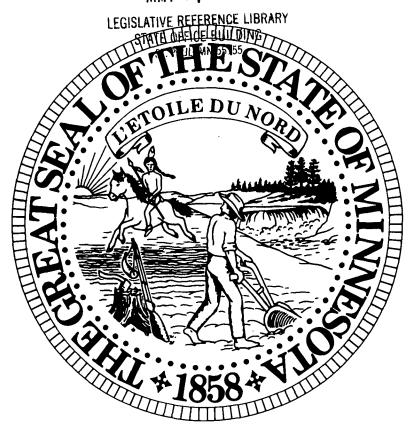
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State Register

Department of Administration—Print Communications Division

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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 and commissioners' orders, proposed and adopted rules, official and revenue notices, professional-technical-consulting contracts, non-state bids and public contracts and grants.

A Contracts Supplement is published Tuesday, Wednesday and Friday and contains bids and proposals for commodities, including printing bids.

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Vol. 18 Issue Number	PUBLISH DATE	Deadline for both Adopted and Proposed RULES	Deadline for: Emergency Rules, Executive and Commissioner's Orders, Revenue and Official Notices, State Grants, Professional-Technical-Consulting Contracts, Non-State Bids and Public Contracts
48	Tuesday 31 May	Monday 16 May	Monday 23 May
49	Monday 6 June	Monday 23 May	Friday 27 May
. 50	Monday 13 June	Friday 27 May	Monday 6 June
51	Monday 20 June	Monday 6 June	Monday 13 June

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Department of Administration

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

The State Register is the official source, and only complete listing, for all state agency rulemaking in its various stages. State agencies are required to publish notice of their rulemaking action in the State Register. Published every Monday, the State Register makes it easy to follow and participate in the important rulemaking process. Approximately 75 state agencies have the authority to issue rules. Each agency is assigned specific Minnesota Rule chapter numbers. Every odd-numbered year the Minnesota Rules are published. This is a ten-volume bound collection of all adopted rules in effect at the time. Supplements are published to update this set of rules. Proposed and adopted emergency rules do not appear in this set because of their short-term nature, but are published in the State Register.

If an agency seeks outside opinion before issuing new rules or rule amendments, it must publish a NOTICE OF INTENT TO SOLICIT OUTSIDE OPINION in the *Official Notices* section of the *State Register*. When rules are first drafted, state agencies publish them as **Proposed Rules**, along with a notice of hearing, or notice of intent to adopt rules without a hearing in the case of noncontroversial rules. This notice asks for comment on the rules as proposed. Proposed emergency rules and withdrawn proposed rules are also published in the *State Register*. After proposed rules have gone through the comment period, and have been rewritten into their final form, they again appear in the *State Register* as **Adopted Rules**. These final adopted rules are not printed in their entirety in the *State Register*, only the changes made since their publication as Proposed Rules. To see the full rule, as adopted and in effect, a person simply needs two issues of the *State Register*, the issue the rule appeared in as proposed, and later as adopted. For a more detailed description of the rulemaking process, see the *Minnesota Guidebook to State Agency Services*.

The State Register features partial and cumulative listings of rules in this section on the following schedule: issues 1-13 inclusive; issues 14-25 inclusive; issue 26, cumulative for issues 1-26; issues 27-38 inclusive; issue 39, cumulative for 1-39; issues 40-51 inclusive; and issue 52, cumulative for 1-52. An annual subject matter index for rules appears in August. For copies of the State Register, a subscription, the annual index, the Minnesota Rules or the Minnesota Guidebook to State Agency Services, contact the Print Communications Division, 117 University Avenue, St. Paul, MN 55155 (612) 297-3000 or toll-free in Minnesota 1-800-657-3757.

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Proposed Rules

Pursuant to Minn. Stat. §14.22, an agency may propose to adopt, amend, suspend or repeal rules without first holding a pubic 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.

Indian Affairs Council

Proposed Permanent Rules Relating to Business Loans to Indians

Notice of Intent to Adopt a Rule Without a Public Hearing

The Indian Affairs Council intends to adopt a permanent rule without a public hearing following the procedures set forth in the Administrative Procedure Act, *Minnesota Statutes*, sections 14.22 to 14.28. You have 30 days to submit written comments on the proposed rule and may also submit a written request that a hearing be held on the rule.

Agency Contact Person. Comments or questions on the rule and written requests for a public hearing on the rule must be submitted to:

Charlotte White Indian Affairs Council 500 Rice Street St. Paul, Minnesota 55103 Telephone No. (612) 296-3611 Fax No. (612) 297-8837

Subject of Rule and Statutory Authority. The proposed rule is about the Indian Business Loan Program which provides Indians who are seeking to expand or start a business enterprise with low-interest loans. The statutory authority to adopt this rule is *Minnesota Statutes* section 116J.64, subd. 7 and section 14.06. A copy of the proposed rule is published in the *State Register* and attached to this notice as mailed.

Comments. You have until 4:30 p.m., July 1, 1994 to submit written comment in support of or in opposition to the proposed rule and any part or subpart of the rule. Your comments must be in writing and received by the agency contact person by the due date. Comment is encouraged. Your comment should identify the portion of the proposed rule addressed, the reason for the comment, and any change proposed.

Request for a Hearing. In addition to submitting comments, you may also request that a hearing be held on the rule. Your request for a public hearing must be in writing and must be received by the agency contact person by 4:30 p.m. on July, 1, 1994. Your written request for a public hearing must include your name and address. You are encouraged to identify the portion of the proposed rule which caused your request, the reason for the request, and any changes you want made to the proposed rule. If 25 or more persons submit a written request for a hearing, a public hearing will be held unless a sufficient number withdraw their requests in writing. If a public hearing is required, the agency will follow the procedures in *Minnesota Statutes*, sections 14.131 to 14.20.

Modifications. The proposed rule may be modified as a result of public comment. The modifications must be supported by data and views submitted to the agency and may not result in a substantial change in the proposed rules as (attached and) printed in the *State Register*. If the proposed rule affects you in any way, you are encouraged to participate in the rulemaking process.

Statement of Need and Reasonableness. A statement of need and reasonableness is now available from the agency contact person. This statement 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.

Adoption and Review of Rule. If no hearing is required, after the end of the comment period the agency may adopt the rule. The rule and supporting documents will then be submitted to the attorney general for review as to legality and form to the extent form relates to legality. You may request to be notified of the date the rule is submitted to the attorney general or be notified of the attorney.

Proposed Rules

ney general's decision on the rule. If you wish to be so notified, or wish to receive a copy of the adopted rule, submit your request to the agency contact person listed above.

Dated: 16 May 1994

JoAnne Stately
Acting Executive Director

Rules as Proposed

5100.0200 DEFINITIONS.

Subpart 1. Scope. As used in parts 5100.0200 to 5100.0900, the following words and terms shall have the meaning given, except where the context clearly indicates otherwise.

- Subp. 2. Administrative costs. "Administrative costs" means those costs incurred in administering the Tribal Council's portion of the Indian Business Loan Program through the Indian Affairs Council.
 - Subp. 3. [See repealer.]
- Subp. 4. Borrower. "Borrower" means the person making application to the department council for loan funds to start or expand a business.
 - Subp. 4a. Council. "Council" means the Indian Affairs Council.
- Subp. 5. Division Program. "Division" means the Division of Economic Development within the Department of Energy, Planning and Development "Program" means the Indian Business Loan Program.

5100.0300 SCOPE OF PROGRAM.

The scope of the program: is to provide an opportunity for eligible Indians in Minnesota to improve economic independence by implementing a business loan program that will promote an environment for economic expansion and diversification in the field of business ownership.

5100.0400 PURPOSE.

The purpose of parts 5100.0200 to 5100.0900 is to augment *Minnesota Statutes* 1978, section 362.40 and *Laws of Minnesota* 1979, chapter 333, sections 100 to 102 1161.64, by establishing criteria that will enable Indians in Minnesota to utilize the business loan program for the expansion or establishment of Indian-owned businesses in the state.

5100.0500 CRITERIA FOR BUSINESS LOANS.

Criteria for the acceptance or rejection of business loan applications will be based on the following requested information that will convey to the department council a complete basis of information on which to evaluate the loan request, ability to repay, and management of the business, so that comparisons may be made with known industry standards as indicators of a company's ability to succeed.

- A. Application must only be made for a profit oriented business geographically located in Minnesota.
- B. Approval by assistant commissioner of The council must approve:
- (1) personal financial statements and resumes of management personnel that will indicate that an applicant is not in an excessive debt position and serve to demonstrate the expertise of management;
- (2) operating statements of existing business for which expansion, technical, or management assistance loans are requested that will demonstrate the need for and feasibility of the application;
 - (3) financial statements for past three years for existing businesses, if applicable;
 - (4) eredit verifications to ascertain financial responsibility;
 - (5) employment verification to ascertain steadiness and extent of past work experience;
- (6) (5) documentation supporting cost of real estate, buildings, machinery, and/or equipment that will be used to ascertain reasonableness of cost and present conditions;

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

Proposed Rules =

- (7) (6) detailed project description, which will demonstrate dollar scope of the project, estimated revenue anticipated, and indicate ability to repay the loan;
 - (8) (7) equity or collateral available, which must be least five percent, to demonstrate applicant's insertion of risk capital;
 - (9) (8) income and expense projections, which will indicate cash flow anticipated;
- (10) (9) applicants who will establish a business on a reservation must have or obtain approval of tribal licenses, if applicable, and/or leases when tribal lands are to be leased by the proposed business enterprise; and
 - (11) (10) last two filed tax returns, if applicable.
- C. All documents in item B shall be submitted to the division council at one time and, because this program is a participant in the total loan package, the division's evaluation will be only one of other financial institutions' evaluations.
- D. Loans for the purchase of land will require the construction of a physical facility and establishment of a business on that land within one year of receiving the loan approval. Construction of a physical facility is to begin within six months of receiving loan approval.
 - E. Business loans shall not be made to repay or consolidate existing liabilities.
- F. Any loan made hereunder will become due and payable if the ownership of the business for which it was made is transferred in whole or in part to any individual, partnership, or corporation that would have been ineligible to have received the loan in the first instance.

5100.0600 PROCEDURES FOR MAKING BUSINESS LOAN APPLICATIONS.

Complete standard application on forms prescribed by the division council.

A time limitation of 60 days shall be imposed for the completion and submission of all documentation, which will allow applicant a reasonable time to obtain supplemental financing for the total project. The assistant commissioner council shall extend the time limitation if based on good cause shown in writing.

5100.0700 REPAYMENT.

The division council shall establish repayment of the loan on a schedule that will be determined by an assessment of the cash flow and ability to repay.

5100.0800 REVIEW.

There will be a monthly review of all loan accounts by the assistant commissioner council.

5100.0900 MAXIMUM PARTICIPATION.

Maximum participation in any one loan will be 25 shall not exceed 75 percent of the project cost.

REPEALER. Minnesota Rules, part 5100.0200, subpart 3, is repealed.

Department of Public Safety

Proposed Permanent Rules Relating to Medical Examination Certificates of School Bus Drivers Dual Notice:

Notice of Intent to Adopt Rules Without a Public Hearing Unless 25 or More Persons Request a Hearing, and Notice of Hearing if 25 or More Requests for Hearing Are Received

Introduction. The Minnesota Department of Public Safety intends to adopt permanent rules without a public hearing following the procedures set forth in the Administrative Procedure Act, *Minnesota Statutes*, sections 14.22 to 14.28. If, however, 25 or more persons submit a written request for a hearing on the rules within 30 days or by 4:30 p.m. on June 30, 1994, a public hearing will be held on August 1, 1994. To find out whether the rules will be adopted without a hearing or if the hearing will be held, you should contact the agency contact person after June 30, 1994 and before August 1, 1994.

Agency Contact Person. Comments or questions on the rules and written requests for a public hearing on the rules must be submitted to: Laura Nehl-Trueman, Department of Public Safety, Room 120 Transportation Building, 395 John Ireland Boulevard, St. Paul, MN 55155 (612) 296-2608.

Subject of Rules and Statutory Authority. The statutory authority to adopt the rule is *Minnesota Statutes*, section 171.321, subdivision 2. A copy of the proposed rules is published in the *State Register*. A free copy of the rules is available upon request from Laura Nehl-Trueman.

Proposed Rules

The rule amendments carry out the legislative requirement under section 171.321, subdivision 2, which provides that the commissioner of public safety must include in the rules regarding the qualifications of school bus drivers "that an applicant for a school bus endorsement or renewal is exempt from the physical qualifications and medical examination required to operate a school bus upon providing evidence of being medically examined and certified within the preceding 24 months as physically qualified to operate a commercial motor vehicle, pursuant to *Code of Federal Regulations*, title 49, part 391, subpart E, or the rules of the commissioner of transportation incorporating those federal regulations." To implement this legislation, part 7414.1600 has been added to the existing school bus driver qualification rules. Part 7414.1600 adds the above statutory language regarding the exemption and sets forth what documentation is required by the school bus driver to meet the exemption requirements.

Part 7414.1400 is also amended by changing the re-examination reporting period to be consistent with part 7414.1600 and by adding other clarifying amendments.

Comments. You have until 4:30 p.m., June 30, 1994, to submit written comment in support of or in opposition to the proposed rules or any part or subpart of the rules. Your comment must be in writing and received by the agency contact person by the due date. Comment is encouraged. Your comment should identify the portion of the proposed rules addressed, the reason for the comment, and any change proposed.

Request for a Hearing. In addition to submitting comments, you may also request that a hearing be held on the rules. Your request for a public hearing must be in writing and must be received by the agency contact person by 4:30 p.m. on June 30, 1994. Your written request for a public hearing must include your name, address, and telephone number. You are encouraged to identify the portion of the proposed rules which caused your request, the reason for the request, and any changes you want made to the proposed rules. If 25 or more persons submit a written request for a hearing, a public hearing will be held unless a sufficient number withdraw their requests in writing.

Modifications. The proposed rules may be modified, either as a result of public comment or as a result of the rule hearing process. Modifications must not result in a substantial change in the proposed rules as printed in the State Register and must be supported by data and views submitted to the Department or presented at the hearing. If the proposed rules affect you in any way, you are encouraged to participate in the rulemaking process.

Cancellation of Hearing. The hearing scheduled for August 1, 1994, will be canceled if the Department does not receive requests from 25 or more persons that a hearing be held on the rules. If you request a public hearing, the Department will notify you before the scheduled hearing whether or not the hearing will be held. You may also call Laura Nehl-Trueman at (612) 296-2608 after June 30, 1994, to find out whether the hearing will be held.

Notice of Hearing. If 25 or more persons submit written requests for a public hearing on the rules, a hearing will be held following the procedures in *Minnesota Statutes*, sections 14.14 to 14.20. The hearing will be held on August 1,1994, in Conference Room D, 5th Floor Veterans Service Building, 20 West 12th Street, St. Paul, Minnesota 55155, beginning at 9:00 a.m. and will continue until all interested persons have been heard. The hearing will continue, if necessary, at additional times and places as determined during the hearing by the Administrative Law Judge. The Administrative Law Judge assigned to conduct the hearing is Barbara L. Neilson. Judge Neilson can be reached at the Office of Administrative Hearings, 100 Washington Square, Suite 1700, Minneapolis, Minnesota 55401-2138, telephone (612) 341-7604.

Hearing Procedure. If a hearing is held, you and all interested or affected persons including representatives of associations or other interested groups, will have an opportunity to participate. You may present your views either orally at the hearing or in writing at any time prior to the close of the hearing record. All evidence presented should relate to the proposed rules. You may also mail written material to the Administrative Law Judge to be recorded in the hearing record for five working days after the public hearing ends. This five-day 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 this period will be available for review at the Office of Administrative Hearings. You and the Department may respond in writing with rebuttal arguments or material within five business days after the submission period ends to any new information submitted after the hearing. All written materials and responses submitted to the Administrative Law Judge during the period must be received at the Office of Administrative Hearings no later than 4:30 p.m. on the due date. No additional evidence may be submitted during the five-day period. This rule hearing procedure is governed by Minnesota Rules, parts 1400.0200 to 1400.1200, and Minnesota Statutes, sections 14.14 to 14.20. Questions about procedure may be directed to the Administrative Law Judge.

Statement of Need and Reasonableness. A Statement of Need and Reasonableness is now available. This Statement describes the need for and reasonableness of each provision of the proposed rules. It also includes a summary of all the evidence and argu-

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Proposed Rules =

ment which the Department anticipates presenting at the hearing, if one is held. A free copy of the Statement may be obtained from Laura Nehl-Trueman at the address and telephone number listed above. The Statement may also be reviewed and copies obtained at the cost of reproduction from the Office of Administrative Hearings.

Small Business Considerations. In preparing these rules, the Department has considered the requirements of *Minnesota Statutes*, section 14.115, in regard to the impact of the proposed rules on small businesses. The adoption of the rules will not directly affect small businesses. Rather, the amendments affect the reporting requirements for applicants who obtain a school bus endorsement.

Expenditure of Public Money By Local Public Bodies. *Minnesota Statutes*, section 14.11, subdivision 1, does not apply because adoption of these rules will not result in additional spending by local public bodies in excess of \$100,000 per year for the first two years following adoption of the rules.

Impact on Agriculture Lands. *Minnesota Statutes*, section 14.11, subdivision 2, does not apply because adoption of these rules will not have an impact on agricultural land.

Departmental Charges. *Minnesota Statutes*, section 16A.1285, subdivisions 4 and 5, do not apply because the rules do not establish or adjust departmental charges.

Lobbyist Registration. *Minnesota Statutes*, chapter 10A, requires each lobbyist to register with the Ethical Practices Board. Questions regarding this requirement should be directed to the Ethical Practices Board at First Floor South, Centennial Building, 658 Cedar Street, St. Paul, Minnesota 55155, telephone (612) 296-5148 or 1-800-657-3889.

Adoption Procedure if No Hearing. If no hearing is required, after the end of the comment period the Department may adopt the rules. The rules and supporting documents will then be submitted to the Attorney General for review as to legality and form to the extent form relates to legality. You may request to be notified of the date the rules are submitted to the Attorney General or be notified of the Attorney General's decision on the rules. If you want to be so notified, or wish to receive a copy of the adopted rules, submit your request to Laura Nehl-Trueman at the address listed above.

Adoption Procedure after a Hearing. If a hearing is held, after the close of the hearing record, the Administrative Law Judge will issue a report on the proposed rules. You may request to be notified of the date on which the Administrative Law Judge's report will be available, after which date the Department may not take any final action on the rules for a period of five working days. If you want to be notified about the report, you may so indicate at the hearing. After the hearing, you may request notification by sending a written request to the Administrative Law Judge. You may also request notification of the date on which the rules are adopted and filed with the Secretary of State. The Department's Notice of Adoption must be mailed on the same day that the rules are filed. If you want to be notified of the adoption, you may so indicate at the hearing or send a request in writing to the agency contact person at any time prior to the filing of the rules with the Secretary of State.

Dated: 12 May 1994

Michael S. Jordan, Commissioner Department of Public Safety

Rules as Proposed

7414.1400 PERIODIC REEXAMINATION.

Each school bus driver is required to take and pass a physical examination every two years prior to that person's birthday in order to retain a the school bus driver driver's endorsement. The two-year reexamination period will start from the examination date of the most recent physical examination certificate submitted by a school bus driver. The Department of Public Safety will send physical examination certificates to school bus drivers. A school bus driver shall return the certificate, completed by the examining physician, along with a \$2 processing fee, on or before this birthday the expiration of the two-year period, to the Department of Public Safety. Failure to pass and return the physical examination shall will result in cancellation of the school bus driver driver's endorsement from the Minnesota driver license.

7414.1600 USE OF FEDERAL MOTOR CARRIER MEDICAL EXAMINATION CERTIFICATE.

Subpart 1. Exemption. An applicant for an initial school bus driver's endorsement or for renewal of a school bus driver's endorsement is exempt from parts 7414.1100, 7414.1200, 7414.1300, and 7414.1400, upon providing evidence of being medically examined and certified within the preceding 24 months as physically qualified to operate a commercial motor vehicle, pursuant to Code of Federal Regulations, title 49, part 391, subpart E, or rules of the commissioner of transportation incorporating those federal regulations. As evidence of being medically examined and certified, the applicant is required to submit, to the Department of Public Safety, the original or photographic copy of the commercial motor carrier physical examination form or the medical examiner's certificate under those federal regulations.

Subp. 2. Periodic reexamination. Each school bus driver is required to take and pass a physical examination every two years in

order to retain the school bus driver's endorsement. The two-year reexamination period will start from the examination date of the most recent physical examination form or medical examiner's certificate submitted by a school bus driver under subpart 1. A school bus driver must send the original or photographic copy of the completed physical examination form or medical examiner's certificate, along with a \$2 processing fee, on or before the expiration of the two-year period, to the Department of Public Safety. Failure to pass the physical examination and submit the physical examination form or medical examiner's certificate will result in cancellation of the school bus driver's endorsement from the Minnesota driver's license.

Telecommunications Access to Communication-Impaired Persons Board

Proposed Permanent Rules Relating to Eligibility for Telecommunications Services Notice of Intent to Adopt a Rule Without a Public Hearing

The TACIP Board intends to adopt a permanent rule without a public hearing following the procedures set forth in the Administrative Procedure Act, *Minnesota Statutes*, sections 14.22 to 14.28. You have 30 days to submit written comments on the proposed rule and may also submit a written request that a hearing be held on the rule.

Agency Contact Person. Comments or questions on the rule and written requests for a public hearing on the rule must be submitted to:

Bill Lamson, Program Administrator TACIP Board 658 Cedar Street, First Floor North St. Paul, Minnesota 55155 1 800 657-3599 (Voice) 1 800 657-3603 (TTY/TDD) 612 297-5368 (FAX)

Subject of Rule and Statutory Authority. The proposed rule is about the eligibility of services for the TACIP Board's Equipment Distribution Program. The statutory authority to adopt this rule is *Minnesota Statutes* sections 237.51, subdivisions 1 and 5. Section 237.51 of *Minnesota Statutes* mandates that the TACIP Board is established to establish and administer an equipment distribution program and to create and maintain a telecommunications relay service. The *Minnesota Statute* governing the TACIP programs was revised in order to update some of the statutory language and, in the case of the Equipment Distribution Program, to further define the clientele served by the program. The proposed amendments to Chapter 8775 of *Minnesota Rules*, reflect the previously mentioned statute changes. A copy of the proposed rule is published in the *State Register* and attached to this notice as mailed.

Comments. You have until 4:30 p.m., June 30, 1994 to submit comment for or in opposition to the proposed amendments to the rule and any part or subpart of the rule. Your comments must be in writing and received by the agency contact person by the due date. Comment is encouraged. Your comment should identify the portion of the proposed rule amendments addressed, the reason for the comment, and any change proposed.

Request for a Hearing. In addition to submitting comments, you may also request that a hearing be held on the rule amendments. Your request for a public hearing must be in writing and must be received by the agency contact person by 4:30 p.m. on June 30, 1994. Your written request for a public hearing must include your name and address. You are encouraged to identify the portion of the proposed rule amendments which caused your request, the reason for the request, and any changes you want made to the proposed rule amendments. If 25 or more persons submit a written request for a hearing, a public hearing will be held unless a sufficient number withdraw their requests in writing. If a public hearing is required, the agency will follow the procedures in Minnesota Statutes, sections 14.131 to 14.20.

Modifications. The proposed rule amendments may be modified as a result of public comment. The modifications must be supported by data and views submitted to the agency and may not result in a substantial change in the proposed rule as attached and

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Proposed Rules =

printed in the State Register. If the proposed rule amendments affect you in any way, you are encouraged to participate in the rule making process.

Statement of Need and Reasonableness. A statement of need and reasonableness is now available from the agency contact person. This statement 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.

Adoption and Review of Rule. If no hearing is required, after the end of the comment period the agency may adopt the rule amendments. The rule and supporting documents will then be submitted to the attorney general for review as to legality and form to the extent form relates to legality. You may request to be notified of the date the rule amendments are submitted to the attorney general or be notified of the attorney general's decision on the amendments. If you wish to be so notified, or wish to receive a copy of the adopted rule, submit your request to the agency contact person listed above.

Dated: 16 May 1994

James Beutelspacher Chair, TACIP Board

Rules as Proposed 8775.0100 DEFINITIONS.

[For text of subps 1 to 5, see M.R.]

- Subp. 6. Communication device. "Communication device" means a device that when eonnected to a used in conjunction with the telephone system enables a communication-impaired person to communicate with another person using the telephone system. A communication device includes a ring signaler, an amplification device, a telephone telecommunications device for the deaf with auxiliary equipment (TDD), brailling device for use with the telephone system, and any other device the board considers necessary, and a telebraille unit.
- Subp. 7. Communication-impaired person. "Communication-impaired person" means a person determined by the division to be deaf, hearing impaired deaf and blind, hard-of-hearing, mobility impaired, or speech impaired as defined by subparts 8, 9, 12, 13, 16a, and 20.
- Subp. 8. Deaf. "Deaf" means the condition of a person whose hearing in both ears is impaired to the degree that the person is unable to understand speech, even when amplified a hearing impairment of such severity that the individual must depend primarily upon visual communication such as writing, lip reading, manual communication, and gestures. A deaf person requires use of a telephone telecommunications device for the deaf (TDD) to communicate effectively on the telephone.
- Subp. 9. **Deaf and blind.** "Deaf and blind" means the conditions of a person who is (1) deaf, severely hearing impaired, or hard-of-hearing, or has a severe to profound hearing loss and (2) blind or visually handicapped impaired. A person affected by these conditions requires use of a telebraille unit brailling device for use with the telephone system or telephone device for the deaf with auxiliary equipment other specially designed system to communicate effectively on the telephone.
- Subp. 10. **Division.** "Division" means the Deaf <u>and Hard of Hearing</u> Services Division of the Minnesota Department of Human Services.

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

Subp. 12. Hard-of-hearing. "Hard-of-hearing" means a condition of a person who has a reduced ability to understand speech hearing impairment resulting in a functional loss, but not to the extent that the individual must depend primarily upon visual communication. Some of the effects of the impairment can be overcome with proper amplification. A person that is hard-of-hearing may require a communication device to communicate effectively on the telephone.

Subp. 13. [See repealer.]

[For text of subps 14 to 16, see M.R.]

Subp. 16a. Mobility impaired. "Mobility impaired" means a motor skill condition that significantly impedes a person's ability to use standard customer premises telephone equipment. A mobility-impaired person may require the use of a communication device with auxiliary equipment to communicate on the telephone.

[For text of subps 17 to 21, see M.R.]

8775.0300 ELIGIBILITY FOR TACIP SERVICES.

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

Subp. 2. Application process. The applicant shall complete the application form and return it to the division's regional service center for hearing impaired deaf and hard-of-hearing people. An application may be made by the applicant, the applicant's spouse, or a person authorized by the applicant to act in the applicant's behalf. All documentation must be provided within 30 days of the

first interview with the division. The applicant shall provide medical documentation of hearing loss communication impairment on request.

Subp. 3. **Documenting, verifying, and reviewing eligibility.** The division shall verify the applicant's household income, age, and access to telephone service, and that the applicant is a communication-impaired person. If the division becomes aware that a condition of eligibility has changed, the division may verify redetermine eligibility:

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

- Subp. 4. Eligibility criteria. To be eligible for the TACIP program, a person must:
 - A. be at least five years of age;
 - B. be a communication-impaired person;
 - C. be a resident of Minnesota;
- D. be a resident in a household at or below the applicable median income in the state, except that a deaf and blind person applying for a telebraille unit brailling device for use with the telephone system may reside in a household that has a median income no more than 150 percent of the applicable median household income in the state; and

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

Subp. 5. **Persons not eligible.** Persons who are residents of a residential or treatment facility that directly or indirectly receives federal funding and is required to be fully accessible to all residents by the Rehabilitation Act of 1973, *United States Code*, title 29, section 774, and the Americans with Disabilities Act of 1990, *United States Code*, title 42, section 12101, et seq., and are eligible for and can obtain communication devices through federal provisions are not eligible to receive TACIP services under this chapter.

[For text of subps 6 and 7, see M.R.]

8775.0400 PRIORITY FOR INITIAL DISTRIBUTION OF COMMUNICATION DEVICES.

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

- Subp. 2a. Third priority: speech and mobility impaired. The third in priority are those eligible speech- and mobility-impaired persons having special needs, experiencing economic hardship, or meeting the household criteria standards.
- Subp. 3. Third Fourth priority: impaired speech. The third fourth in priority are those eligible, speech-impaired persons having special needs, experiencing economic hardship, or meeting the household criteria standards.
- Subp. 3a. Fifth priority: mobility impaired. The fifth in priority are those eligible, mobility-impaired persons having special needs, experiencing economic hardship, or meeting the household criteria standards.
- Subp. 4. Fourth Sixth priority: hearing impaired hard-of-hearing. The fourth sixth in priority are those eligible, hearing impaired hard-of-hearing persons having special needs, experiencing economic hardship, or meeting the household criteria standards.
- Subp. 5. Fifth Seventh priority: others without special needs. The fifth seventh in priority are those eligible, communication-impaired persons having no special needs, not experiencing economic hardship, and not meeting the household criteria standards.

[For text of subp 6, see M.R.]

8775.0500 HOUSEHOLDS ELIGIBLE TO RECEIVE SEVERAL DEVICES.

- Subpart 1. **Deaf.** A communication-impaired person who is deaf or severely hearing impaired is eligible for a telephone telecommunications device for the deaf (TDD) and a ring signaler.
- Subp. 2. **Deaf and blind.** A communication-impaired person who is deaf and blind is eligible to receive use of a telephone telecommunications device for the deaf (TDD) or brailling device for use with the telephone system with auxiliary equipment approved by the board and necessary for efficient communication.

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

Subp. 4. Hearing impaired Hard-of-hearing. A communication-impaired person who is hearing impaired hard-of-hearing is eligible for a ring signaler and amplification device if more than one device is necessary for efficient communication.

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Adopted Rules =

Subp. 5. Mobility impaired. A communication-impaired person who is mobility impaired is eligible for a speakerphone or similar device with auxiliary equipment that the board or its designee deems necessary.

Subp. 6. Speech and mobility impaired. A communication-impaired person who is speech and mobility impaired is eligible for a speakerphone or similar device, or telecommunications device for the deaf (TDD) and any auxiliary equipment approved by the board.

8775.0800 APPEALS.

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

- Subp. 2. **Procedure.** Requests for appeal must be made within 30 calendar days of receiving notice of adverse action or, for good cause shown, within 60 calendar days of receiving the notice. Requests for appeal can be made through written, telephone, or face-to-face contact with a designated representative of the regional service center for the Hearing Impaired deaf and hard-of-hearing people.
- Subp. 3. Conciliation conference. Within 30 calendar days of receiving a request for appeal, a representative of the regional service center for the Hearing Impaired deaf and hard-of-hearing people shall meet with the aggrieved party and attempt to resolve informally the matter leading to the appeal. Within ten calendar days of the conciliation conference, the representative shall prepare a written summary of the issues addressed at the conciliation conference and shall send a copy of the written summary to the aggrieved party and to the board.
- Subp. 4. Formal hearings. If still dissatisfied after receiving a copy of the conciliation conference summary, the aggrieved party may request a hearing before the board by making written, telephone, or face-to-face contact with a designated representative of the regional service center for the Hearing Impaired deaf and hard-of-hearing people. A hearing before the board must be scheduled within 90 days. At the hearing, the aggrieved party may introduce evidence relevant to the issues on appeal. An aggrieved party may be represented by legal counsel or a lay advocate at the hearing.

[For text of subp 5, see M.R.]

REPEALER. Minnesota Rules, part 8775.0100, subpart 13, is repealed.

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 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 Higher Education Coordinating Board

Adopted Permanent Rules Relating to the Nursing Home and Intermediate Care Facility Nurses Education Account Program and the State Grant Program

The rules proposed and published at *State Register*, Volume 18, Number 36, pages 1986-1987, March 7, 1994 (18 SR 1986), are adopted as proposed.

Department of Natural Resources

Adopted Exempt Rules Relating to Experimental Fishing Regulations

Rules as Adopted

6264.0300 DESIGNATED EXPERIMENTAL WATERS.

[For text of subps 1 to 27, see M.R.]

Revenue Notices

Subp. 28. Annie Battle Lake experimental regulations. The following waters are closed to fishing.

Name <u>Location</u> <u>County</u> <u>End Date</u>

<u>Annie Battle</u> <u>T.133, R.39,40</u> <u>Otter Tail</u> <u>2/28/1997</u>

<u>Lake</u> S.13,18,19,24

Board of Podiatric Medicine

Adopted Permanent Rules Relating to Fee Increases

The rules proposed and published at *State Register*, Volume 18, Number 38, pages 2071-2072, March 21, 1994 (18 SR 2071), are adopted as proposed.

Department of Revenue

Adopted Permanent Rules Relating to Sales and Use tax; Processing of Property Furnished by Consumer

The rules proposed and published at State Register, Volume 18, Number 12, pages 883-885, September 20, 1993 (18 SR 883), are adopted as proposed.

Revenue Notices

The Department of Revenue began issuing revenue notices in July of 1991. Revenue notices are statements of policy made by the department that provide interpretation, detail, or supplementary information concerning a particular statute, rule, or departmental practice. The authority to issue revenue notices is found in *Minnesota Statutes* §270.0604.

Department of Revenue

Revenue Notice # 94-8: Sales and Use Tax - Capital Equipment - Ready Mix Mixing Units

Minnesota Statutes section 297A.25, subd. 42, provides that the gross receipts from the sale of capital equipment are exempt. The purchaser must pay sales or use tax on capital equipment at the time of purchase, but may apply for a refund of the tax paid by filing a claim for refund with the commissioner as provided by Minnesota Statutes section 297A.15, subd. 5. Under the definition of capital equipment in Minnesota Statutes section 297A.01, subd. 16, the capital equipment must be used for manufacturing, fabricating, mining, quarrying, or refining tangible personal property to be sold at retail in order to qualify for the exemption.

Issue: Does the mixing unit on a ready mix truck qualify for exemption as capital equipment? To determine whether the mixing unit on a ready mix truck qualifies for exemption as capital equipment the following factors must be considered:

- 1. Whether the motor vehicle excise tax imposed by *Minnesota Statutes* section 297B.02 was paid on the mixing unit or whether the sales or use tax was paid on the mixing unit.
- 2. Whether the mixing unit is being used during the production process or after the production process has ended.

Whether the motor vehicle excise tax or the sales or use tax was paid.

If the motor vehicle excise tax was paid on the mixing unit then the capital equipment exemption does not apply and no refund is available. If the sales tax was paid then the mixing unit may qualify for the capital equipment exemption.

Whether the mixing unit is being used during the production process.

Once it has been determined that the sales tax rather than the motor vehicle excise tax has been paid on the mixing unit the next step in determining whether the capital equipment exemption applies is to determine whether the mixing unit is used during the pro-

Revenue Notices

duction process or after the production process has ended. Equipment must be used during the production process in order to qualify for the exemption for capital equipment. If the ready mix is no longer being processed as it is transported to the construction site then the exemption for capital equipment does not apply. The mixing unit is considered to be used primarily to transport a product in a completed state to the construction site and the mixing of the product is incidental to the primary use of the mixing unit which is to transport the product. If the ready mix is still in the production process as it is being transported to the construction site then the mixing unit may qualify for exemption as capital equipment. If the ready mix is still in the production process as it is being transported to the construction site then all of the transportation or delivery charges would be charges for transportation incurred prior to the time of sale and would be considered part of the sales price subject to sales tax under the provisions of *Minnesota Statutes* section 297A.01, subd. 8.

It is the department's understanding that the ready mix industry generally does not charge sales tax on delivery charges, considering these charges as charges for transportation incurred after the time of sale and therefore after the production process has ended. In this situation, the ready mix would not qualify as capital equipment because it is only used to transport the ready mix after it is produced.

Dated: 31 May 1994

Patricia A. Lien Assistant Commissioner for Tax Policy

Department of Revenue

Revenue Notice # 94-9: Sales Tax; Golf, Country Club and Athletic Club Memberships

General Rule:

It is the position of the Minnesota Department of Revenue that, subject to the exception noted in the last paragraph, all charges that a member must pay as a precondition to becoming a member of a club or as a condition to remain a member of a club are subject to the Minnesota sales tax as sports and athletic club membership dues and fees.

Discussion of the Law:

Minnesota Statutes, section 297A.01, subdivision 3 (l), provides that for sales tax purposes, sale includes the "granting of membership in a club, association or other organization if: (1) the club, association, or other organization makes available for the use of its members sports and athletic facilities (without regard to whether a separate charge is assessed for use of the facilities); and (2) use of the sports and athletic facilities is not made available to the general public on the same basis as it is made available to members". The granting of membership includes both one-time initiation fees and periodic membership dues.

Definitions for Purposes of this Notice:

Initiation Fees. One-time or scheduled payments or contributions required by a club from an individual as a precondition for the individual to join or initially become a member of the club. These payments may increase periodically in order to spread capital improvement charges to new members.

Membership Dues. Any payments required as a condition for the member to retain all the rights and privileges of membership in a club. The failure to pay dues by the member would generally result in the termination or suspension of membership.

Stock Purchase Payments. An assessment or fee required from each member as a condition to belong to the club and which entitles the member to a share of stock in the club. The ownership of the share generally entitles the member to voting rights in the club. The shares are sold at a stated par value and when the member leaves the club, the member's shares are generally sold for the stated value of the shares. Generally, a member can only sell a share of stock by selling it to a new member after getting approval from the club or by selling the stock back to the club. Often the stock certificates are retained at the club's office and the member receives a receipt evidencing ownership of the stock. The payment may be reflected as equity on the club's sheet.

Stock Transfer Fees. Fees charged by a club to transfer or to facilitate the transfer of ownership of shares of stock in club to a new stockholder member. A club may impose such fees in one of two ways: (1) in lieu of an initiation fee or (2) as an administrative charge in addition to the club's initiation fees and membership dues.

Operating Assessments. Payments required from members to fund the operating expenses of the club and which are not earmarked or dedicated for specific purposes or projects.

Capital Improvement Assessments. Assessments imposed upon members to pay a set sum of money which is to be used to make capital improvements to the club's facilities. These assessments generally require a vote of the members. The assessments may be placed in a separate account and are generally earmarked or dedicated for specific purposes or projects. The capital

improvement assessment may or may not be repaid to the member. If the assessment is repaid, it is often not repaid until the member leaves the club.

Minimum Fees. Fees charged by a club to each of its members who have failed to purchase a minimum amount of goods or services from the club during a specific time period. In some cases the actual amount of purchases are subtracted from a base amount of purchases to arrive at the minimum fee. The member generally does not receive goods or services in exchange for the fee and it operates as a penalty to encourage use of the club's facilities.

Social Membership Fees. Payments made to a club that entitle the individual access to all of the club's facilities except the use of the club's sports and athletic facilities. Social members would generally not be required to purchase stock in the club.

Specific Ruling:

The Department takes the position that the above charges are subject to the sales tax as initiation fees or membership dues since a member must pay these charges as a precondition to becoming a member of a club or as a condition to remain a member of a club. The legislature was very specific in providing that any initial payments (initiation fees) required to join a club as well as ongoing charges (dues) that are periodically charged to remain a member would be subject to the tax. The fact that some of the charges are not scheduled charges or that they are imposed on a sporadic basis does not exempt them from the tax, since they are mandatory charges that a member must pay to retain the rights and privileges of membership in the club.

The Department also takes the position that any charges to become or remain a member of a club will not be taxable if the club treats them as a valid business indebtedness owed to the member. To constitute a valid business indebtedness there must be an existing, unconditional and legally enforceable obligation to pay money. In determining whether a valid business indebtedness exists the department will look to see if the debt qualifies under *Internal Revenue Code* section 163(a). Some of the factors to be considered are whether the parties intended to create a debt, whether the club is making payments on the debt, whether the debt is provable, whether the debt bears interest, whether the member intends to collect the debt, and whether the debt has economic substance.

Supersedes Prior Notice:

This notice supersedes Revenue Notice 92-23, Sales and use tax—member governed and controlled clubs that provide sports or athletic facilities for members, published at State Register, Vol. 17, Number 22, Page 1359 on November 30, 1992 (17 S.R. 1359).

Dated: 31 May 1994

Patricia A. Lien Assistant Commissioner for Tax Policy

Minnesota State Agricultural Society

= Official Notices

Pursuant to the provisions of Minnesota Statutes §14.10, 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.

Minnesota State Fair

Meeting Notice

The board of managers of the Minnesota State Agricultural Society, governing body of the State Fair, will conduct a business meeting at 10 a.m. Thursday June 9 at the Administration Building on the fairgrounds. The general business session will be preceded by a 9 a.m. meeting of the board's sales committee.

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Executive Council State Board of Investment Land Exchange Board Investment Advisory Council

Notice of Meetings of the Executive Council, State Board of Investment, Land Exchange Board and the Investment Advisory Council

The Executive Council, State Board of Investment and the Land Exchange Board will meet on Wednesday, June 8, 1994 at 8:30 A.M. in Room 125, State Capitol, Saint Paul, MN.

The Investment Advisory Council will meet on Tuesday, June 7, 1994 at 2:00 P.M. in Suite 105, 55 Sherburne Avenue, St. Paul, MN.

Department of Human Services

Notice of Publication of List of Health Services Requiring Prior Authorization as a Condition of MA/GAMC/MinnesotaCare Reimbursement

The following is the current prior authorization list which replaces any other list published in the *State Register*. The newly added and changed codes will require prior authorization on or after May 31, 1994.

Prior Authorization List

As authorized by *Minnesota Statutes*, section 256B.0625, subdivision 25, the following list includes all health services that require prior authorization as a condition of MA/GAMC/MinnesotaCare reimbursement. The list is presented in sections: Dental Services, Vision Care Services, Medical Supplies and Equipment, Prosthetics and Orthotics, Hearing Aids, Drugs, Rehabilitative Services, Home Care Services, and All Other Services. The criteria used to develop this list are as follows:

- A. The health service could be considered, under some circumstances, to be of questionable medical necessity.
- B. Use of the health service needs monitoring to control the expenditure of program funds.
- C. Less costly, appropriate alternatives to the health service are generally available.
- D. The health service is investigative.
- E. The health service is newly developed or modified.
- F. The health service is of a continuing nature and requires monitoring to prevent its continuation when it ceases to be beneficial.
- G. The health service is comparable to a service provided in a skilled nursing facility or hospital but is provided in a recipient's home
- H. The health service could be considered cosmetic.

THIS LIST OF HEALTH SERVICES REQUIRING PRIOR AUTHORIZATION IS PRESENTLY IN EFFECT. SERVICES THAT WERE ADDED TO THIS LIST SINCE IT WAS LAST PUBLISHED ARE IDENTIFIED WITH AN ARROW OR LINE TO THE LEFT OF THE CODE. THESE NEWLY ADDED CODES WILL REQUIRE PRIOR AUTHORIZATION FOR SERVICES PROVIDED ON OR AFTER MAY 31, 1994.

I. DENTAL SERVICES

In addition to the specific services and procedures listed in this section, the following dental services <u>always</u> require prior authorization:

- 1. Hospitalization for dental treatment (see Dental Services chapter).
- 2. Surgical services, except emergencies and alveolectomies. For emergencies and alveolectomies follow the after-the-fact prior authorization procedures.
- 3. All removable prosthesis.

It is essential that requests submitted for prior authorization consideration be accompanied by adequate case information and appropriate diagnostic materials (i.e., x-rays, prosthesis information, teeth to be replaced).

Radiographs

Service Service **Code Description**

(Prior authorization required only if provided more than once in a three-year period or for person under age 8)

Intraoral series (including bitewings)

D0330 Panoramic film

Panorex, includes bitewings and additional peripheral films D0335

(Prior authorization required only if six in a 12-month period are exceeded)

Intraoral, periapical, each additional film D0230

Intraoral, occlusal film D0240 Extraoral, first film D0250

Extraoral, each additional film D0260

(Prior authorization required only if any combination of up to four in a 12-month period is exceeded)

D0270 Bitewing, single film D0272 Bitewings, two films D0274 Bitewings, four films

Tests and Laboratory Examinations

Unspecified diagnostic procedure, by report (When no medical procedure is being done in addition to the dental D0999

procedure)

Dental Prophylaxis (Prior authorization required only if provided more than once in a six-month period)

D1110	Prophylaxis adults
D1120	Prophylaxis, children

Flouride

D1204	Topical application of fluoride (excluding prophylaxis), adult
D1205	Topical application of fluoride (including prophylaxis), adult

Crowns - Single Restorations Only

D2710	Crown - resin (laboratory)
D2720	Crown - resin with high noble metal
D2721	Crown - resin with predominantly/base metal
D2722	Crown - resin with noble metal
D2740	Crown - porcelain/ceramic substrate
D2750	Crown - porcelain fused to high noble metal
D2751	Crown - porcelain fused to predominantly/base metal
D2752	Crown - porcelain fused to noble metal
D2790	Crown - full cast high noble metal
D2791	Crown - full cast predominantly base metal
D2792	Crown - full cast noble metal
D2810	Crown - 3/4 cast metallic

Other Restorative Services

D2952	Cast post and core in addition to crown
D2960	Labial veneer (laminate)
D2961	Labial veneer (resin laminate)-laboratory
D2962	Labial veneer (porcelain laminate)-laboratory
D2999	Unspecified restorative procedure, by report

Root Canal Therapy (includes treatment plan, clinical procedures, and follow-up care)

Prior authorization is required for root canal therapy involving more than one molar done on the same day.

Official 14	ones -
Service <u>Code</u>	Service <u>Description</u>
Other Endodor	ntic Procedures
D3346	Retreatment-anterior, by report
D3347	Retreatment-bicuspid, by report
D3348	Retreatment-molar, by report
D3460	Endodontic endosseous implant
D3960	Bleaching of discolored tooth
D3999	Unspecified endodontic procedure
	ces (including usual post-operative services)
D4210	Gingivectomy or gingivoplasty - per quadrant
D4211	Gingivectomy or gingivoplasty - per tooth
Periodontics	ongression, or ging replicit,
D4220	Gingival curettage, surgical, per quadrant, by report
D4240	Gingival flap procedures, including root planning - per quadrant
D4249	Crown lengthening - hard and soft tissue, by report
D4250	Mucogingival surgery - per quadrant
D4260	Osseous surgery, including flap entry and closure per quadrant
D4261	Bone replacement graft - single site (including flap entry and closure)
D4262	Bone replacement graft - single site (including flap entry and closure)
D4268	Guided tissue regeneration (includes the surgery and re-entry)
D4270	Pedicle soft tissue grafts
D4271	Free soft tissue grafts including donor site
	riodontal Services
D4320	Provisional splinting, intracoronal
D4321	Provisional splinting, extracoronal
D4341	Periodontal scaling, and root planning - per quadrant
D4345	Periodontal scaling performed in the presence of gingival inflammation
Other Periodo	
D4910	Periodontal maintenance procedures (following active therapy)
D4999	Unspecified periodontal service (by report)
	s, Removable Complete Dentures
D5110	Complete upper
D5120	Complete lower
D5130	Immediate upper
D5140	Immediate lower
Partial Dentur	es (including six months post-delivery care)
D5211	Upper partial - resin base (including any conventional clasps, rests and teeth)
D5212	Lower partial - resin base (including any conventional clasps, rests and teeth)
D5213	Upper partial - cast metal base with resin saddles (including any conventional clasps, rests and teeth)
D5214	Lower partial - cast metal base with resin saddles (including any conventional clasps, rests and teeth)
Other Prosthet	ic Services
D5810	Interim complete denture (upper)
D5811	Interim complete denture (lower)
D5820	Interim partial denture (upper)
D5821	Interim partial denture (lower)
D5860	Overdenture complete, by report
D5861	Overdenture partial, by report
D5862	Precision attachment, by report
D5899	Unspecified removable prosthodontics procedure, by report

Service	Service
<u>Code</u>	<u>Description</u>
Maxillofacial Pr	coethetics
D5911	Facial moulage (sectional)
D5912	Facial moulage (complete)
D5913	Nasal prosthesis
D5914	Auricular prosthesis
D5915	Orbital prosthesis
D5916	Ocular prosthesis
D5919	Facial prosthesis
D5922	Nasal septal prosthesis
D5923	Ocular prosthesis, interim
D5924	Cranial prosthesis
D5925	Facial augmentation implant prosthesis
D5926	Nasal prosthesis, replacement
D5927	Auricular prosthesis, replacement
D5928	Orbital prosthesis, replacement
D5929	Facial prosthesis, replacement
D5931	Obturator prosthesis, surgical
D5932	Obturator prosthesis, definitive
D5933	Obturator prosthesis, modification
D5934	Mandibular resection prosthesis with guide flange
D5935	Mandibular resection prosthesis without guide flange
D5936	Obturator/prosthesis, interim
D5951	Feeding aid
D5952	Speech aid prosthesis, pediatric
D5953	Speech aid prosthesis, adult
D5954	Palatal augmentation prosthesis
D5955	Palatal lift prosthesis, definitive
D5958	Palatal lift prosthesis, interim
D5959	Palatal lift prosthesis, modification
D5960	Speech aid prosthesis, modification
D5982	Surgical stent Radiation carrier
D5983	Radiation shield
D5984	Radiation cone locator
D5985	Fluoride gel carrier
D5986 D5987	Commissure splint
D5988	Surgical splint
D5988 D5999	Unspecified maxillofacial prosthesis, by report
	Onspectifica maximoracian production, by report
Implants	To the construct (in the home)
D6030	Endosseous implant (in the bone)
D6040	Subperiosteal implant
D6050	Transosseous implant
D6055 D6080	Implant connecting bar Implant maintenance procedures, including: removal of prosthesis, cleansing of prosthesis and abutment reinser-
D0000	tion of prosthesis
D6090	Repair implant, by report
D6100	Implant removal, by report
D6199	Unspecified implant procedure, by report
	, Fixed Bridge Pontics (Only covered in situations where documented medical condition prohibits use of remov-
able prostheses)	
D6210	Pontic - cast high noble metal
D6211	Pontic - cast predominantly base metal
D6212	Pontic - cast noble metal

Official	ouces	
Service <u>Code</u>	Service <u>Description</u>	
(Prosthodontic	es, Fixed Bridge Pontics Continued)	
D6240	Pontic - porcelain fused to high noble metal	
D6241	Pontic - porcelain fused to predominantly base metal	
D6242	Pontic - porcelain fused to noble metal	
D6250	Pontic - resin with high noble metal	
D6251	Pontic - resin with predominantly base metal	
D6252	Pontic - resin with noble metal	
Retainers	· · · · · · · · · · · · · · · · · · ·	
D6545	Retainer - cast metal for acid etched fixed prosthesis	
Crowns (Only	covered in situations where documented medical condition prohibits use of removable prostheses)	
D6720	Crown - resin with high noble metal	
D6721	Crown - resin with predominantly base metal	
D6722	Crown - resin with noble metal	
D6750	Crown - porcelain fused to high noble metal	
D6751	Crown - porcelain fused to predominantly base metal	
D6752	Crown - porcelain fused to noble metal	
D6780	Crown - 3/4 cast high noble metal	
D6790	Crown - full cast high noble metal	
D6791	Crown - full cast predominantly base metal	
D6792	Crown - full cast noble metal	
Other Fixed P	rosthetic Services	
D6940	Stress breaker	
D6950	Precision attachment	
Oral Surgery	Extraction	
D7210	Surgical removal of erupted tooth, requires elevation of mucoperiosteal flap and removal of bone and/or section of tooth	
X7216	Removal and/or excision supernumerary tooth, impacted	
D7220	Removal of impacted tooth - soft bone	
D7230	Removal of impacted tooth - partially bone	
D7240	Removal of impacted tooth - completely bone	
D7241	Removal of impacted tooth - completely bone, with unusual surgical complications	
Other Surgica		
D7271	Tooth implantation	
D7272	Tooth transplantation	
D7280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons (including orthodontic attachments)	
D7281	Surgical exposure of impacted or unerupted tooth to aid eruption	
D7290	Surgical repositioning of teeth	
D7291	Transseptal fiberotomy	
Vestibuloplast	•	
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle re-attachments, revision of soft tissue	
	attachment, and management of hypertrophied and hyperplastic tissue)	
Excision of Bone Tissue		
D7470	Removal of exostosis - mandible or maxilla	
D7480	Partial ostectomy guttering or saucerization	
D7490	Radical resection of mandible with bone graft	
	Dislocation and Management of Other Temporomandibular Joint Dysfunctions	
D7830	Manipulation under anesthesia	
D7840	Condylectomy	
D7850	Surgical discectomy; with or without implant	
D7852	Disc repair	

Service	Service
<u>Code</u>	<u>Description</u>
(Reduction of I	Dislocation and Management of Other Temporomandibular Joint Dysfunctions Continued)
D7854	Synovectomy
D7856	Myotomy
D7858	Joint reconstruction
D7860	Arthrotomy
D7865	Arthroplasty
D7870	Arthrocentesis
D7872	Arthroscopy - diagnosis, with or without biopsy
D7873	Arthroscopy - surgical: lavage and lysis of adhesions
D7874	Arthroscopy - surgical: disc repositioning and stabilization
D7875	Arthroscopy - surgical: synovectomy
D7876	Arthroscopy - surgical: discectomy
D7877	Arthroscopy - surgical: debridement
D7880	Occlusal orthotic appliance
D7899	Unspecified TMD therapy, by report
Other Oral Sur	rgery Repair of Traumatic Wounds
D7920	Skin grafts (identify defect covered, location and type of graft
Other Repair F	
D7940	Osteoplasty for orthognathic deformities
D7941	Osteotomy, ramus, closed
D7942	Osteotomy, ramus, open
D7943	Osteotomy, ramus, open with bone graft
D7944	Osteotomy segmented or subapical per sextant or quadrant
D7945	Osteotomy, body of mandible
D7946	Maxilla, total (Le Fort I)
D7947	Maxilla, segmented (Le Fort I)
D7948	Osteoplasty facial bones for midface hypoplasia or retrusion (Le Fort II or III) without bone graft
D7949	Le Fort II or III with bone graft Osseous, osteoperiosteal, periosteal, or cartilage graft of the mandible - autogenous or nonautogenous
D7950	
D7955 D7970	Repair of maxillofacial soft and hard tissue defect Excision of hyperplastic tissue, per arch
D7970 D7971	Excision of pericoronal gingiva
D7980	Sialolithotomy
D7981	Excision of salivary gland
D7981	Sialodochoplasty
D7991	Coronoidectomy
D7993	Implant - facial bones
D7994	Implant - other than facial bones
D7999	Unspecified oral surgical procedure, by report
	Minor Treatment for Tooth Guidance
D8110	Removable appliance therapy
D8120	Fixed or cemented appliance therapy
Minor Treatm	ent to Control Harmful Habits
D8210	Removal appliance therapy
D8220	Fixed or cemented appliance therapy
Interceptive O	rthodontic Treatment
D8360	Removable appliance therapy
D8370	Fixed appliance therapy
Comprehensiv	e Orthodontic Treatment of the Transitional Dentition
D8460	Class I malocclusion
D8470	Class II malocclusion
D8480	Class III malocclusion

Service <u>Code</u>	Service Description		
Treatment o	Treatment of the Permanent Dentition		
D8560	Class I malocclusion		
D8570	Class II malocclusion		
D8580	Class III malocclusion		
D8650	Treatment of the atypical or extended skeletal case		
D8750	Post-treatment stabilization		
X0515	Orthodontic full case study (PA required once every five years)		
D8999	Unspecified orthodontic treatment		
Miscellaneous Services			
D9940	Occlusal guards, by report		
D9941	Fabrication of athletic mouth guards		
D9951	Occlusal adjustment, limited		
D9952	Occlusal adjustment, complete		
D9999	Unspecified adjunctive procedure, by report		

II. VISION CARE SERVICES

In addition to the codes specified below, all noncontract eyeglasses, lenses, and frames require prior authorization,

Contact Lens Treatment Services (All contact lens services and supplies must be prior authorized except for recipients with a diagnosis of Aphakia, Aniseikonia, Keratoconus, or Bandage lenses.)

C		
Service <u>Code</u>	Service Description	
92070	Fitting of contact lens for treatment of disease, including supply of lens	
92070	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of	
92310	adaptation; corneal lens, both eyes, except for aphakia	
92325	Modification of contact lens (separate procedure), with medical supervision of adaptation	
92391	Supply of contact lenses, except prosthesis for aphakia	
Ophthalmic T	Freatment Services (PA required if the recipient utilized any service under this heading in the past 24 months)	
92004	Ophthalmological services; comprehensive, new patient	
92014	Ophthalmological services; comprehensive, established patient	
92340	Fitting of spectacles, except for aphakia; monofocal	
92341	bifocal	
92342	multifocal, other than bifocal	
92352	Fitting of spectacle prosthesis for aphakia; monofocal	
92353	multifocal	
92358	Prosthesis service for aphakia; temporary	
Low Vision T	reatment Services	
92354	Fitting of spectacle mounted low vision aid; single-element system	
92355	telescopic or other compound lens system	
Vision Thera	py Services	
92065	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation	
Other Special	lized Services	
92285	External ocular photography with medical diagnostic evaluation for documentation of medical progress	
92287	Anterior seg photo with fluorescein angiography	
92390	Supply of spectacles, except prosthesis for aphakia and low vision aids	
92392	Supply of low vision aids	
Material Cod	es	
V2500 to	Contact Lens - for diagnosis other than Aphakia, Keratoconus, or Aniseikonia, or Bandage Lens.	
V2599	(When submitting invoice for one of these three diagnosis, be sure to specify the diagnosis on claim. If the diag-	
	nosis is omitted, the claim will reject.)	

V2600

V2610

Hand held low vision aids and other nonspectacle mounted aids

Single lens spectacle mounted low vision aids

Service <u>Code</u>	Service <u>Description</u>	
(Material Codes Continued)		
V2615	Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and compound microscopic lens system	
V2629	Not otherwise classified, prosthetic eye	
V2718	Press-on lens, Fresnell prism, per lens	
V2743	Tint other than rose 1 or 2	
V2744	Tint photochromic	
V2755	U-V lens	

III. MEDICAL SUPPLIES AND EQUIPMENT; PROSTHESES AND ORTHOSES

Medical Equipment/Supplies

Providers must get prior authorization for all procedure codes listed in the Equipment and Supplies chapter, Codes Guide, where prior authorization is indicated, and the following general areas.

- 1. All wheelchairs. Requests must state if nursing facility residents own the wheelchair.
- 2. Equipment repairs when the charge exceeds \$300. This includes labor and parts charges combined. For nursing facility residents, specify who owns the equipment.
- 3. Maintenance of equipment.
- 4. Prior authorization is required for underpads and diapers if the recipient is under the age of four.
- 5. A battery charger for a wheelchair requires prior authorization if one has been purchased for the recipient within the last three years.
- 6. A home blood glucose monitor requires prior authorization if one has been purchased for the recipient within the last four years.

Nutritional Products (enteral)

1. All enteral nutrition products except those for treatment of phenylketonuria, hyperlysinemia, and maple syrup urine disease, and the first 30 days after hospital discharge to other than a long-term care facility. See Nutritional Services chapter for coverage standards and rebate requirements and the Prior Authorization phone-in chapter for required information for prior authorization.

Prostheses and Orthoses

Providers must get prior authorization for the following.

- 1. Prostheses and orthoses when the purchase or projected cumulative rental cost exceeds \$2,000. This requirement excludes orthopedic footwear (see number two below).
- 2. Custom orthopedic footwear requires prior authorization (see codes below). Noncustom orthopedic footwear requires prior authorization if the shoe will not be attached to a leg brace.
- 3. Repairs and adaptations to a prosthesis or orthosis when the charge exceeds \$300.
- 4. Charges in excess of \$100 on L1499, L7499, and L8499.
- 5. All codes listed below.

Service <u>Code</u>	Service <u>Description</u>
L1950	AFO, spinal, molded to patient (model IRM type), plastic
L3230	Orthopedic footwear, custom shoes, depth inlay
L3250	Orthopedic footwear, custom molded shoes, removable inner molds, prosthetic shoe
Y5370	Wig

IV. HEARING AIDS

Services in the following categories require prior authorization:

- 1. Repairs to hearing aids when the cost of parts and labor exceeds \$100, or if a repair was made in the preceding 12 months.
- 2. The purchase of a noncontract hearing aid, including pocket talkers. Indicate model number and manufacturer on form.
- The provision of more than one hearing aid or hearing aid dispensing fee in a five-year period.

- 4. More than one miscellaneous hearing aid service per calendar year.
- 5. More than two hearing instrument parts and accessories (code billings) per calendar year.
- 6. More than two ear molds per calendar year.
- 7. Purchase of a hearing aid when pure-tone average is less than 25 dB HL in an adult and less than 20 dB HL in a child.

V. DRUGS

The following drugs require prior authorization which can only be obtained on the phone-in prior authorization line.

Agoral (OTC laxative) liquid

Alferon N (Interferon Alfa-3)

Antihemophilic Factor VIII

Antihemophilic Factor IX

Ceredase (Alglucerase)

Clozapine (Clozaril); will not require prior authorization after July 1, 1994

Declomycin

Diclofenac Potassium (Cataflam); effective July 1, 1994

Epoetin Alfa/Erythropoietin (Epogen and Procrit)

Filgrastim (Neupogen)

Interferon Gamma-1b (Actimmune)

Lactulose

Maltsupex (OTC laxative) liquid/powder/tabs; only for children 6 and under

Omeprazole (Prilosec): for >8 week consecutive daily treatment Ondansetron (Zofran): for >4 week consecutive daily treatment

Papaverine; injectable

Papaverine and Phentolamine; compound injectable

Sargramostim (Leukine and Prokine)

Thorazine spansule

Tretinoin (Retin-A): for patients who are 30 or older

Vancomycin oral formula

Prior authorization requests will not be accepted by the Department for drugs which do not appear on the above list. Non-covered drugs which have received previous approval may continue to be dispensed through the duration of the approved period.

VI. REHABILITATIVE SERVICES

Occupational Therapy

The following occupational therapy services require prior authorization.

Service	Service
<u>Code</u>	Description

Any combination of Q0109 and Q0110 that exceed two per calendar year (six units).

Q0109	Occupational therapy evaluation, initial
Q0110	Occupational therapy evaluations/reevaluations
X4511	Unlisted occupational therapy requires prior authorization.
X4520	Occupational therapy group sessions require prior authorization.
X5510	Occupational therapy consultations that exceed more than one hour per calendar year
X5511	Occupational therapy supplies that exceed more than \$30 per calendar year
A	and a set of the fellowing and a shot around 50 hours around

Any combination of the following codes that exceed 50 hours per year.

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X4515	Occupational therapy motor skills
X4517	Occupational therapy sensory integrative skills
X4522	Occupational therapy cognitive skills
X4524	Occupational therapy preventive skills
X4526	Occupational therapy therapeutic adaptions
97540	Activities of Daily Living
97541	Activities of Daily Living, additional 15 minutes
	the control of the co

Physical Therapy

X4521 Physical therapy group sessions require prior authorization

	Code	<u>Description</u>
Any combination of the following codes that exceed two per calendar year.		tion of the following codes that exceed two per calendar year.
	Q0104 Q0103	Physical therapy evaluation/reevaluation Initial physical therapy evaluation for new patient
	-	tion of the following codes that exceeds 30 hours per calendar year:
	97110	Therapeutic exercises
	97112	Neuromuscular reeducation
	97114	Functional activities
	97116	Gait training
	97118	Electrical stimulation
	97120	Iontophoresis
	97122	Traction, manual
	97124	Massage
	97126	Contrast baths
	97128 97145	Ultrasound Additional 15 minutes of 97110-97128, 90900 and 97799
	97143	Hubbard tank initial 30 minutes
	97221	Hubbard tank initial 50 initiales Hubbard tank, additional 15 minutes
	97240	Pool therapy, initial 30 minutes
	97241	Pool therapy, additional 15 minutes
	97500	Orthotics training, initial 30 minutes
	97501	Orthotics training, additional 15 minutes
	97520	Prosthetics training initial 30 minutes
	97521	Prosthetics training additional 15 minutes
	97530	Kinetic activities initial 30 minutes
	97531	Kinetic activities additional 15 minutes
	97700	Office visit for orthotics, prosthetics or ADL checkout
	97701	Office visit, for orthotics, prosthetics or ADL checkout additional 15 minutes
	90900	Biofeedback, initial 30 minutes
	X5515	Wound care, initial 30 minutes
	-	tion of the following modalities that exceed 30 per calendar year:
	97010	Hot or cold packs
	97012	Traction Electric stimulation
	97014 97016	Vasopneumatic devices
	97018	Paraffin bath
	97020	Microwave
	97022	Whirlpool
	97024	Diathermy
	97026	Infrared
	97028	Ultraviolet
	More than on	e of the following tests per calendar year require prior authorization.
	97720	Extremity testing, initial 30 minutes
	97721	Extremity testing, additional 15 minutes
	•	ation of the following codes that exceed two per calendar year require prior authorization:
	95831	Muscle testing,manual extremity
	95832	Hand Tetal evaluation of body wout hands
	95833 95834	Total evaluation of body w/out hands Total evaluation of body w/hands
		following codes that exceed two per calendar year:
	97752	Muscle testing w/torque curves during isometric & isokinetic exercise
	95842	Muscle testing

Service

Service

Service Service Code Description

Any combination of the following that exceed 12 per calendar year:

95851 Range of motion measurements

95852 Range of motion measurements - hand with comparison to normal side.

The following codes always require prior authorization:

97139 Unlisted procedure 97039 Unlisted modality

Work hardening/conditioning; initial 2 hours 97545

97546 additional hour

Speech-Language Pathology

The following codes require prior authorization:

X4612 Extended consultations that exceed two per calendar year must be prior authorized.

X4614 Construction, programming or adaptation of an augmentative communication devices that exceeds four hours per

calendar vear

92599 Unlisted otorhinolaryngological services

V5362 Speech screenings that exceeds once per calendar year. V5363 Language screenings that exceeds once per calendar year.

V5364 Dysphagia screenings that exceeds once per calendar year.

X5517 Assessment for augmentative communication device that exceeds one per year in addition to 92506.

Any combination of the following codes that exceed one per calendar year require prior authorization:

92506 Medical evaluation of speech

Any combination of the following codes that exceeds 50 hours per calendar year.

92507 Individual speech, language and hearing treatment 92508 Group speech language or hearing treatment X4610 Speech therapeutic services

Basic consultation . X4611

Audiology

The following codes require prior authorization:

92506	Audiology evaluation/reevaluations that exceed two per calendar year
92507	Individual hearing therapy that exceeds five sessions per calendar year
92592	Monaural or binaural hearing aid checks that exceed four per calendar year (one unit maximum)
92593	Monaural or binaural hearing aid checks that exceed four per calendar year (one unit maximum)
92599	Unlisted otorhinolaryngologic service

Any combination of the following codes that exceeds one per calendar year.

92590 Monaural hearing aid exam & selection 92591 Binaural hearing aid exam & selection 92594 Electroacoustic evaluation for monaural hearing aid 92595 Electroacoustic evaluation for binaural hearing aid

92596 Ear protector attenuation measurements

Any combination of the following codes that exceed two per calendar year.

X4611 **Basic Consultations** X4612 Extended Consultation

VII. HOME CARE SERVICES

An MA recipient* may receive the following amounts of home care services each calendar year, which runs from January 1st through December 31st, without Department prior authorization:

A combined total of 40 skilled nurse visits (X5284) or home health aide visits (X5285). These must meet the criteria specified in the chapter covering Home Care Services - General Information, and Home Health Agency Services.

NOTE: Skilled nurse visits provided to a recipient residing in an intermediate care facility for persons with mental retarda-

tion (ICF/MR) do not fall under this limit and must be prior authorized by the Department. Refer to section 05.03 for procedures to follow to request prior authorization of skilled nurse visits in an ICF/MR.

2. A total of two initial R.N. assessment visits (X5675) to begin personal care services.

*MA recipient <u>does not</u> include waiver recipients of Elderly Waiver (EW), Community Alternative Care (CAC), Community Alternatives for Disabled Individuals (CADI), Traumatic Brain Injury (TBI), Title XIX Home and Community-Based Waiver for Persons with Mental Retardation or Related Conditions (MR) waivers including those persons receiving services through the Enhanced Waivered Services Funds, the Alternative Community-Based Services (ACS), and the Family Choice Option (FCO). All home care services must be prior authorized in order to meet federal assurances. For recipients on the EW, CAC, CADI, or TBI waivers, prior authorization of MA reimbursed home care services is made by the county case manager, not the Department. For recipients on a MR waiver, providers must submit their request for prior authorization to the county case manager who will forward this information to DHS.

MA reimbursement for X5284, X5285, and X5675 above these limits requires Department prior authorization.

The following services require Department prior authorization before any amount of service may be provided.

Service <u>Code</u>	Service <u>Description</u>
X4037	15 minutes of R.N. supervision of personal care service by a provider organization
X5284	Skilled nurse visit (when provided to a recipient residing in an ICF/MR)
X5641	15 minutes of private duty nursing service by an independently enrolled R.N.
X5642	15 minutes of private duty nursing service by an independently enrolled licensed practical nurse (L.P.N.)
X5643	15 minutes of personal care service by an independently enrolled personal care assistant (PCA)
X5644	15 minutes of R.N. supervision of an independent PCA
X5645	15 minutes of personal care service by a provider organization
X5646	15 minutes of private duty nursing service by an R.N. employed by a private duty nursing provider organization to a non-ventilator dependent recipient
X5647	15 minutes of private duty nursing service by an R.N. employed by a private duty nursing provider organization to a ventilator dependent recipient
X5648	15 minutes of private duty nursing service by an L.P.N. employed by a private duty nursing provider organization to a non-ventilator dependent recipient
X5649	15 minutes of private duty nursing service by an L.P.N. employed by a private duty nursing provider organization to a ventilator dependent recipient

Refer to sections 04.03 or 05 for procedures to follow to request prior authorization.

VIII. ALL OTHER SERVICES

The following health services require prior authorization:

- 1. All air ambulance transportation that originates or is to a destination outside of Minnesota.
- Scheduled ALS or BLS ambulance trips in excess of six trips per month. Procedure codes A0010 basic life support, A0222
 ambulance return trip, A0225 neonatal transport, A0220 advanced life support, A0223 ALS supplies billed separately, and
 A0150 BLS nonemergency ambulance care are included.
- 3. Scheduled ground transportation provided outside of Minnesota.
- 4. Partial hospitalization programs.
- 5. Investigative health services and procedures (see page 24).
- 6. Procedures that may be considered cosmetic. If staged reconstructive surgery is being proposed for correction of a congenital anomaly the complete plan for future surgeries must be submitted with the first prior authorization.
- All surgical or behavioral modification services aimed specifically at weight reduction.
- 8. Services provided outside of Minnesota. This requirement for prior authorization does not include services provided in a recipient's local trade area that would not require prior authorization if provided within Minnesota, emergency services, services needed because the recipient's health would be endangered if the recipient was required to return to Minnesota or services provided to children placed outside of Minnesota through the subsidized adoption assistance program under *Minnesota Statutes*, Section 256B.055, subdivision 1 or 2.
- 9. Treatment or removal of a hemangioma.

In addition, the following specific procedures and investigative procedures require prior authorization:

Service	Service
<u>Code</u>	<u>Description</u>
A2000*1	Manipulation of spine by chiropractor (A2000 replaces X2010 and X2020)
E0750	Implantable electrical nerve stimulator, spinal cord
J0585	Botulinum Toxin Type A
X0691*9	Day treatment, nervous and mental
X1420*20	Acupuncture
X2393-22*3	Nutritional consultation, evaluation by R.D.
X2393*3	Nutritional consultation, follow-up visit
X2395*12	Individual diabetes education session, per hour - Type I - insulin dependent
X2396*13	Individual diabetes education session, per hour - Type II - non-insulin dependent
X5231	Face-to-face contact between the case manager and the client
X5232	Face-to-face contact between the case manager and the client's family, legal representative, primary caregiver,
	mental health providers, or other service providers, or other interested persons
X5233	Telephone contact between the case manager and client, the client's mental health provider or other service
	providers, a client's family, legal representative, primary caregiver, or other interested persons (MA reimburse-
	ment limited to two hours per month)
X5234	Contacts between the case manager and the case manager's clinical supervisor concerning the client
X5235	Development, review, and revision of the client's ICSP or IFCSP, including the case manager's functional
	assessment of the client
X5236	Time spent by the case manager traveling outside the county of financial responsibility to meet face-to-face with
	a client or the client's family, legal representative, or primary caregiver when the client is a resident of a regional
	treatment center, residential treatment facility, or an inpatient hospital located outside the county of financial
	responsibility (MA reimbursement limited to eight hours per day)
X5237	Time spent by the case manager traveling within the county of financial responsibility to meet face-to-face with
	the client or the client's family, legal representative, or primary caregiver
X5317*15	Cognitive remediation training (1 to 3 clients)
X5318*15	Cognitive remediation training (4 to 9 clients)
X5535*16	Neuropsychological rehabilitation (individual)
X5536*17	Neuropsychological rehabilitation (group)
X5537*18	Neuropsychological consultation (case/team consultation)
X5329	Lithotripsy when used for treatment of gallstones
X5330	Partial hospitalization program - adult
X5331	Partial hospitalization program - adolescent
X5355*10	Cardiac rehabilitation program; including physician services, per session
X5356*10	Cardiac rehabilitation program; excluding physician services, per session
X5531*4	Individual psychotherapy, discretionary visits, 45-50 minutes (replaces 90844-22)
X5641*2	Private duty nursing by RN
X5642*2	Private duty nursing by LPN
X7010	ICF-MR and DAC special needs - service (review by Long-term Care Division)
X7020	ICF-MR and DAC special needs - equipment (review by Long-term Care Division)
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including
	micropigmentation; 6.0 sq cm or less
11921	6.1 to 20.0 sq cm
11922	each additional 20.0 sq cm
11950	Subcutaneous injection of "filling" material (e.g., collagen); 1 cc or less
11951	1.1 to 5 cc
11952	5.1 to 10 cc
11954	over 10 cc
15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	more than 15 punch grafts
15780	Dermabrasion of skin
15781	less than total face
15782	regional
15783	superficial, any site (e.g., tattoo removal)
15786	Abrasion; single lesion
15787	each additional four lesions or less

Service <u>Code</u>	Service <u>Description</u>
15788	Chemical peel, facial; epidermal
15789	facial; dermal
15792	non-facial; epidermal
15793	non-facial; dermal
15810	Salabrasion; 20 sq. cm or less
15811	over 20 sq. cm
15820	Blepharoplasty, lower eyelid
15821	with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid
15823	with excessive skin weighing down lid
15824	Rhytidectomy; forehead
15825	neck with platysmal tightening (platysmal flap, "P-flap")
15826	glabellar frown lines
15828	cheek, chin and neck
15831	Excision, excessive skin and subcutaneous tissue (including lipectomy), abdomen (abdominoplasty)
15835	buttock
15836	arm
15832	thigh
15833	leg
15834	hip
15837	forearm or hand
15838	submental fat pad
15839	other area
15876	Suction assisted lipectomy, head and neck
15877	trunk
15878	Suction assisted lipectomy, upper extremity
15879	lower extremity
17106	Destruction of cutaneous vascular proliferative lesions (e.g. laser technique); less than 10 sq. cm
17107	10.0 - 50.0 sq. cm
17108	over 50.0 sq. cm
17340	Cryotherapy for acne
17360	Chemical exfoliation for acne (e.g., acne paste, acid)
17380	Electrolysis epilation, each 1/2 hour
19140	Mastectomy for gynecomastia through circumareolar or other incision
19316	Mastopexy Reduction mammaplasty
19318 19324	Reduction mammaplasty Mammaplasty, augmentation without prosthetic implant
19324	with prosthetic implant
19323	Removal of intact mammary implant
19328	Correction of inverted nipples
21010	Arthrotomy, temporomandibular joint
21010	Condylectomy, temporomandibular joint (separate procedure)
21060	Meniscectomy, temporomandibular
21070	Coronoidectomy (separate procedure)
21086	Impression and custom preparation; auricular prosthesis
21087	Impression and custom preparation; nasal prosthesis
21088	Impression and custom preparation; facial prosthesis
21137	Reduction forehead; contouring only
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall
21144	Reconstruction midface, Lefort I; intrusion, single piece (e.g., for long face syndrome)
21145	Reconstruction midface, Lefort I; single piece, any direction, requiring bone grafts (includes obtaining autografts)
21146	Reconstruction midface, Lefort I; two pieces, any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted unilateral alveolar cleft)

	Totices
Service	Service
<u>Code</u>	<u>Description</u>
21147	Reconstruction midface, Lefort I; three or more pieces, any direction, requiring bone grafts (includes obtaining
	autografts) (e.g., ungrafted bilateral alveolar cleft or multiple osteotomies)
21150	Reconstruction midface, Lefort II; anterior intrusion (e.g., Treacher-Collins syndrome)
21151	Reconstruction midface, Lefort II; any direction, requiring bone grafts (includes obtaining autografts)
21154	Reconstruction midface, Lefort III (extracranial), any type, requiring bone grafts (includes obtaining autografts);
	without Lefort I
21155	Reconstruction midface, Lefort III (extracranial), any type, requiring bone grafts (includes obtaining autografts);
	with Lefort I
21159	Reconstruction midface, Lefort III (extra and intracranial), with forehead advancement (e.g., mono bloc), requir-
	ing bone grafts (includes obtaining autografts); without Lefort I
21160	Reconstruction midface, Lefort III (extra and intracranial), with forehead advancement (e.g., mono bloc), requir-
01170	ing bone grafts (includes obtaining autografts); with Lefort I Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts
21172	(includes obtaining autografts)
21175	Reconstruction bifrontal, superior-lateral orbital rims and lower forehead, advancement or alternation (e.g. pla-
21173	giocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic mater-
21177	ial)
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)
21181	Removal by contouring of benign tumor of cranial bones (e.g., fibrous dysplasia), extracranial
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision
	of benign tumor of cranial bone (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total
	area of bone grafting less than 40 cm2
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision
	of benign tumor of cranial bone (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total
	area of bone grafting greater than 40 cm2, but less than 80 cm2
21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision
	of benign tumor of cranial bone (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total
01100	area of bone grafting greater than 80 cm2 Reconstruction midface, osteotomies (other than Lefort type) and bone grafts (includes obtaining autografts)
21188	Reconstruction of mandibular ramus, horizontal, vertical, "c" or "l" osteotomy; without bone graft
21193 21194	Reconstruction of mandibular ramus, horizontal, vertical, "c" or "l" osteotomy; with bone graft
21194	Reconstruction of mandibular ramus, sagittal split; without internal rigid fixation
21196	Reconstruction of mandibular ramus, sagittal split; with internal rigid fixation
21198	Osteotomy, mandible, segmental
21206	Osteotomy, maxilla, segmental (e.g., Wassmund or Schuchard)
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
21242	Arthroplasty, temporomandibular joint, with allograft
21243	Arthroplasty, temporomandibular joint with prosthetic joint replacement
21244	Reconstruction of mandible, extraoral, with transosteal bone plate
21245	Reconstruction of mandible or maxilla, subperiosteal implant, partial
21246	Reconstruction of mandible or maxilla, subperiosteal implant, complete
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (e.g., for
01040	hemifacial microsomia)
21248	Reconstruction of mandible or maxilla, endosteal implant, partial
21249	complete Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
21255 21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (e.g.,
21230	microphthalmia)
21299	Unlisted craniofacial and maxillofacial procedure
21260	Periorbital osteotomies for orbital hypertelorism
21261	combined intra and extracranial approach
21263	with forehead advancement
21267	Orbit repositioning
21268	combined intra and extracranial approach

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21270	Malar augmentation, prosthetic material
21275	Secondary revision of orbitocraniofacial reconstruction
21462*7	Open treatment of closed or open mandibular fracture, with interdental fixation
21485	Complicated manipulative treatment of TMJ dislocation, initial or subsequent
30120	Excision or surgical planing of skin of nose
30400	Rhinoplasty, primary
30410	complete
30420	including major septal repair
30430	Rhinoplasty, secondary
30435	intermediate
30450	major revision
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening;
	tip only
30462	tip, septum, osteotomies
32851	Lung transplant, single; without cardiopulmonary bypass
32852	with cardiopulmonary bypass
32853	double (bilateral sequential or en bloc); without cardiopulmonary bypass
32854	double (bilateral sequential or en bloc); with cardiopulmonary bypass
33212*11	Insertion or replacement of automatic implantable cardioverter-defibrillator pulse generator
33245	Implantation of automatic implantable cardioverter-defibrillator pads with or without sensing electrodes
33246	with insertion of automatic implantable cardioverter defibrillator pulse generator
33935	Heart-lung transplant with recipient cardiectomy, pneumonectomy
36260	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)
36261	Revision of implanted intra-arterial infusion pump
36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk
36469	face
36470	Injection of sclerosing solution; single vein
36471	multiple veins, same leg
38240	Bone marrow transplant, allogenic
38241	Bone marrow transplant, autologous
40700*6	Plastic repair of cleft lip/nasal deformity; primary, partial, or complete, unilateral
40701*6	primary bilateral, one stage
40702*6	primary bilateral, one of two stages
40720*6	secondary, by recreation of defect and reclosure
42140 42145	Uvulectomy, excision of uvula Palatopharyngoplasty (eg, uvulopalatopharyngoplasty)
42143	Palatopharyngophasty (eg, uvulopharopharyngophasty, uvulopharyngophasty) Palatophasty for cleft palate, soft and/or hard palate
42205*6	Palatoplasty for cleft palate, with closure of alveolar ridge
42210*6	with bone graft to alveolar ridge
42215*6	Palatoplasty for cleft palate, major revision
42220*6	secondary lengthening procedure
42225*6	attachment pharyngeal flap
43810	Gastroduodenostomy
43820	Gastrojejunostomy
43825	with vagotomy, any type
43842	Gastroplasty, vertical-banded, for morbid obesity
43843	Gastroplasty, other than vertical-banded, for morbid obesity
43844	Gastric bypass for morbid obesity
43845	Gastroplasty, any method, for morbid obesity
43846	Gastric bypass with Roux-en-Y gastroenterostomy
43850	Revision of gastroduodenal anastomosis with reconstruction; without vagotomy
43855	with vagotomy
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction; without vagotomy
43865	with vagotomy
44131	Enteroenterostomy, anastomosis of intestine; intestinal bypass for morbid obesity
47135	Liver transplant, with or without recipient hepatectomy
48554	Transplantation of pancreatic allograft

Service <u>Code</u>	Service Description
54400	Insertion of penile prosthesis; non-inflatable
54400 54401	inflatable
54405	Insertion of inflatable penile prosthesis
54660	Insertion of testicular prosthesis
55970	Intersex surgery; male to female
55980	female to male
56356	Hysteroscopy; with endometrial ablation (any method)
61885	Incision and subcutaneous placement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling
61888	Revision or removal of cranial neurostimulator pulse generator or receiver
63185	Laminectomy with rhizotomy; 1 or 2 segments
63190	Laminectomy with rhizotomy; more than 2 segments
63650	Percutaneous implantation of neurostimulator electrodes; epidural
63685	Incision and subcutaneous placement of spinal neurostimulator pulse generator or receive, direct or inductive coupling
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver
63750	Insertion, subarachnoid catheter with reservoir and/or pump for intermittent or continuous infusion of drug, including laminectomy
63780	Insertion or replacement, subarachnoid or epidural catheter, with reservoir and/or pump for drug infusion, without laminectomy
64550	Application of surface (transcutaneous) neurostimulator
64553	Percutaneous implantation of neurostimulator electrodes; cranial nerve
64555	peripheral nerve
64560	autonomic nerve
64565	neuromuscular
64573	Incision for implantation of neurostimulator electrodes; cranial nerve
64575	peripheral nerve
64577	autonomic nerve
64580	neuromuscular
64585	Revision or removal of peripheral neurostimulator electrodes
64590	Incision and subcutaneous placement of peripheral neurostimulator pulse generator or receiver, direct or inductive coupling
64595	Revision or removal of peripheral neurostimulator pulse generator or receiver
64612**	Destruction by neurolytic agent (chemodenervation of muscle endplate); muscles enervated by facial nerve
64613**	cervical spinal muscles
65760	Keratomileusis
65765	Keratophakia Richarda da Araba
65767	Epikeratoplasty
65770	Keratoprosthesis Padial hamstedomy
65771 65772	Radial keratotomy Corneal relaxing incision for correction of surgically induced astigmatism
65775	Corneal wedge resection for correction of surgically induced astigmatism
67345	Chemodenervation of extraocular muscle
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
67901	Repair blepharoptosis, frontalis muscle technique with suture
67902	frontalis muscle technique with fascial sling
67903	(tarso)levator resection or advancement, internal approach
67904	(tarso)levator resection or advancement, external approach
67906	superior rectus technique with fascial sling
67909	Reduction of overcorrection of ptosis
67911	Correction of lid retraction
69300	Otoplasty, protruding ear, with or without size reduction
69930	Cochlear implant
76070	Bone density study
76075	Bone density study

Service	Service
<u>Code</u>	<u>Description</u>
78350	Bone density (bone mineral content) study; single photon absorptiometry
78351	dual photon absorptiometry
78608	PET scan; metabolic evaluation
78609	perfusion evaluation
78807	Radionuclide localization of abscess (SPECT)
90820*14	Interactive diagnostic assessment
90855*14	Interactive individual psychotherapy
90857*14	Interactive group psychotherapy
90843*4	Individual psychotherapy; 20-30 minutes
90844*4	Individual psychotherapy; 45-50 minutes
90847*4	Family medical psychotherapy (bill using 90846 when family member being treated is not present)
90853*4	Group medical psychotherapy
90899*5	Unlisted psychiatric service or procedure, e.g., pain clinics
90915*4	Biofeedback training, other
93784	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24
	hours or longer; including recording, scanning analysis, interpretation and report
93797*10	Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring
93798*10	with continuous ECG monitoring
95805	Multiple sleep latency testing
95807	Sleep study
95808	Sleep study
95810	Sleep study
95883*19	Neuropsychological testing battery by doctoral-prepared licensed neuropsychologist
99199*8	Chemodenervation *8

^{*1}PA is required for treatments in excess of 6 per month and 24 per calendar year.

*4:

- A. PA is required for more than twenty-six (26) hours (52 visits/units of 90843) or 90915 (when billed in one unit increments) and twenty (20) hours of 90844 or 40 units of 90915 (when billed in two-unit increments) per calendar year. Note: The 90915 when billed as one unit and 90843 combined decrements from the total 26 hours per calendar year. There is not a separate benefit level for each code. Likewise, 90915 when billed as two units and 90844 combined decrement from the total 20 hours per calendar year. There is not a separate benefit level for each code.
- B. In addition to the twenty hours of 90844 allowed in A above, a recipient is entitled to six (6) X5531's which are discretionary visits and may be used in any frequency or in combination with any other psychotherapy which is subject to the PA requirement without requiring PA. For example, a provider may choose to provide a group therapy session (90853) and an individual therapy session (90844 or X5531) during the same five (5) day calendar period. This would normally require PA if the 90844 code was used. See F below. However, by using one of the six (6) X5531's the PA system can be bypassed. THE PURPOSE OF THESE X5531s IS TO PROVIDE FLEXIBILITY WITHOUT THE NEED FOR OBTAINING PA. PLEASE UTILIZE THEM CAREFULLY AND THOUGHTFULLY.
- C. PA is required when 90843 or one unit of 90915 is provided more frequently than once every five (5) calendar days.
- D. PA is required either when more than three (3) hours of 90853 are provided within a five (5) calendar day period, or when more than seventy-eight (78) hours per calendar year has been reached.
- E. PA is required for 90847 in excess of 26 hours per calendar year or when provided more frequently than once every five (5) calendar days. (Note: 90846 must be used when the family member being treated is not present during the family therapy session.) CPT 90846 is subject to the same P.A. requirements and limitations as those imposed on CPT 90847. Use of this code does not result in an additional benefit level but counts against the benefit level available for 90847.
- F. PA is required when more than one type of psychotherapy (individual, group, or family) is provided within a five (5) calendar day period. However, 90843 and 90844 cannot be provided more frequently than once every ten (10) calendar days without PA. (Note: 90846 and 90847 are both considered to be family therapy.)

^{*2}All hours of private duty nursing provided in a hospital or facility certified as an ICF, SNF, or ICF/MR.

^{*3}PA is required for nutritional counseling services in excess of one nutritional counseling evaluation and two nutritional counseling, follow-up visits per calendar year.

- G. PA is required for 90844 or two units of 90915 when provided more frequently than once every ten (10) calendar days, and when 90843 or one unit of 90915, and 90844 or two units of 90915 are provided more frequently than one every ten (10) calendar days.
 - Calendar days are calculated by counting the first day after rendering a service as day one (1) and counting forward for a total of five (5) or ten (10) days as applicable. Additional services may not be provided until the sixth (6th) or eleventh (11th) day.
- *5PA is required for pain clinic programs, eating disorder, and other structured outpatient programs.
- *6PA required only when the service is performed on a patient 18 and over.
- *7PA is required if this code is used more than 30 days after documented fracture.
- **PA is required for chemodenervation of any area.
- *9PA is required for day treatment in excess of 390 hours.
- *10PA is required in excess of 36 sessions per calendar year.
- *11This procedure code includes two services; the insertion or replacement of a pacemaker pulse generator or automatic implantable cardioverter-defibrillator pulse generator. When using this code to bill for the insertion or placement of pacemaker pulse generator, note this service in the Procedure box of the Practitioner Invoice, as this specific service does not require PA.
 - *12PA is required in excess of 6 sessions per calendar year.
 - *13PA is required in excess of 4 sessions per calendar year.
- *14PA is required for 90820, 90855, 90857 when the thresholds of 90801, 90844, 90853 have been used. These codes will be included in the thresholds of codes 90801, 90844, 90853. (The provider cannot bill both a 90844 and 90855. They must choose one or the other.)
- *15PA is required for cognitive remediation training (X5317, or X5318, or a combination of X5317 and X5318) in excess of 390 hours.
 - *16PA is required for neuropsychological rehabilitation (X5535) prior to service initiation and for more than 20 hours.
 - *17PA is required for neuropsychological rehabilitation (X5536) prior to service initiation and for more than 78 hours.
- *I*PA is required for neuropsychological consultation (X5537) prior to service initiation. PA must be renewed each calendar year (i.e., in January).
 - *19PA is required for neuropsychological testing and assessment (95883) prior to service initiation.
 - *20 Acupuncture is covered for chronic pain. PA is required in excess of 10 sessions.

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(12/01/91)

PAGE 2505

MN DEPARTMENT OF HUMAN SERVICES • HEALTH CARE MANAGEMENT DIVISION • PRIOR AUTHORIZATION UNIT

CLOZARIL INFORMATION - INITIAL TREATMENT REQUEST THIS FORM MUST BE COMPLETED BY THE PHYSICIAN

A COPY OF THIS COMPLETED FORM AND ANY PHYSICIAN DOCUMENTATION ON THE BACK OF THIS FORM MUST BE ATTACHED TO THE PRESCRIPTION SENT TO THE PHARMACY

I.	GE	ENERAL INFORMATION:							
	1.	PHYSICIAN NAME: 2. MA PROVIDER NUMBER:							
	3.	SPECIALTY:							
	4a.	PATIENT NAME: 4b. MA ID#:							
	4c.	PATIENTS' CLOZARIL NATIONAL REGISTRY #:							
	5.	NUMBER OF HOSPITAL ADMISSIONS DURING THE PAST TWO YEARS:							
	6.	NUMBER OF DAYS PATIENT WAS IN HOSPITAL DURING PAST TWO YEARS:							
	(REGARDING DRUG TRIALS: (circle one) a. There was a lack of response to trials of other neuroleptic medications. b. Was unable to achieve an effective dose of other neuroleptic medications due to intolerable and refractory extra pyramidal side effects or tardive dyskinesia. If [b], please describe on the back of this form. Note the side effect, for tardive dyskinesia, include the Abnormal Involuntary Movements Scale AIMS) or Dyskinesia Identification Systems Condensed User's Scale (DISCUS) score. 							
H.	CR	RITERIA FOR APPROVAL:							
	1.	Diagnosis of schizophrenia per DSM-III-R 295.XX excluding 295.40.							
	 SEVERITY OF ILLNESS: Score on Brief Psychiatric Rating Scale (BPRS) of 45 or greater on an 18 item version, or at least a score of five in four of the following BPRS categories: A. Emotional Withdrawal; B. Conceptual Disorganization; C. Suspiciousness; D. Hallucinatory Behavior; E. Unusual Thought Content; F. Blunted Affect. Note letters (from above) of categories or BPRS Score: 								
	3.	Duration of disease is six months or more YES NO							
	4.	Patient has had a minimum of two unsuccessful drug trials which met all of the YES NO following guidelines:							
		 a. The two neuroleptics were from at least two anti-psychotic classes. b. A trial of depo medication or documentation that such a trial was considered and reasons for rejection (use back of this form). 							
		c. Duration of at least six weeks for each trial.							
		d. 1. Dosage of each drug was equivalent or greater than 1000mg per day of Chlorpromazine; or 2. Was unable to achieve an effective dose of trial neuroleptic medications due to intolerable and refractory extra pyramidal side effects or tardive dyskinesia.							
	5.	Do any of the following apply to this patient?							
		 a. History of a blood dyscrasia b. Receiving other agents which have potential to suppress bone marrow function YES NO NO 							
		c. Has an uncontrolled seizure disorder (If yes to 5a-c, please document on the back the rationale for prescribing Clozaril.)							
	,								
	6.	Do any of the following apply to this patient? a. Has significant cardiac disease or is cardiac compromised YES NO							
		b. Has other severe medical condition(s) (If yes to 6a-b, please document on the back the rationale for prescribing Clozaril.)							
PHYSI	CIAN	SIGNATURE: DATE:							

State Register, Tuesday 31 May 1994

(CITE 18 S.R. 2505)

MN DEPARTMENT OF HUMAN SERVICES • HEALTH CARE MANAGEMENT DIVISION • PRIOR AUTHORIZATION UNIT

CLOZARIL INFORMATION - CONTINUING TREATMENT REQUEST THIS FORM MUST BE COMPLETED BY THE PHYSICIAN

A COPY OF THIS COMPLETED FORM AND ANY PHYSICIAN DOCUMENTATION ON THE BACK OF THIS FORM MUST BE ATTACHED TO THE PRESCRIPTION SENT TO THE PHARMACY

ī.	GENERAL INFORMATION:	/SICIAN NAME: 2. MA PROVIDER NUMBER:			
	1. PHYSICIAN NAME: 3. SPECIALTY:	2. MA PROVIDER NUMBER	:		
	4a. PATIENT NAME:	4b. MA ID#:			
	4c. PATIENTS' CLOZARIL NATIONAL REGISTRY #:				
	5. NUMBER OF HOSPITAL ADMISSIONS & THE NUMBER OF HOSPITAL ADMISSIONS & THE NUMBER OF THE PAST 3 MONTH/6 MONTH/12 MONTH (please COURSE OF TREATMENT WITH CLOZARIL:	circle the 3, 6 or 12)			
	6. WHEN & WHERE WAS THIS PATIENT STARTED	ON CLOZARIL?			
II.	CRITERIA:				
	1. Diagnosis of schizophrenia per DSM-III-R 295.XX excl	luding 295.40:	YES NO		
	2. The patient has a current Clozaril National Registry Nu	mber:	_ YES NO		
	3a. For patients started before 12/01/91 who have a baseling	e BPRS Score:			
	There has been a reduction greater than 20% from base in the Basic Psychiatric Rating Scale (BPRS) Total:	line	YES NO		
	. <u>o</u>	<u>r</u>			
	 A two point reduction in at least two of the following k A. Emotional Withdrawal; B. Conceptual Disorgani D. Hallucinatory Behavior; E. Unusual Thought Conceptual 	zation; C. Suspiciousness;	YES NO		
	Please note letters (from above) of categories where	there has been a two point reduction.			
	3b. If the patient was started on Clozaril before 12/01/91 at back of this form in specific terms as to how the patien	nd BPRS was not done for a baseline plet t has benefitted during the trial period.	ase document on the		
	4. If you had indicated on your Initial Request that you we effects, please answer the following:	ere prescribing Clozaril because of intole	rable and refractory side		
	a. If tardive dyskinesia was a problem, has it improved Give current scores on AIMS or DISCUS Scales.		YES NO		
	(Please document on the back of this form.) b. If extra pyramidal side effects were a problem have (Please document on the back of this form.)	they improved?	YES NO		
PHY	SICIAN SIGNATURE:	DATE:			

INVESTIGATIVE LIST

Ablation, (Catheter) - investigative except for: (93650)

- 1. Radiofrequency for modulation of AV nodal reentrant tachycardia (SVT), and for ablation of accessory pathways (Wolff-Parkinson-White).
- 2. Direct current for ablation of the AV node in atrial fibrillation-flutter.

Catheter ablation of ventricular tachycardia foci is considered investigational.

Acuscope

Airway Stents - The use of short term stents in the treatment of acute traumatic injury is considered accepted medical practice. The use of long term endobronchial stents in the treatment of severe airway tracheal and/or bronchial malacia is considered investigative. (31631)

Allergy Testing and Treatment - including but not limited to:

- A. Testing
 - 1. Cytotoxic Leukocyte Testing (Bryan's test) NOTE: This is different from leukocyte immunizations;
 - 2. Leukocyte Histamine Release Testing; (86343)
 - 3. Provocation Neutralization Testing (sublingual, intracutaneous or subcutaneous); (95078)
 - 4. Rebuck Skin Window Test;
 - Passive Transfer or P-K Test;
 - 6. Candidiasis Hypersensitivity Syndrome Testing;
 - 7. IgG Level Testing (IgG level testing for immunodeficiency is eligible for coverage)
 - 8. General Volatile Organic Screening Test for Volatile Aliphatic Panel.
- B. Treatment
 - 1. Provocation Neutralization Treatment for Food Allergies (sublingual, intracutaneous and subcutaneous); (95078)
 - 2. Rinkel Immunotherapy (Serial Dilution Endpoint Titration); Note: Allergy testing using this method is eligible as a variant of conventional intradermal skin testing.
 - 3. Autogenous Urine Immunizations.
 - 4. Clinical Ecology Units;
 - 5. Candidiasis Hypersensitivity Syndrome Treatment;
 - 6. IV Vitamin C Therapy.

Alpha- 1 Antitrypsin Deficiency Replacement Therapy - investigative except when used in patients satisfying the following criteria: (90799, 90784)

- 1. inherited alpha- 1 antrypsin deficiency;
- 2. nonsmoking;
- 3. forced expiratory volume (FEV1) should be less than 65% of the normal value;
- 4. patients waiting for lung transplantation.

Ambulatory Blood Pressure Monitoring (93784 - 93790)

Angelchik Anti-Reflux Prosthesis

Angioscopy

Anorectal Physiology Testing - the following tests should be considered investigative:

- 1. balloon proctography;
- 2. scintigraphic assessment of expulsion or anorectal angle;
- 3. colon transit studies using radio-opaque markers;
- 4. axial force probe;

- 5. rectal barostat;
- 6. whole anal canal pressure profile.

Apheresis - Apheresis includes plasmapheresis (P), erythrocytapheresis (E), leukocytapheresis (LE), lymphocytapheresis (LY), and thrombocytapheresis (T). It is investigative except for the following conditions: (36520)

Dermatologic

- Pemphigus vulgaris; refractory (P)

Hematologic

- ABO-incompatible bone marrow transplantation (P)
- Coagulation factor inhibitors (hemophilia, nonhemophilia): Failed conventional therapy, significant hemorrhage, or planned elective surgery (P)
- Hemophilia with factor VIIIc inhibitors: Failed conventional therapy, significant hemorrhage, or planned elective surgery (P)
- Hyperviscosity syndrome (P)
- Leukemia: Acute debulking or blast crisis (LE)
- Leukemia: chronic myelogenous (CML)(LE)
- Leukemia: Hairy-cell (LE)
- Maternal fetal incompatibility: High risk of fetal demise, and early delivery or intrauterine transfusion is not possible (P)
- Multiple myeloma: renal failure (P)
- Post-transfusion purpura (P)
- Sickle-cell disease (E)
- Thrombotic thrombocytopenic purpura (TTP)(P)
- Thrombocytosis: symptomatic or presurgical (T)
- Waldenstrom's macroglobulinemia (P)

Metabolic Disease

- Hypercholesterolemia: Familial type IIA homozygous form (P)
- Hyperlipoproteinemia: Familial type IIA homozygous form (P)
- Refsum's disease (P)

Musculoskeletal and Connective Tissue

- Cryoglobulinemia: refractory (P)
- Dermatomyositis: refractory (P)
- Polymyositis: refractory (P)
- Vasculitis: life threatening or organ threatening (P)

Neurologic

- Chronic inflammatory demyelinating polyradiculoneuropathy (CIDP)(P)
- Eaton-Lambert syndrome (P)
- Guillaine-Barre syndrome: severe (P)
- Myasthenia gravis (P)
- Progressive systemic sclerosis (scleroderma): Refractory (P)

Renal

- Glomerulonephritis: Rapidly progressive type, either idiopathic or secondary to vasculitis (P)
- Goodpasture's syndrome (P)

Miscellaneous

- Cholestasis: With intractable pruritus (P)

- Drug overdose/poisoning (P)
- Thyroid storm, thyroid hormone overdose

Arthoscopy/Arthroscopic Surgery for treatment of TMJ (29800, 29804) - when used for diagnosis only

Artificial Blood

Assist Pumps, Ventricular (92970, 92971)

Autograft Skin Culture and Culture Transplants - consideration will be given to those patients with giant hairy nevus.

Avascular Necrosis Therapy System

Balloon Expandable Intravascular Stent (93799)

Balloon Transurethral Divulsion of Prostate Gland (52510)

Balloon Valvuloplasty - investigative <u>except</u> when used to dilate the pulmonic valve to improve pulmonary circulation, or mitral valve. (92990 - 92986)

Blood Brain Barrier Disruption (BBBD)

Bone Graft (Bovine) (37799)

Bone Mineralization Studies (78350 - 78351, 76070)

Brain Graft for treatment of Parkinson's Syndrome (64999)

Cancer Antigen 15-3 (CA 15-3) (86316)

Cancer Antigen 19-9 (CA 19-9) (86316)

Cancer Antigen 125 (CA 125) - investigative except when used in follow-up of documented diagnosis of ovarian cancer. (86316)

Cardiokymography - investigative <u>except</u> when used to evaluate coronary artery disease in males with atypical angina pectoris or nonischemic chest pain and in females with either typical or atypical angina. (93799)

Cardiomyoplasty (33999)

Carnitine Testing - considered investigative <u>except</u> for evaluating MCAD deficiency in children 4 and under, and for monitoring levels in persons receiving carnitine supplementation.

CEA (Carcinoembryonic Antigen) - investigative except when used in follow-up of a documented diagnosis of colorectal cancer. (82378)

Cervigram

Chelation Therapy - investigative except for: (M0300)

- 1. control of ventricular arrhythmias or heart block, when associated with digitalis toxicity;
- 2. emergency treatment of hypercalcemia;
- 3. extreme conditions of metal toxicity (including iron toxicity); and
- 4. Wilson's Disease (hepatolenticular degeneration).

Chemosensitivity Assay

Cochlear Implantation - The procedure is considered clinically accepted therapy in perlingually and postlingually deaf adults and children ages 2-17 years who cannot significantly benefit from a hearing aid. Prior authorization is required. (69930, 69710 - 69711, L8614)

Cold Laser Treatment for pain relief or healing is considered investigative. Collagen Injections/Implants when used for podiatric procedures.

Colony-Stimulating Factors - investigative except when used for the following: (Q0093, Q0094)

- 1. G-CSF (Neupogen®, Filgastim®: as treatment to decrease the incidence of infection, manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelo suppressive chemotherapy drugs that are associated with a significant incidence of febril neutropenia.
- 2. GM-CSF (Prokine®, Leukine/Sargramostim®): in patients with non-Hodgkin's -lymphoma, acute lymphoblastic leukemia, and Hodgkin's disease undergoing autologous bone marrow transplantation.

Note: Any other use of the above colony-stimulating factors is considered investigative. The use of any other colony-stimulating factor is considered investigative including HIV and treating neutropenia associated with AZT.

Coma Stimulation Programs

Coronary Angioscopy

Cranial Sacral Therapy

CT Generated Orthopedic Models (Orthoscan)

Cytoxan for Neurological Disorders - investigative except in patients with progressive MS who have failed standard therapy. (99070 - 99092)

Dermabrasion for Acne (considered cosmetic or investigative, depending on clinical stage of acne). (15780 0 15783, 15786 - 15791)

DNA Probes - investigative except when used for the following indications:

- 1. Infectious diseases (CPT codes 87178, 87179) caused by:
 - a. Chlamydiá
 - b. Mycobacterium
 - c. Neisseria gonorrhea
 - d. Mycoplasma pneumonia
- 2. Genetic diseases (CPT codes 83912, 83913)
 - a. Cystic fibrosis
 - b. Duchene's muscular dystrophy
 - c. Fragile x syndrome
 - d. Retinoblastoma
- 3. Hematologic diseases (CPT codes 83912, 83913)
 - a. Chronic myeloid leukemia
 - b. Acute myeloid leukemia
 - c. Acute lymphoblastic leukemia

Dual Energy Absorptiometry (Bone Mineralization Study) (78350 - 78351, 76070)

ECG, Variance Electrocardiography (93278)

Electro Stimulated Gracilis Neosphinter

Endoscopy, Vascular

Energy Emission Analysis

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

ERGYS

Esophageal pH Monitoring - investigative except: (91033)

- 1. in patients who have documented noncardiac induced chest pain;
- 2. to rule out reflux induced pulmonary disorders in patients who have recurrent respiratory symptoms;
- 3. in patients who have been unresponsive to medical therapy or surgery.

Excimer Laser Therapy

Extracranial - Intracranial Arterial Bypass (Anastomosis) - investigative except when used to treat patients requiring either extended temporary or permanent proximal occlusion of major intracranial vessels while treating other types of pathology. (61711)

Fallopian Tube Catheterization (58345)

Gastric Motility Studies - this includes gastrointestinal manometry, electrogastrophy, intraoperatively or surgically implanted electrodes. (91010 - 91020)

Gene Therapy

Gunderson Lyme Test - test is considered investigative.

Hair Analysis (82175, 83015, 83018)

Histamine Therapy - investigative except when used for treatment of cluster headaches. (91660)

Homeopathy and Homeopathic Treatments/Drugs - (also see IV Minerals and Vitamins)

Hyperbaric Oxygen Therapy

Hyperthermia Therapy - investigative except for local hyperthermia in combination with radiation therapy in patients who have failed previous therapy or are not candidates for conventional treatment. (77600 - 77620)

Hypnotherapy for Anesthesia (90880)

Immunoglobulin Therapy - investigative for the treatment of multiple sclerosis, chronic fatigue syndrome, and demyelinating polyneuropathy. Not considered investigative for acute inflammatory demyelinating polyneuropathy (Guillan Barre). (91560, 91561, 90799)

Immunotherapy and Immunological Testing - immunological testing in the treatment of RSA is considered investigative. (86950)

Impedance Cardiopathy (93799)

Impotence - surgical correction of organic impotence by either venous or arterial procedures is considered investigative. (37788, 55899)

Infusion Pumps (Implantable) - investigative except when used for the following indications:

- A. Arterial access (CPT codes 36260, 36261)
 - 1. Colon and rectal cancer with metastasis confined to the liver;
 - 2. Unresectable carcinoid tumors of the liver:
 - 3. Primary liver cancer.
- B. Epidural access (CPT codes 63750, 63780)
 - 1. Administration of analgesia for control of severe, intractable pain of the terminally ill secondary to malignancy;
 - 2. Control of spasticity with low dose morphine;
 - 3. Control of physically disabling spasticity of spinal origin (i.e., resulting from Multiple Sclerosis or spinal cord injury) with intrathecal baclofen (Lioresal®)in patients who:
 - a. are refractive to various pharmacologic (i.e., oral baclofen) and exercise therapies, and
 - b. have a significant functional component that is expected to improve with this therapy.

<u>Note</u>: We will pay for services associated with infusion pumps only when the pump is FDA approved. These associated services include implantation surgery and hospitalization. Infusion pumps provided on an outpatient basis require prior authorization. Infusion pumps associated with inpatient services are covered as part of the DRG payment and cannot be billed separately.

Interferon - investigative for all diagnoses <u>except</u> for the treatment of hairy-cell leukemia, AIDS-related Kaposi's sarcoma, condylomata acuminata, hepatitis C (non-A, non-B hepatitis), chronic granulomatous disease, and chronic Hepatitis B. (J9213, J9214, J9215, J9216)

Interleukin 2 - for malignant melonoma

Intravaginal Conception (IVC)

Iontophoresis Devices for Hyperhidrosis

IV Vitamins and Minerals - investigative when administered in the office setting for allergies, candidiasis, chronic fatigue syndrome, Epstein-Barr virus, and multiple sclerosis.

Keratimilusis - investigative <u>except</u> for: (65760, 65765, 65767)

- 1. for a person with congenital cataracts;
- for a patient with keratoconus;

- 3. rarely for patients who cannot wear any type of corrective lenses and are not suitable for an implant and for patients whose occupation is not conducive to other forms of corrective lenses;
- 4. for patients with significant corneal scarring associated with severe visual impairment in whom a corneal graft is functionally less desirable.

Laparoscopic Hiatal Hernia Repair (Nissen Fundoplication)

Laparoscopic Selective Vagotomy

Laser Bullectomy (32999)

Laser Corneal Sculpturing

Laser Transurethral Resection of the Prostate

Light Reflection Rheography (93950, 93960)

Limb Perfusion (isolated)

Lithotripsy for Treatment of Gallstones (43265)

Lyme Borreliosis Antigen Testing

Lymphokine Activated Killer Cells (LAK)

Magnetic Resonance Imaging - MRI of the chest (71550), myocardium (75552), breast (71550), glenoid labial abnormalities (73221), humoral head fractures (73221), glenoid fractures (73221), glenoid capsular stripping (73221), and arthritic shoulders (73221) are considered investigative. MRI for angiography (73225) is also considered investigative.

Meniscus Transplants

Methyl Tert - Butyl Ether (MTBE) (43265)

Monoclonal Antibodies - investigative except for Orthoclone, OKT-3 for acute rejection of kidney transplants. (78800, 78990)

Nerve Expansion

Neutron Beam Therapy - investigative except for treatment of an unresectable cerebral aneurysm. (77399, 77499)

Omental Transposition to Spinal Cord

Ortho Scan (CT generated orthopedic model)

Pacemaker Cardioverter Defibrillator (33245, 33246, 33248, 93640)

Partial Ileal Bypass - investigative except when performed for patients with: (44131)

- 1. diagnosis of heterozygous type IIa hypercholesterolemia (defined as LDL 190 with normal triglycerides), and
- 2. failure of diet and drug treatment. Treatment failure must be defined by a specialized center in lipid disorders.

Percutaneous Cardiopulmonary Support (PCPS) (33960, 33999, 36822, 92970, 92971)

Percutaneous Nephrectomy

Perrymeter (51785)

Photodensitometry (Bone Mineralization Studies) (78350, 78351, 76070)

Photodynamic Therapy

Photopheresis - investigative except for the treatment of cutaneous T-cell lymphoma. (The use of photopheresis for the treatment of scleroderma is considered investigative.) (36522)

Platelet Derived Wound Healing Factor (PDWHF)

Plethysmography, Bioelectric Impedance

Positron Emission Tomography (PET Scan) - investigative <u>except</u> when used for localization of epileptogenic focus in patients with complex partial epileptic seizures who have failed to respond to medical therapy and who are being considered for surgery. Prior authorization is required.

Posturography

ProlastinTM - see alpha- 1 antitrypsin deficiency for indications for coverage.

Prolotherapy (20550, 20600, 20606, 20610)

Promontory Test

Prostate Specific Antigen (PSA) - investigative except when used in follow-up of documented diagnosis of prostate cancer. (84153, 86316)

Prostatron (55899)

Prostatic Acid Phosphatase (PAP) - investigative except when used in follow-up of documented diagnosis of prostate cancer. (84066)

Proton Beam Therapy (77299, 77399, 76499, 77499)

Protropin

Quantitative Computed Tomography (Bone Mineralization Studies)

Radiogrammetry (Bone Mineralization Studies) (78350, 78351, 76070)

Red Blood Cell Substitutes

Retin-A (Topical Tretinois Treatment) - investigative except when used to treat acne vulgaris and selected disorders of keratinization including lamellar ichthyosis and Darier's disease.

Rhinomanometry (92512)

Rhizotomy - investigative except for the treatment of patients with cerebral palsy, spinal cord injury, and selected cases of traumatic brain injury. Prior authorization is required for eligible indications. (63185, 63190)

Rotating Chair Test

Sclerotherapy - investigative as a stand-alone treatment for varicose veins of the lower extremities. Sclerotherapy used in conjunction with surgical ligation or stripping, up to four months postoperatively, is considered accepted medical practice. Prior authorization is required.

Seismocardiogram (93799)

Signal-Averaged ECG (93278)

Silicone Injection - when used for pediatric procedures. (36468, 36469, 36470, 36471)

Sleep Studies, Home (85828)

Somatostatin Analog - investigative except for the treatment of metastatic carcinoid tumors and vasoactive intestinal peptidesecreting (VIP) tumors.

SPECT Imaging - investigative except when used for the following indications: (78205, 78320, 78607, 78710, 78803)

- 1. heart (cardiovascular functions);
- 2. lymphoma.

SpineTrak

Stereotactic Interstitial Irradiation of Malignant Brain Tumors

Stereotactic Radiosurgery - investigative except when it is used as an alternative to open surgery, when the device being used is FDA approved specifically for stereotactic radiosurgery, and when one of the following conditions exist: (61793)

- 1. patient's lesion is located in a deep, inaccessible, or complex brain region where the risk of surgical removal is deemed unacceptable; or
- 2. patient's medical condition poses unacceptable risk for conventional surgical removal.

Tacrine

Tai Chi Ch'uan

Temporomandibular Joint (TMJ) Disorder and Craniomandibular Joint - the following are considered investigative when used in the diagnosis and treatment of TMJ and craniomandibular disorders:

- 1. electromyography (EMG) (95867, 95868)
- 2. computerized mandibular scanner (97752)

- 3. computerized jaw tracking/motion analysis (97752)
- doppler auscultation
- 5. sonography/ultrasound (76066, 76999, 78380)

Therastim

Thermography (93760 - 93762, X2080)

Tissue Type Plasminogen Activator (TPA) - investigative <u>except</u> when used as intravenous administration for cardiac thrombolysis during management of an evolving acute myocardial infarction. (92995, 93365)

Topographic Brain Mapping

Transcranial Doppler Ultrasound - investigative except when provided for the following indications:

- 1. detecting severe stenosis in the major basal intracranial arteries;
- 2. assessing patterns and extent of collateral circulation in patients with known regions of severe stenosis or occlusion;
- 3. evaluating and following patients with vasoconstriction of any cause especially after subarachnoid hemorrhage;
- 4. detecting arteriovenous malformations and studying their supply arteries and flow patterns;
- 5. assessing patients with suspected brain death.

Transrectal Ultrasound - investigative <u>except</u> for preoperative staging of known colorectal carcinomas. It is accepted medical practice, but not medically necessary, when used to guide a prostate biopsy, therefore, separate reimbursement for the ultrasound is not eligible, as it is considered part of the biopsy procedure. (76872)

Tubal Cannulation - investigative when used for performing assisted reproductive procedures and managing ectopic pregnancy. (58345)

Tumor Cell Sensitivity Assay

Tumor Markers:

- 1. CA 15-3
- 2. CA 19-9
- 3. CA 125
- 4. CEA
- 5. PAP
- 6. PSA
- 7. CA 50
- 8. CA 242

Ultra Fast CT

Ultrasonic Valvuloplasty

Uterine Lavage for Preembryo Transfer

Variance Cardiography (93278)

Vascular Surgery for Impotence - surgical correction of organic impotence by either venous or arterial procedures is considered investigative. (55899)

Ventricular Assist Pumps (92970, 92970)

Department of Labor & Industry

Labor Standards Division

Notice of Prevailing Wage Certifications for Commercial Construction Projects

Effective May 31, 1994 prevailing wage rates were determined and certified for commercial construction projects in:

Crow Wing County: Brainerd-Crow Wing County Airport Multiple Plane Storage Hangar.

Dakota County: MN/DOT Mendota Chemical Storage Building-Mendota.

Hennepin County: HCMC Cardiology Unit Relocation-Minneapolis; MN/DOT Central Shop Pole Building-Fort Snelling; Minneapolis Technical College Parking Lighting Improvements & Structural Repairs-Minneapolis; U of M Health Sciences Plaza Replacement (Phase I)-Minneapolis; Minneapolis Public Schools Roof Repair.

Houston County: Caledonia Elementary School Fire Alarm & Metal Lockers.

Kandiyohi County: Hutchinson-Willmar Technical College Underground Storage Tank Removal & Replacement-Willmar.

Le Sueur County: Le Sueur Public Schools 1994 Reroofing.

McLeod County: Park Elementary School Temporary Shoring-Hutchinson.

Polk County: MN Department of A.G. Potato Inspection Facility-East Grand Forks.

Ramsey County: Dayton's Bluff Elementary, Chelsea Heights & Como Elementary School Fire Alarm-St. Paul; Edgecombe Elementary & Johnson Sr. High 1994 Asbestos Abatement-St. Paul; MN/DOT Arden Hills Patrol Office-Arden Hills; St. Paul Public Schools Boiler Replacement & Lighting Upgrade-St. Paul.

St. Louis County: U of M/Duluth Exterior Window Washing Project-Duluth.

Sibley County: Sibley Public Schools 1994 Reroofing-Henderson.

Copies of the certified wage rates for these projects may be obtained by writing the Minnesota Department of Labor and Industry, Prevailing Wage Section, 443 Lafayette Road, St. Paul, Minnesota 55155-4306. The charge for the cost of copying and mailing are \$1.36 per project. Make check or money order payable to the State of Minnesota.

John B. Lennes, Jr Commissioner

Bureau of Mediation Services

Notice to Public Employers of the "Uniform Baseline and Settlement Form" Presented to the Legislative Commission on Employee Relations on February 17, 1994

NOTICE IS HEREBY GIVEN that in accordance with the Laws of Minnesota, 1994, Chap. 560, Art. 2, Sect. 22, the following "Uniform Baseline and Settlement Form" was presented to the February 17, 1994, meeting of the Legislative Commission on Employee Relations. The "Form" must be completed by all public employers, except Townships, in accordance with the provisions of Sect. 22 until a rule is adopted by the Bureau in accordance with Minnesota Statutes 1992, Chap. 14.

UNIFORM SETTLEMENT FORM

PUBLIC EMPLOYER: _

Base	e Year	First Year of Contract		2nd Year Base Se	cond Year of Contract (if applicable)	.=	3rd Year Base	Year of Contract (if applicable)
).ates 1)		Dates 2)			Dates 3)	_		Dates 4)
Base Wage 5)		New \$ by Wage Schedule mprovement 14)	-	Base Wage 28)	New \$ by Wage Schedule		Base Wage 51)	New \$ by Wage Schedule
		New \$ by Wage Schedule Movement 15)	_		New \$ by Wage Schedule Movement 38)		•	New \$ by Wagi Schedule Movement 61)
ase Social Security ontribution 5A)_		New \$ Social Security Contribution 15A)	_	Base Social Security Contribution 28A)	New \$ Social Security Contribution 38A)		Base Social Security Contribution 51A)	New \$ Social Security Contribution 61A)
ase State or ocal Retirement ontribution 5B)_	1	New \$ State or Local Retirement Contribution 15B)	_	Base State or Local Retirement Contribution 28B)	New \$ State or Local Retirement Contribution 388)		Base State or Local Retirement Contribution 51B)	New \$ State or Local Retirement Contribution 61B)
ase Medical isurance 6)		New \$ for Medical nsurance 16)	_	Base Medical Insurance 29)	New \$ for Medical Insurance 39)		Base Medical Insurance 52)	New \$ for Medical Insurance 62}
ase Dental isurance 7)		New \$ for Dental insurance 17)	_	Base Dental Insurance 30)	New \$ for Dental Insurance 40)		Base Dental Insurance 53)	New \$ for Dental finsurance 63)
ase Life isurance 8)		New \$ for Life Insurance 18)	_	Base Life Insurance 31)	New \$ for Life Insurance 41)		Base Life Insurance 54)	New \$ for Life Insurance 64)
ase Shift ifferential 9)		New \$ for Shift Differential 19)	_	Base Shift Differential 32)	New \$ for Shift Differential 42)		Base Shift Differential 55)	New \$ for Shift Differential 65)
ase Extra- urricular* 10) ——		New \$ for Extra- Curricular 20)	_	Base Extra- Curricular* 33)	New \$ for Extra- Curricular 43)		Base Extra- Curricular* 56)	New \$ for Extra- Curricular 66)
ase Deferred ompensation 11)		New \$ for Deferred Compensation 21)		Base Deferred Compensation 34)	New \$ for Deferred Compensation 44)		Base Deferred Compensation 57)	New \$ for Deferred Compensation 67)
ase Other orms of ompensation 12)		New \$ for Other Forms of Compensation 22)	_	Base Other Forms of Compensation 35)	New \$ for Other Forms of Compensation 45)		Base Other Forms of Compensation 58)	New \$ for Other Forms of Compensation 68)
		Total New \$ Change from Baseline 23)	_		Total New \$ Change from Baseline 46)			Total New \$ Change from Baseline 69)
		% Change from Baseline 24)	_ %		% Change from Baseline 47)	%		% Change from Baseline 70)
lase Year otal Baseline 13)		Total First Year \$ Settlement 25)		Base Year Total Baseline 36)	Total Second Year \$ Settlement 48)		Base Year Total Baseline 59)	Total Third Year \$ Settlement 71)
Applies to	Lump	Sum Payment 26			Lump Sum Payment 49			Lump Sum Payment 72
ducation mits only.		% Increase over Baseline 27)	_ %	a s	% Increase over Baseline 50)	%		% Increase over Baseline 73)

_____ EXCLUSIVE REPRESENTATIVE: ____

Metropolitan Council

Public Hearing on Proposed Changes to the *Aviation Chapter* of the *Metropolitan Development Guide*

The Metropolitan Council's Transportation Committee will hold a public hearing on proposed changes to the Aviation Chapter of the Metropolitan Development Guide.

The proposed changes formally incorporate new forecasts of aircraft and passenger growth made in 1993 and recent Council and Metropolitan Airport Commission (MAC) decisions growing out of the airport "dual-track" planning. The draft plan incorporates protection of the airport "search area" in Dakota County. It also identifies a preferred site for a replacement airport, if needed. In addition, it includes the MAC's long-range development plan for Minneapolis-St. Paul International Airport (MSP) and, if the airport is relocated, a set of policies to govern the reuse of the MSP site. The plan also contains guidelines governing the development of long-range plans for the MAC's smaller airports.

The hearing will be held on Wed., July 13, 1994, 4:30 p.m., in conference room 2-A at the Metropolitan Council offices, Mears Park Centre, 230 E. Fifth St., St. Paul. All interested persons are encouraged to attend the hearing and offer comments. People may register in advance to speak by calling 291-6308 or 291-0904 (TDD). Persons with disabilities may contact the Council at 291-6308 or 291-0904 (TDD) to request reasonable accommodations for the public hearing.

The hearing record will close at 5 p.m., Wed., July 27, 1994. Written comments, which must be received by 5 p.m., July 27, should be sent to Chauncey Case, Metropolitan Council, Mears Park Centre, 230 E. Fifth St., St. Paul, MN 55101. Copies of the public hearing draft of the Aviation Chapter may be obtained by calling the Council's Data Center at 291-8140 or 291-0904 (TDD).

Department of Natural Resources

Notice of Intent to Solicit Outside Opinions Regarding Amendments to the Rules Concerning the Leasing of State Owned Lands for the Mining of Metallic Minerals

NOTICE IS HEREBY GIVEN that the Minnesota Department of Natural Resources is seeking information and opinions from sources outside the agency in preparing to propose adoption of amendments to the rules regarding permits to prospect for and leases for the mining of metallic minerals within the State of Minnesota. Authority to adopt these rules is conferred upon the Commissioner of Natural Resources by *Minnesota Statutes*, sections 93.08 to 93.12 and 93.25, subject to the approval of the State Executive Council.

The Minnesota Department of Natural Resources requests information and comments concerning the subject matter of this area of rulemaking. A draft copy of the proposed amendments and rules for leasing metallic minerals is available for review and is available from the Division of Minerals. Written statements should be addressed to:

Kathy A. Lewis, Mineral Leasing Supervisor Division of Minerals Box 45 500 Lafayette Road Saint Paul, Minnesota 55155-4045

Oral comments will be accepted between the hours of 8:00 a.m. and 4:30 p.m. by telephone at 612-296-4807 or in person at the above address.

Comments will be accepted until July 31, 1994. All written material submitted will become part of the written record in the event that amendments to these rules are adopted.

Dated: 31 May 1994

Rodney W. Sando Commissioner of Natural Resources William C. Brice, Director Division of Minerals

Northern States Power Company

Notice of Acid Rain Program Designated Representative

Pursuant to Code of Federal Regulations Title 40, Part 72, notice is hereby given that I am the Designated Representative for the following Acid Rain Program affected sources at Northern States Power Company; Allen S. King Plant unit 1, Black Dog Plant units 1, 2, 3, and 4, High Bridge Plant units 3, 4, 5 and 6, Minnesota Valley Plant unit 4, Riverside Plant units 6, 7, and 8, Sherburne County Plant units 1, 2, and 3 (unit 3 is owned by Northern States Power Company and Southern Minnesota Municipal Power Agency), Alliant Techsystems unit 1, United Health Care units 1 and 2, and United Hospitals units 5, 6, and 7. Notice is also given that Pamela K. Graika is the Alternate Designated Representative for these sources, as of June 10, 1994. If there are questions, please call Rick Rosvold at (612) 330-6424.

Martin F. Dinville General Manager, Combustion and Hydro Operations Northern States Power Company

Teachers Retirement Association

Notice of Regular Meeting

The Board of Trustees, Minnesota Teachers Retirement Association will hold a meeting on Monday, June 20, 1994, at 9:30 a.m., in Suite 500, Gallery Building, 17 W. Exchange St., St. Paul, MN to consider matters which may properly come before the Board.

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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.

Minnesota Housing Finance Agency

Notice of Availability of Federal Funds and State Matching Funds and Request for Proposals under the Stewart B. McKinney Supportive Housing Program

The Minnesota Housing Finance Agency (MHFA) announces the availability of federal funds and \$600,000 in MHFA matching funds to assist in the development of community based supportive housing for the homeless. Eligible housing developments may be transitional housing, permanent housing for homeless persons with disabilities, innovative housing for homeless and/or supportive services for homeless persons not provided in conjunction with supportive housing. Federal funding is available for the acquisition and/or rehabilitation of existing structures, new construction (under limited circumstances), leasing, operating costs in connection with supportive housing, and supportive services provided to homeless persons. MHFA funding is available for acquisition and/or rehabilitation of existing structures and new construction.

Eligible applicants are states, metropolitan cities, urban counties, other governmental entities, Indian tribes, private non-profit organizations and community mental health associations that are public non-profit organizations.

Federal grants for acquisition, rehabilitation or new construction are limited to \$400,000 and must be matched with an equal amount of non-federal funds. The matching funds must be cash resources provided to the project by one or more of the following: the recipient, the federal government, MHFA and local governments, and private resources. Applicants may apply for MHFA matching funds for acquisition and/or rehabilitation or new construction of property which is made in the form of a no-interest 30 year deferred loan. MHFA matching funds may not exceed the federal grant and no MHFA funds are available to match leasing, operating costs or supportive services costs.

A total of \$334 million was made available on May 10, 1994 as authorized under the Stewart B. McKinney Homeless Assistance Act (McKinney Act) as amended by Section 1403 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992). However, \$44 million of the \$334 million available has been set aside for renewal grants. In addition, two new initiatives under the Supportive Housing program have received set asides — \$20 million for rural homelessness initiative projects, and up to \$50 million for safe havens projects. An interim rule was published May 10, 1994 in the Federal Register (24 CFR Part 583) and will govern this round of funding. Minnesota applications will compete with applications nationwide for funding, and all Supportive Housing Program applications are due — with the original copy to HUD headquarters in Washington DC and two copies to the local HUD Field Office — by August 5, 1994 6:00 p.m. Eastern time.

Applications for MHFA matching funds must be submitted to the MHFA by July 7, 1994 1:00 p.m. Central Daylight time. The application will be reviewed by the MHFA staff and awards will be based on the following criteria:

- Capacity and experience of the project sponsor.
- Need for supportive housing for the population to be served.
- Overall quality and cost effectiveness of the proposed development.
- · Geographic distribution of projects.
- · Evidence of local support.
- Extent to which MHFA and HUD funds will be combined with funds or in-kind contributions for other public and private sources.

Commitments regarding matching funds will be made by July 28, 1994 to be forwarded to the applicant by July 29, 1994, 5 p.m. Central Daylight time. The MHFA Commitment will be contingent upon selection by HUD. In the event a MHFA selection is not chosen by HUD for funding, those funds committed will be de-obligated but may be available to a previously unselected match applicant who is selected and has not yet secured matching funds.

Those project sponsors who may be interested in the MHFA McKinney Match Program should contact Diane Bauleke at (612) 296-9829 or Denise Rogers at (612) 296-8206 at the Minnesota Housing Finance Agency, 400 Sibley Street, Suite 300, St. Paul, MN 55101 as soon as possible to obtain an application and to discuss the feasibility of their proposal.

Professional, Technical & Consulting Contracts

Application forms and technical assistance for sponsors who are not seeking MHFA matching funds may be obtained by contacting Tom Koon or their Community Development Representative at (612) 370-3019 at the U.S. Department of Housing and Urban Development, Minneapolis-St. Paul Office, Region V, 220 Second Street South, Minneapolis, MN 55401-2195.

Department of Trade and Economic Development

Minnesota Job Skills Partnership

Grant Proposals Sought for Business Training Programs

The Minnesota Job Skills Partnership Board solicits grant proposals from educational and other non-profit organizations for training programs designed for specific businesses.

The Minnesota Job Skills Partnership Board will be meeting June 20, 1994, in Room 300 North, State Office Building, 100 Constitution Avenue, St. Paul, Minnesota.

Please contact the Partnership office at 612/296-0388 for details.

Professional, Technical & Consulting Contracts=

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 final submission date of completed contract proposal. Certain quasi-state agencies are exempted from some of the provisions of this statute.

In accordance with *Minnesota Rules* Part 1230.1910, certified Targeted Group Businesses and individuals submitting proposals as prime contractors shall receive the equivalent of a 6% preference in the evaluation of their proposal. For information regarding certification, call the Materials Management Helpline (612)296-2600 or [TDD (612)297-5353 and ask for 296-2600].

Department of Agriculture

Farm Advocate Program

Notice of Availability of Contracts for Minnesota Farm Advocates

The Minnesota Department of Agriculture announces the availability of contracts for farm advocates for the period of July 1, 1994, through June 30, 1995. Applicants must be farmers or former farmers; be familiar with or experienced in farm financial planning (cash flows through financial statements); be knowledgeable of farmers' borrowers rights and responsibilities with the ability to comprehend state and federal rules and regulations governing agricultural credit; have good communications skills (written, oral and listening); and have compassion for and an interest in helping other farmers. Resumes will be accepted through June 8, 1994.

For more information contact:

Pat Schuna
Farm Advocate Program
Minnesota Department of Agriculture
90 West Plato Blvd.
St. Paul, MN 55107
(612) 296-1484

■ Professional, Technical & Consulting Contracts

Minnesota Historical Society

Notice of Request for Proposals for Writing and Editing and Design/Layout for State Historic Preservation Office Publications

The Minnesota Historical Society is seeking proposals from qualified firms and individuals to provide writing and editing services and design and layout services for the *Minnesota History Interpreter* and the *Preservation Planner*, two publications of the State Historic Preservation Office.

While preference will be given to a vendor who can provide both the writing/editing and the design/layout components of the work, proposals will also be considered for either of the components separately.

The Request for Proposals is available by calling or writing Gary W. Goldsmith, Contracting Officer, Minnesota Historical Society, 345 Kellogg Blvd. West, St. Paul, MN 55102. Telephone (612) 297-5863.

Details concerning submission requirements and deadlines are included in the Request for Proposals.

Department of Trade and Economic Development

Business and Community Development

Request for Proposal for a Subscription Agency

This contract is for hiring a subscription agency. A subscription agency orders serials subscriptions from publishers on behalf of the subscriber. This agency works with subscribers and publishers, guaranteeing both the accurate placement of orders with publishers and the payment of those orders.

The total number of journal subscriptions to be serviced under this proposed purchase agreement is estimated but not guaranteed to range from a minimum of 100 to a maximum of 200. This department wants to have the subscription service start with the Jan. 1995 to Dec. 1995 subscription cycle. The state reserves the right to renew this contract at its option for 4 additional one year increments.

The RFP and a list of current subscriptions can be obtained by contacting:

Pat Fenton Senior Librarian Minnesota Dept. of Trade and Economic Development Library, 500 Metro Square Bldg. 121 7th Place East St. Paul, MN 55101-2146 612-296-8902

All proposals must be received by 4:30 p.m., July 1, 1994.

Attention Builders, Architects, Designers, Property Owners...

Accessible and Usable Buildings and Facilities CABO/ANSI, A117.1

Just released by the Council of American Building Officials, this 2 publication set includes UBC Chapter 31 and appendix. Specifications in this standard (ANSI - American National Standards Institute) are to make buildings and facilities accessible to induviduals with disabilities -- both new buildings and existing structures. These standards are applicable to doorways, routes, seating and other elements of building design. Includes diagrams and floor plans. The two books (total of 96 pp) are bound and three-hole drilled for ease of use. 19-2 SR \$35.00



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Professional, Technical & Consulting Contracts

Winona State University

Sealed Bids Requested for Tables and Chairs

NOTICE IS HEREBY GIVEN that Winona State University will receive sealed proposals for 135 tables and 500 chairs to furnish Kryzsko Commons on the Winona State Campus.

Bid specifications are available from Sandra M. Schmitt Purchasing Director, P.O. Box 5838, 205C Somsen Hall, Winona State University, Winona, MN 55987 or call 507-457-5067.

Sealed proposals shall be delivered to the Winona State University Business Office, P.O. BOX 5838, Winona State University, Winona, MN 55987 by 2:00 p.m. on June 15, 1994.

The University reserves the right to reject any or all bids or portions thereof, or to waive any irregularities or informalities in bids received.

——— Gambling in	Minnesota —			
Lawful Gambling Statutes 1992	Gaming News Subscription			
Chapter 349. 65 pp. 2-5 SR \$ 6.95	Yearly subscription. 90-8SR \$40.0			
Lawful Gambling Rules 1993	Gambling Organizations Directory			
	Lists name and address of licensed gambling			
Gambling Manager's Handbook 1992	organizations in Minnesota 99-2SR \$29.			
Requirements of gambling activities 10-19SR \$16.95	Regulatory Accounting Manual			
High Stakes: Gambling in Minnesota 1992	Procedures guide includes tax forms 10-40SR \$14.			
Overview to gambling in Minnesota 10-46SR \$ 8.95	Accounting Manual Worksheets 8-11SR \$ 7			
Gambling in Minnesota 1993	View-through Binder 8 1/2 x 11 10-25 SR \$ 5			
Supplement to High Stakes Gambling 10-26s1SR \$ 5.95	Tab Dividers 10 per package 10-19 SR \$16.			

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Information for Health Care Services

Health Care Facilities Directory
Lists of all Minnesota licensed and certified health
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Minnesota Health Statistics -- 1990
Minnesota Center for Health Statistics, published
August 1992. Tables, diagrams outlining vital
statistics for live births, induced abortions, fertility,
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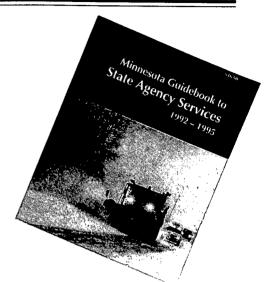
Business & Professional Directories -----

Minnesota Guidebook to State Agency Services 1992-95

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- * license requirements and fees
- gaining access to government services
- * participating in state policy making and service delivery
- * understanding the structure of Minnesota government with detailed descriptions of state agencies, their functions and services.

A MUST for the Minnesota business person. 710 pp. Stock No. 1-11 SR REDUCED PRICE -- \$16 0 NOW \$9.95



Minnesota Manufacturer's Directory 1994

Lists companies alphabetically, by community, and by type of product manufactured. Includes name, address, phone number, sales volume, market products, area sales, marketing and purchasing. Also FAX numbers, data processing managers and chief engineers, when available. 742 pp. Stock No. 40-2 SR \$95.00

Healing Arts (Physician's) Directory 1991

Names and addresses in alphabetical order for licensed physicians, chiropractors, osteopaths, optometrists, podiatrists and registered physical therapists. 426 pp. Stock No. 1-1 SR \$19.95

State Agency Telephone Directory

Orders are now being taken for the 1994 Directory.

This directory lists all State of Minnesota government agencies.

Features a greatly expanded FAX section with over 250 numbers, alphabetical employee listings, a classified section, organized by department, and "yellow pages" listing state offices in Greater Minnesota. 264pp. Stock No. 1-87 SR \$12.95

Airport Directory 1993

List of airports throughout the state. Approaches, rivers, all detailed markings, and much more. 178 pp. (pocket-size) **Stock No. 1-8 SR \$5.95**

Law Enforcement Directory 1993

Directory of state law enforcement agencies, sheriffs and police departments 51pp. *Stock No. 1-6 SR \$ 7.00*

Directory of Chemical Dependency Programs '92-93

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TDD (**T**elecommunications **D**evice for the **D**eaf): 612/282-5077 1-800-657-3706 (Toll Free) **FAX 612/296-2265 Online computer access: 612/821-4096 (8-N-1, 1200/2400 bps)**

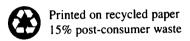
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Signature Expiration Date Tele				Telepho	ne (During Day)	

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