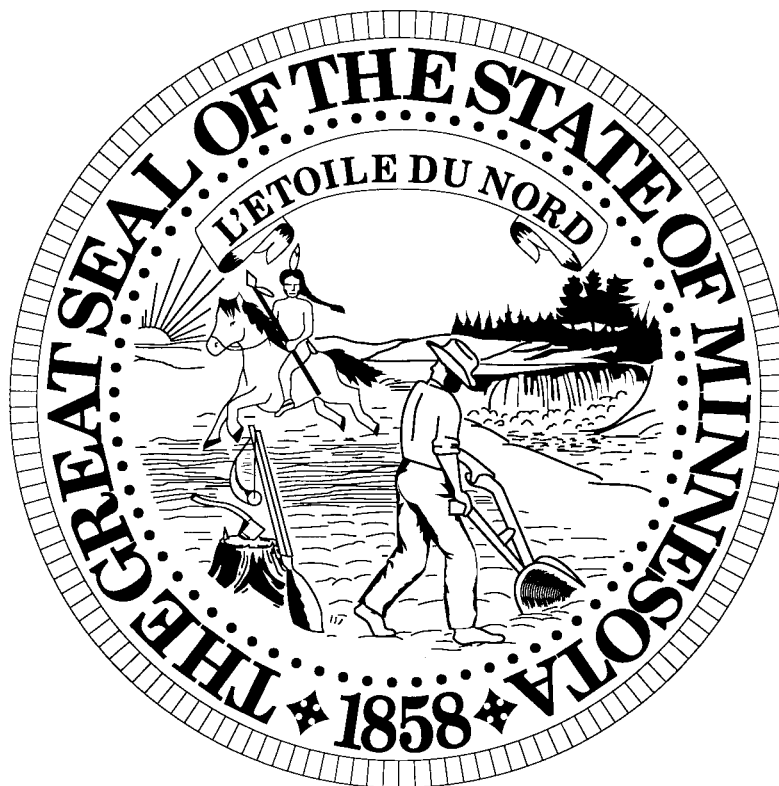


State of Minnesota

State Register

Rules and Official Notices Edition



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Department of Administration – Communications Media 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, published weekly to fulfill the legislative mandate set forth in *Minnesota Statutes* § 14.46. The *State Register* contains:

- proposed, adopted, exempt, expedited emergency and withdrawn rules
- executive orders of the governor
- appointments
- proclamations and commendations
- commissioners' orders
- revenue notices
- official notices
- state grants and loans
- contracts for professional, technical and consulting services
- non-state public bids, contracts and grants
- certificates of assumed name, registration of insignia and marks

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Printing Schedule and Submission Deadlines

Vol. 26 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
#37	Monday 4 March	Noon Wednesday 20 February	Noon Tuesday 26 February
#38	Monday 11 March	Noon Wednesday 27 February	Noon Tuesday 5 March
#39	Monday 18 March	Noon Wednesday 6 March	Noon Tuesday 12 March
#40	Monday 25 March	Noon Wednesday 13 March	Noon Tuesday 19 March

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U.S. Government Printing Office
Website: http://www.access.gpo.gov/su_docs/aces140.html

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Minnesota Judicial Center, Room 135, 25 Constitution Ave., St. Paul, MN 55155
Website: www.courts.state.mn.us

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Minnesota Rules: Amendments and Additions

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

The *State Register* is the official source, and only complete listing, for all state agency rulemaking in its various stages. State agencies are required to publish notice of their rulemaking action in the *State Register*. Published every Monday, the *State Register* makes it easy to follow and participate in the important rulemaking process. Approximately 80 state agencies have the authority to issue rules. Each agency is assigned specific **Minnesota Rule** chapter numbers. Every odd-numbered year the **Minnesota Rules** are published. The current 1999 set is a 13-volume bound collection of all adopted rules in effect at the time. Supplements are published to update this set of rules. Generally speaking, proposed and adopted exempt rules do not appear in this set because of their short-term nature, but are published in the *State Register*.

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

When rules are first drafted, state agencies publish them as **Proposed Rules**, along with a notice of hearing, or a notice of intent to adopt rules without a hearing in the case of noncontroversial rules. This notice asks for comment on the rules as proposed. Proposed emergency rules and withdrawn proposed rules are also published in the *State Register*. After proposed rules have gone through the comment period, and have been rewritten into their final form, they again appear in the *State Register* as **Adopted Rules**. These final adopted rules are not printed in their entirety 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 most current edition of 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 issues #1-39; issues #40-51 inclusive; and issues #1-52 (or 53 in some years), cumulative for issues #1-52 (or 53). An annual subject matter index for rules was separately printed usually in August, but starting with Volume 19 now appears in the final issue of each volume. For copies or subscriptions to the *State Register*, contact Minnesota's Bookstore, 117 University Avenue, St. Paul, MN 55155 (612) 297-3000, or toll-free 1-800-657-3757.

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Expedited Emergency Rules

Provisions exist for the Commissioners of some state agencies to adopt emergency expedited rules when conditions exist that do not allow the Commissioner to comply with the requirements for emergency rules. The Commissioner must submit the rule to the attorney general for review and must publish a notice of adoption that includes a copy of the rule and the emergency conditions. Emergency expedited rules are effective upon publication in the *State Register*, and may be effective up to seven days before publication under certain emergency conditions. Emergency expedited rules are effective for the period stated or up to 18 months. Specific *Minnesota Statutes* citations accompanying these emergency expedited rules detail the agency's rulemaking authority.

Board of Animal Health

Adopted Permanent Rules Relating to Anthrax Vaccine Prescriptions

The rules proposed and published at *State Register*, Volume 26, Number 27, pages 836-837, December 24, 2001 (26 SR 836), are adopted as proposed.

Official Notices

Pursuant to *Minnesota Statutes* §§ 14.101, an agency must first solicit comments from the public on the subject matter of a possible rulemaking proposal under active consideration within the agency by publishing a notice in the *State Register* at least 60 days before publication of a notice to adopt or a notice of hearing, and within 60 days of the effective date of any new statutory grant of required rulemaking. The *State Register* also publishes other official notices of state agencies and non-state agencies, including notices of meetings and matters of public interest.

Campaign Finance and Public Disclosure Board

Notice of 2002 Election Year Campaign Expenditure Limits

In accordance with *Minnesota Statutes* § 10A.255, the following are election year campaign expenditure limits for 2002 by office sought: Governor-Lt. Governor, \$2,188,090; Attorney General, \$364,690; Secretary of State, State Auditor (each), \$182,350; State Senator, \$54,740; State Representative, \$27,380.

Minnesota Comprehensive Health Association

Notice of Meeting of the Actuarial Committee

NOTICE IS HEREBY GIVEN that a meeting of the Minnesota Comprehensive Health Association's (MCHA) Actuarial Committee, originally scheduled for March 6, 2002, and published in the February 18th edition of the *State Register*, has been cancelled. The new date for the Actuarial Committee meeting will be Thursday, March 7, 2002, 9:00 a.m., at the Minnesota Comprehensive Health Association Office, 5775 Wayzata Blvd., Suite 910, St. Louis Park.

For additional information, please call Lynn Gruber at (952) 593-9609.

Official Notices

Minnesota Comprehensive Health Association

Notice of Meeting of the Board of Directors

NOTICE IS HEREBY GIVEN that a meeting of the Minnesota Comprehensive Health Association's (MCHA) Board of Directors will be held at 1:00 p.m., on Wednesday, March 13, 2002, at Medica, 5601 Smetana Drive, Conference Room #300, Minnetonka, MN.

For additional information, please call Lynn Gruber at (952) 593-9609.

Minnesota State Rehabilitation Council

Meeting Dates 2002

The State Rehabilitation Council will meet on the following dates at the designated location. For more information on locations not listed please contact the Minnesota Department of Economic Security at: **phone:** 1-800-328-9095; (651) 296-5616. **TTY:** 1-800-657-3973; (651) 296-3900.

- March 27, 2002** - Four Points by Sheraton St. Paul/Capitol
400 North Hamline Avenue, St. Paul, MN 55104
- April 24, 2002** - Four Points by Sheraton St Paul/Capitol
400 North Hamline, St. Paul, MN
- May 22, 2002** - Four Points by Sheraton St. Paul/Capitol
400 North Hamline, St. Paul, MN
- June 26, 2002** - White Earth Reservation, Naytahwaush, Minnesota
- August 28, 2002** - Location TBA
- September 25, 2002** - Location TBA
- October 23, 2002** - Location TBA
- December 4, 2002** - Location TBA

Minnesota Historical Society

State Review Board Regular Meeting

A meeting of the State Review Board of the Minnesota Historical Society to consider nominations to the National Register of Historic Places will be held on Tuesday, March 19, 2002, in the Cargill Commons, MacMillan Education Wing, Minnesota Historical Society History Center, St. Paul, Minnesota. The State Review Board will meet at 7:00 p.m., for an informational presentation on program activities made by the Preservation Office staff. The meeting will be called to order and consideration of the meeting's agenda will begin at 7:30 p.m. A sign language interpreter is available with one weeks notice, and auxiliary aids are available with two weeks notice. **Phone:** (651) 296-5434, or **TTY** 1-800-627-3529. For further information contact the State Historic Preservation Office, Minnesota Historical Society, 345 Kellogg Boulevard West, St. Paul, MN 55102, (651) 296-5434.

Department of Human Services

Aging Initiative - Continuing Care for the Elderly & Continuing Care for Persons with Disabilities

Public Notice Regarding Payment Rates Related to Nursing Facilities and Intermediate Care Facilities for Persons with Mental Retardation (ICFs/MR) Participating in the Medical Assistance Program

NOTICE IS HEREBY GIVEN to recipients, providers of services under the Medical Assistance Program, and to the public, of proposed payment rate changes for nursing facilities and ICFs/MR participating in the Medical Assistance Program. The proposed rate changes are expected to be effective for rate years beginning on or after July 1, 2002. Notice of final rate changes enacted by the 2002 legislature will be published in the *State Register* prior to the effective date of the changes.

This notice is published pursuant to 42 *United States Code* §1396a(a)(13)(A) (§1902(a)(13)(A) of the Social Security Act), which requires the Department to publish proposed facility payment rates, the methodologies underlying the establishment of such rates, and the justification for such rates.

The Department is notifying interested persons that the Governor's biennial budget for State Fiscal Years 2003, 2004, and 2005 contains the following proposed changes to payment rates or to rate methodology for nursing facilities and ICFs/MR:

1. **The Governor's budget eliminates a scheduled rate increase for nursing facilities with low rates.** Legislation was passed in the 2001 session that provided rate disparity increases to low-rate nursing facilities on July 1, 2001, and on July 1, 2002, for facilities that fall below specified rates for metro and non-metro areas of the state (*Minnesota Statutes*, §256B.431, subdivision 33). This proposal eliminates the July 1, 2002 rate disparity increase.
2. **The Governor's budget reduces the funding available for nursing facility moratorium exception projects.** Legislation was passed in the 2001 session that provides funding for approved moratorium exception projects for which the full annualized state share of Medical Assistance costs do not exceed \$2,000,000 (*Laws of Minnesota 2001*, First Special Session, chapter 9, article 17, section 2, subdivision 9, clause (g)). This proposal reduces the full annualized state share of available funding to \$1,500,000.
3. **The Governor's budget changes what the county of financial responsibility will consider when recommending a variable rate adjustment for an ICF/MR.** When a screening team notes a profile change (a documented increase in the resource needs of an ICF/MR resident), *Minnesota Statutes*, §256B.5013, subdivision 1 permits the county of financial responsibility to recommend that the Department approve a variable rate adjustment (a rate increase) for that client's ICF/MR. Resource needs are defined as increased direct staff hours, other specialized services, and equipment.

The Department recognizes that the full team screening fails to identify the specific increased need areas of residents and fails to provide the rationale for a specific dollar amount to be assigned. In addition, the lack of cost reporting identifying how rate adjustments are spent on the increased resource needs of residents makes accountability difficult. Therefore, the Governor's budget eliminates rate increases based on a resident's profile changes. Instead, proposed language would permit variable rate adjustments based on a resident's demonstrated medical or behavioral needs that significantly impact the type or amount of services or equipment needed by the resident.

Facilities will provide quarterly reports to county case managers on how variable rate adjustments are spent and the status of each resident on whose behalf a rate increase was approved.

4. **The Governor's budget provides that certain ICFs/MR cannot receive variable rate adjustments.** The Governor's budget includes new language in *Minnesota Statutes*, §256B.5013, subdivision 1 providing that ICFs/MR with base rates above the 50th percentile of the statewide average payment rate for a Class A facility or a Class B facility, whichever matches the ICF/MR licensure, cannot receive variable rate adjustments. This means that ICFs/MR with high per diems cannot receive variable rate adjustments.
5. **The Governor's budget limits when an ICF/MR variable rate adjustment may exceed one year.** The Governor's budget includes language in *Minnesota Statutes*, §256B.5013, subdivision 1 providing that only when certain residents fully or partially end participation in a day training and habilitation program may an ICF/MR's variable rate adjustment exceed one year.
6. **The Governor's budget proposes to: 1) clarify when an ICF/MR may receive a temporary rate adjustment; and 2) reduce the number of days the adjustment is permitted** The Governor's budget clarifies that ICFs/MR may receive a temporary rate adjustment for no more than 75 days for remaining residents for facilities in which the monthly occupancy

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rate of licensed beds is at least 75 percent. This would be a change to *Minnesota Statutes*, §256B.5013, subdivision 4, which currently allows a temporary rate adjustment for up to 90 days (which may be extended) when ICFs/MR operate at less than 100 percent occupancy, or when a recipient is discharged.

The net effect of the proposed nursing facility changes is a decrease in Medical Assistance expenditures for nursing facility services. Savings are projected to be \$2,458,000 in State Fiscal Year 2003, \$3,024,000 in State Fiscal Year 2004 and \$2,971,000 in State Fiscal Year 2005.

The net effect of the proposed ICF/MR changes is a decrease in Medical Assistance expenditures for ICF/MR services. Savings are projected to be \$2,500,000 in each of State Fiscal Years 2003, 2004, and 2005.

For nursing facilities, a copy of the relevant budget pages and proposed rate changes may be obtained from Sue Banken, Minnesota Department of Human Services, Aging Initiative, 444 Lafayette Road North, St. Paul, Minnesota, 55155-3844; **phone:** (651) 296-5724 or **email:** sue.banken@state.mn.us. For ICFs/MR, a copy of the relevant budget pages and proposed rate changes may be obtained from Barbara Nelson, Minnesota Department of Human Services, Community Supports for Minnesotans with Disabilities, 444 Lafayette Road North, St. Paul, Minnesota, 55155-3857; **phone:** (651) 582-1969 or **email:** barbara.nelson@state.mn.us

Department of Human Services:

Current Authorization List, Replacing Earlier Lists for ALL HEALTH SERVICES that Require Authorization as a Condition of MHCP Payment

The following is the current authorization list which replaces any other list published in the *State Register*. This authorization list is effective on or after March 11, 2002

AUTHORIZATION LIST

As authorized by *Minnesota Statutes*, section 256B.0625, subdivision 25, the following list includes all health services that require authorization as a condition of MHCP payment. The list is presented in sections: Dental Services, Vision Care Services, Medical Supplies and Equipment, Prosthetics and Orthotics, Hearing Aids, Drugs, Rehabilitative 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.

I. DENTAL SERVICES

In addition to the specific services and procedures listed in this section, the following dental services always require authorization:

1. Surgical services, (except D7210, D7220, D7230, D7240, X7216 surgical extractions). For emergencies follow the after-the-fact authorization procedures.
2. Removable Resin base and Cast Metal Partial.

It is essential that requests submitted for authorization consideration be accompanied by adequate case information and appropriate diagnostic materials (i.e., x-rays, prosthesis information, teeth to be replaced, prognosis for remaining dentition, complete 6 point perio charting for cast metal partials).

RADIOGRAPHS
Code Description

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

D0210 Intraoral series (including bitewing)

D0330 Panoramic film

Code Description

D0335 Panorex, includes bitewing and additional peripheral films

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

D0230 Intraoral, periapical, each additional film

D0240 Intraoral, occlusal film

D0250 Extraoral, first film

D0260 Extraoral, each additional film

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

D0270 Bitewing, single film

D0272 Bitewing, two films

D0274 Bitewing, four films

D0277 Vertical bitewings, seven or 8 films

TESTS AND LABORATORY EXAMINATIONS

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

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

D1110 Prophylaxis adults

D1120 Prophylaxis, children

FLUORIDE

D1204 Topical application of fluoride (excluding prophylaxis), adult

D1205 Topical application of fluoride (including prophylaxis), adult

CROWNS - SINGLE RESTORATIONS ONLY

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

D2780 Crown- 3/4 cast high noble metal

D2781 Crown- 3/4 cast predominately base metal

D2782 Crown- 3/4 cast noble metal

D2783 Crown- 3/4 porcelain/ceramic

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
Code Description

D2952 Cast post and core in addition to crown

D2953 Each additional post-same tooth

D2960 Labial veneer (laminare)

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- D2961 Labial veneer (resin laminate)-laboratory
- D2962 Labial veneer (porcelain laminate)-laboratory
- D2999 Unspecified restorative procedure, by report

OTHER ENDODONTIC PROCEDURES

- D3460 Endodontic endosseous implant
- D3960 Bleaching of discolored tooth
- D3999 Unspecified endodontic procedure

SURGICAL SERVICES (including usual post-operative services)

- D4210 Gingivectomy or gingivoplasty - per quadrant
- D4211 Gingivectomy or gingivoplasty - per tooth

PERIODONTICS

- D4220 Gingival curettage, surgical, per quadrant, by report
- D4240 Gingival flap procedures, including root planning - per quadrant
- D4245 Apically positioned flap
- D4249 Crown lengthening - hard and soft tissue, by report
- D4250 Mucogingival surgery - per quadrant
- D4260 Osseous surgery, including flap entry and closure per quadrant
- D4263 Bone replacement graft - first site in quadrant
- D4264 Bone replacement graft - each additional site in quadrant
- D4266 Guided tissue regeneration - resorbable barrier, per site, per tooth
- D4267 Guided tissue regeneration - nonresorbable barrier, per site, per tooth (includes membrane removal)
- D4268 Surgical revision procedure, per tooth
- D4270 Pedicle soft tissue grafts
- D4271 Free soft tissue grafts including donor site
- D4273 Subepithelial connective tissue graft procedure (including donor site surgery)
- D4274 Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)

ADJUNCTIVE PERIODONTAL SERVICES

- D4320 Provisional splinting, intracoronal
- D4321 Provisional splinting, extracoronal
- D4341 Periodontal scaling, and root planning - per quadrant
- D4381 Localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, by tooth, by report

OTHER

- D4910 Periodontal maintenance procedures (following active therapy)
- D4999 Unspecified periodontal service (by report)

PROSTHODONTICS, REMOVABLE DENTURES

- D5110 Complete upper
- D5120 Complete lower

PARTIAL DENTURES (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 PROSTHETIC SERVICES

D5860	Overdenture complete, by report
D5861	Overdenture partial, by report
D5862	Precision attachment, by report
D5867	Replacement of replaceable part of semi-precision attachment
D5875	Modification of removable prosthesis following implant surgery
D5899	Unspecified removable prosthodontics procedure, by report

MAXILLOFACIAL PROSTHETICS

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
D5983	Radiation carrier
D5984	Radiation shield
D5985	Radiation cone locator
D5986	Fluoride gel carrier
D5987	Commissure splint

IMPLANTS

D6055	Implant connecting bar
D6056	Prefabricated abutment
D6057	Custom abutment
D6058	Abutment supported porcelain/ceramic crown
D6059	Abutment supported porcelain fused to metal crown (high noble metal)
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)
D6061	Abutment supported porcelain fused to metal crown (noble metal)
D6062	Abutment supported cast metal crown (high noble)
D6063	Abutment supported cast metal crown (predominately base metal)
D6064	Abutment supported cast metal crown (noble metal)
D6065	Implant supported porcelain/ceramic crown
D6066	Implant supported porcelain fused to metal crown
D6067	Implant supported metal crown
D6068	Abutment supported retainer for porcelain/ceramic FPD
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominately base metal)
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)
D6072	Abutment supported retainer for cast metal FPD (high noble metal)
D6073	Abutment supported retainer for cast metal FPD (predominately base metal)
D6074	Abutment supported retainer for cast metal FPD (noble metal)
D6075	Implant supported retainer for ceramic FPD
D6076	Implant supported retainer for porcelain fused to metal FPD
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)
D6078	Implant/abutment supported fixed denture for completely edentulous arch
D6079	Implant/abutment supported fixed denture for partially edentulous arch
D6080	Implant maintenance procedures, including: removal of prosthesis, cleansing of prosthesis and abutment reinsertion of prosthesis.
D6095	Repair implant abutment, by report

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PROSTHODONTICS, FIXED BRIDGE PONTICS (Only covered in situations where documented medical condition prohibits use of removable prostheses)

D6210	Pontic - cast high noble metal
D6211	Pontic - cast predominantly base metal
D6212	Pontic - cast noble metal
D6240	Pontic - porcelain fused to high noble metal
D6241	Pontic - porcelain fused to predominantly base metal
D6242	Pontic - porcelain fused to noble metal
D6245	Pontic-porcelain/ceramic
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
D6548	Retainer-porcelain ceramic-for resin bond 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
D6781	Crown- 3/4 cast predominately based metal
D6782	Crown- 3/4 cast noble metal
D6783	Crown- 3/4 porcelain/ceramic
D6790	Crown - full cast high noble metal
D6791	Crown - full cast predominantly base metal
D6792	Crown - full cast noble metal

OTHER FIXED PROSTHETIC SERVICES

D6920	Connector bar
D6940	Stress breaker
D6950	Precision attachment
D6975	Coping metal

ORAL SURGERY EXTRACTION

D7241	Removal of impacted tooth - completely bone, with unusual surgical complications
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OTHER SURGICAL PROCEDURES

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

REDUCTION OF DISLOCATION AND MANAGEMENT OF OTHER TEMPOROMANDIBULAR JOINT DYSFUNCTIONS

D7880	Occlusal orthotic appliance
D7899	Unspecified TMD therapy, by report

LIMITED ORTHODONTIC TREATMENT

D8010	Limited orthodontic treatment of primary dentition
D8020	Limited orthodontic treatment of transitional dentition
D8030	Limited orthodontic treatment of adolescent dentition
D8040	Limited orthodontic treatment of adult dentition

INTERCEPTIVE ORTHODONTIC TREATMENT

D8050	Interceptive orthodontic treatment of primary dentition
D8060	Interceptive orthodontic treatment of transitional dentition

COMPREHENSIVE ORTHODONTIC TREATMENT

D8070	Comprehensive orthodontic treatment of transitional dentition
D8080	Comprehensive orthodontic treatment of adolescent dentition
D8090	Comprehensive orthodontic treatment of adult dentition

MINOR TREATMENT TO CONTROL HARMFUL HABITS

D8210	Removal appliance therapy
D8220	Fixed or cemented appliance therapy

TREATMENT OF THE PERMANENT DENTITION/OTHER ORTHODONTIC SERVICES

D8660	Pre-orthodontic treatment visit (PA required once every five years)
D8670	Periodic orthodontic treatment visit
D8680	Orthodontic retention
D8690	Orthodontic treatment
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
D9971	Odontoplasty 1-2 teeth
D9972	External bleaching-per arch
D9973	External bleaching-per tooth
D9974	Internal bleaching-per tooth
D9999	Unspecified adjunctive procedure, by report - Inpatient anesthesia for dental services.

II. VISION CARE SERVICES**CONTACT LENS TREATMENT SERVICES (All contact lens services and supplies must be authorized except for recipients with a diagnosis of Aphakia, Aniseikonia, Keratoconus, or Bandage lenses.)**

92070	Fitting of contact lens for treatment of disease, including supply of lens
92310	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of 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

VISION THERAPY SERVICES

92065	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation
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MATERIAL CODES

V2500	Contact Lens - for diagnosis other than Aphakia, Keratoconus, or Aniseikonia, or to Bandage Lenses. to When submitting invoices for one of these three diagnosis, be sure to specify the diagnosis on the claim V2599
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III. MEDICAL SUPPLIES AND EQUIPMENT; PROSTHESES AND ORTHOSES

Medical Equipment/Supplies

Providers must get authorization for all procedure codes listed in the Equipment and Supplies code list, where authorization is indicated, and the following general areas:

1. All wheelchairs: When purchased, rented beyond three months, or for use in nursing facilities.
2. Repairs to equipment when combined parts and labor exceeds \$400.00. Specify who owns the equipment.
3. E1399 is the unspecified equipment code. This code is only to be used when there is no specific, descriptive HCPCS or DHS code assigned. Refer to equipment guide.

Nutritional Products (enteral)

1. All enteral nutrition products except those for treatment of phenylketonuria, hyperlysinemia, and maple syrup urine disease, and given through a feeding tube require authorization after the first 30 days. See the Minnesota Health Care Programs Provider Manual for coverage standards and the Authorization chapter for submission by FAX, I.T.S./FAX or mail.

Prostheses and Orthoses

Providers must get authorization for the following:

1. Prostheses and orthoses when the purchase or projected cumulative rental cost exceeds \$3,000.

IV. HEARING AIDS

Services in the following categories require authorization:

1. The purchase of a noncontract hearing aid, including pocket talkers. Indicate model number and manufacturer on form.
2. The provision of more than one hearing aid or hearing aid dispensing fee in a five-year period.
3. 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 authorization through the FAX, I.T.S./ FAX or mail from. The following drugs require authorization from the first day of service, or as indicated. For authorization contact Care Delivery Management Incorporated (CDMI), M-F 8:00 am - 4:30 pm, **metro:** 456-5275, **outstate:** 1-800-382-5275, **fax:** (612) 405-7459.

Aciphex (rabrepazole)	
Anzemet (dolasetron)	[for more than 4 consecutive weeks of continuous treatment]
Botulinum Toxin Type A (Botox)	
Botulinum Toxin Type B (Myobloc)	
Celebrex (celecoxib)	[authorization is required for anyone under the age of 65]
Ceredase (alglucerase)	
Interferon Alfa-n3 (Alferon N)	
InterferonGamma-1b (Actimmune)	
Kytril (granisetron)	[for more than 4 consecutive weeks of continuous treatment]
Lansoprazole (Prevacid)	
Omeprazole (Prilosec)	
Ondansetron (Zofran)	[for more than 4 consecutive weeks of continuous treatment]
Nexium (esomeprazole)	
Vioxx (rofecoxib)	[authorization required for anyone under the age of 65]
Zoloft (sertraline) 25mg.	
Zoloft (sertraline) 50mg.	

For services performed in physician office: (Authorization comes from physician)

Code	Description
J0205	Alglucerase
J0585	Botulinum Toxin Type A
J1260	Dolasetron [for more than 4 consecutive weeks of continuous treatment]
J1626	Granisetron [for more than 4 consecutive weeks of continuous treatment]
J9215	Interferon Alfa-n3

J9216	Interferon Gamma -1b	
J2405	Ondansetron	[for more than 4 consecutive weeks of continuous treatment]
J2820	Sargramostim/GM-CSF	
S0091	Granisetron	[for more than 4 consecutive weeks of continuous treatment]
S0174	Dolasetron	[for more than 4 consecutive weeks of continuous treatment]
S0181	Ondansetron	[for more than 4 consecutive weeks of continuous treatment]
Q0166	Granisetron	[for more than 4 consecutive weeks of continuous treatment]
Q0179	Ondansetron	[for more than 4 consecutive weeks of continuous treatment]
Q0180	Dolasetron	[for more than 4 consecutive weeks of continuous treatment]

Authorization requests will not be accepted by CDMI for drugs which do not appear on the above list.

VI. REHABILITATIVE SERVICES

OCCUPATIONAL THERAPY

Any combination of the following codes that exceed six units requires authorization:

97003	Occupational therapy evaluation, initial
97004	Occupational therapy reevaluation, periodic

The following occupational therapy codes always require authorization:

X4511	Unlisted occupational therapy
97150	Occupational therapy group sessions
97750	Physical performance test, functional capacity

Occupational therapy code requiring authorization:

X5511	Occupational therapy supplies that exceed \$32.00 per calendar year
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Any combination of the following codes that exceed 50 hours (200 units):

X4515	Occupational therapy, motor skills
X4524	Occupational therapy, preventive skills
X4526	Occupational therapy, therapeutic adaptations
97532	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training)
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands
97535	Self care home management training, (e.g., Activities of Daily Living [ADL's] compensatory training, meal preparation, safety procedures, and instruction in use of adaptive equipment)
97537	Community work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis)

PHYSICAL THERAPY

Any combination of the following codes that exceed eight units:

97001	Physical therapy evaluation, initial
97002	Physical therapy evaluation, periodic

Any combination of the following codes that exceed 30 hours (120 units):

97032	Electrical stimulation
97033	Iontophoresis
97034	Contrast baths
97035	Ultrasound
97036	Hubbard tank
97110	Therapeutic procedure, exercises
97112	Therapeutic procedure, neuromuscular
97113	Therapeutic procedure, aquatic therapy
97116	Therapeutic procedure, gait training
97124	Massage
97140	Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions
97504	Orthotics fitting and training; upper and lower extremity
97520	Prosthetics, initial

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97530 Therapeutic activities
97542 Wheelchair management propulsion training
97703 Checkout for orthotic/prosthetic use
X5515 PT wound care

Any combination of the following modalities that exceed 30 treatment sessions:

90901 Biofeedback training by any modality
97010 Hot or cold packs
97012 Traction
97014 Electric stimulation
97016 Vasopneumatic devices
97018 Paraffin bath
97020 Microwave
97022 Whirlpool
97024 Diathermy
97026 Infrared
97028 Ultraviolet

Any combination of the following codes that exceed two treatment sessions:

95831 Muscle testing, manual extremity (excluding hand) or trunk, with report
95832 Hand, with or without comparison with normal side
95833 Total evaluation of body, excluding hands
95834 Total evaluation of body, including hands

Any combination of the following codes that exceed 12 treatment sessions:

95851 Range of motion measurements and report; each extremity (excluding hand) or each trunk section (spine)
95852 Range of motion measurements and report; - hand with comparison to normal side

The following codes always require authorization:

97039 Unlisted modality
97139 Unlisted therapeutic procedure
97150 Therapeutic procedures, group, two or more persons
97545 Work hardening/conditioning; initial 2 hours
97546 Work hardening, additional hour
97750 Physical performance test or measurement (functional capacity)
97799 Unlisted physical med/rehab service

SPEECH-LANGUAGE PATHOLOGY

The following codes always require authorization:

92599 Unlisted otorhinolaryngological services
G0198 Patient adaptation and training for use of speech generating devices
G0201 Modification or training in use of voice prosthetic

The following codes require authorization as listed:

V5362 Speech screening (articulation) that exceed four units.
V5363 Language screening (receptive or expressive) that exceed four units.
V5364 Dysphagia screening that exceed four units
92506 Medical evaluation of speech that exceed six units
92525 Evaluation of swallowing or oral function for feeding that exceed four units

Any combination of the following codes that exceed two (2) treatment sessions.

G0197 Evaluation of patient for prescription of speech generating device.
G0199 Re-evaluation of patient using speech generating device
G0200 Evaluation of patient for prescription of voice prosthetic

Any combination of the following codes that exceed 50 hours (200 units):

92507 Individual speech, language and hearing treatment
92508 Group speech language or hearing treatment

92510	Aural rehab following cochlear implant
92526	Treatment of swallowing dysfunction and/or oral function for feeding

VII. ALL OTHER SERVICES

The following health services require authorization:

1. All air ambulance transportation that originates or is to a destination outside of Minnesota.
2. ALS or BLS non emergency ambulance trips in excess of six trips per month.
3. Scheduled ground transportation provided outside of Minnesota.
4. Partial hospitalization programs.
5. Investigative health services and procedures
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 authorization.
7. 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. Includes any transportation costs.

In addition, the following specific procedures and investigative procedures require authorization. There are two lists: specific procedures with HCPCS codes and a list for which no HCPCS code has been assigned.

Code	Description
A4301	Implantable access total system, catheter, port reservoir (venous, arterial or epidural), percutaneous access.
E0751	Implantable pulse generator
E0782	Infusion pump, implantable
E0783	Programmable infusion pump
E0784	External ambulatory pump, insulin
E0144	Enclosed, framed folding walker, wheeled, with posterior seat
J1660	Histamine up to 2.75 Mg.
J9070	Cyclophosphamide, 100 Mg
J9092	Cyclophosphamide, 2.0 Gram
K0454	Nonpowered pressure mattress
L8614	Cochlear Device/system
Q0134	Collagen implant material
S0800	Laser in situ keratomileusis (lasik)
S0810	Photorefractive keratectomy (PRK)
S2109	Autologous chondrocyte transplantation (preparation of autologous cultured chondrocytes)
S2052	Transplantation of small intestine allograft
S2053	Transplantation of small intestine and liver allografts
S8035	Magnetic source imaging (only used for pre-operative)
S9085	Medical Allograft transplantation
X0691*9	Day treatment, nervous and mental
X5254*22	Level I Mental Health Behavioral Aide
X5255*22	Level II Mental Health Behavioral Aide
X5257*22	Mental Health Crisis Intervention and Mental Health Stabilization
X5241*22	Therapeutic Components of Preschool Programs
X5317*15	Cognitive remediation training (1 to 3 clients)
X5318*15	Cognitive remediation training (4 to 9 clients)
X5330	Partial hospitalization program - adult
X5331	Partial hospitalization program - adolescent
X5535*16	Neuropsychological rehabilitation (individual)
X5536*17	Neuropsychological rehabilitation (group)

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X5528*22	Crisis assistance in a family community support service program
X5538*22	Individual skills training in a home-based mental health, therapeutic support of foster care, and family community support service program.
X5539*22	Family skills training in a home-based mental health, therapeutic support of foster care, and family community support service program.
X5540*22	Group skills training in a home-based mental health, therapeutic support of foster care, and family community support service program.
X5541*22	Travel in a home-based mental health, therapeutic support of foster care and family community support service program
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
11450	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair
11451	with complex repair
11462	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair
11463	with complex repair
11470	Excision of skin and subcutaneous tissue for hidradenitis; perianal, perineal, or umbilical; with simple or intermediate repair
11471	with complex repair
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
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
15819	Plastic surgery neck cervicoplasty
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
15829	Removal of skin wrinkles RHYTIDECTOMY
15831	Excision, excessive skin and subcutaneous tissue (including lipectomy), abdomen (abdominoplasty)
15832	thigh
15833	leg
15834	hip
15835	buttock

15836	arm
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*24	Destruction of cutaneous vascular proliferative lesions (e.g. laser technique); less than 10 sq. cm
17107*24	10.0 - 50.0 sq. cm
17108*24	over 50.0 sq. cm
17380	Electrolysis epilation, each 1/2 hour
19140	Mastectomy for gynecomastia through circumareolar or other incision
19182	Subcutaneous mastectomy
19316	Mastopexy
19318	Reduction mammoplasty
19324	Mammoplasty, augmentation without prosthetic implant
19325	with prosthetic implant
19328	Removal of intact mammary implant
19355	Correction of inverted nipples
20550*25	Injection, tendon sheath, ligment, trigger point or ganglion cyst
20975	Electrical stimulation to bone healing invasive (operative)
21010	Arthrotomy, temporomandibular joint
21050	Condylectomy, temporomandibular joint (separate procedure)
21060	Meniscectomy, temporomandibular
21070	Coronoidectomy (separate procedure)
21085	Impression and custom preparation; oral surgical splint
21110	Application of interdental fixation device, includes removal
21137	Reduction forehead; contouring only
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining auto-graft)
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall
21141	Reconstruction midface, Lefort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft
21142	two pieces, segment movement in any
21143	three or more pieces, segment movement in any direction, without bone graft
21145	Reconstruction midface, Lefort I; single piece, any direction, requiring bone grafts (includes obtaining auto-grafts)
21146	Reconstruction midface, Lefort I; two pieces, any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted unilateral alveolar cleft)
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), requiring bone grafts (includes obtaining autografts); without Lefort I
21160	Reconstruction midface, Lefort III (extra and intracranial), with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); with Lefort I
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)
21175	Reconstruction bifrontal, superior-lateral orbital rims and lower forehead, advancement or alternation (e.g. plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)

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- 21179 Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
- 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 40cm²
- 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 area of bone grafting greater than 80 cm²
- 21188 Reconstruction midface, osteotomies (other than Lefort type) and bone grafts (includes obtaining autografts)
- 21193 Reconstruction of mandibular ramus, horizontal, vertical, "c" or "j" osteotomy; without bone graft
- 21194 Reconstruction of mandibular ramus, horizontal, vertical, "c" or "j" osteotomy; with bone graft
- 21195 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)
- 21208 Osteoplasty, facial bones; augmentation (autograft, or prosthetic implant)
- 21209 Osteoplasty, facial bones; reduction
- 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 hemifacial microsomia)
- 21248 Reconstruction of mandible or maxilla, endosteal implant, partial
- 21249 Complete
- 21255 Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
- 21256 Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (e.g., 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
- 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
- 29800 Arthroscopy/Arthroscopic Surgery for treatment of TMJ (- when used for diagnosis only)
- 29804 Arthroscopy/Arthroscopic Surgery for treatment of TMJ (- when used for diagnosis only)
- 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
- 32491 Removal of lung other than pneumonectomy; excision/plication of emphysematous lung(s) (bullous or non bullous) for lung volume reduction. Sternal split or transthracic approach with or without any pleural.

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
33140	Transmyocardial laser recvascularization (a laser probe is used to create a channel through the heart muscle into the left vent.)
33935	Heart-lung transplant with recipient cardiectomy, pneumonectomy
33945	Heart transplant
33975	Implantation of ventricular assist device, single ventricle
33976	Implantation of ventricular assist device, biventricular support
33999	Unlisted cardiac procedure
35400	Angioscopy
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
36520	Therapeutic apheresis, plasma and/or cell exchange
36530	Insertion of implantable intravenous infusion pump
37788	Penile revascularization, artery
37790	Penile venous occlusive procedure
38230	Bone Marrow harvesting for transplant
38231	Blood-derived peripheral stem cell harvesting for transplantation per collection
38240	Bone marrow transplant, allogenic
38241	Bone marrow transplant, autologous
42140	Uvulectomy, excision of uvula
42145	Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty)
43842	Gastroplasty, vertical-banded, for morbid obesity
43843	Gastroplasty, other than vertical-banded, for morbid obesity
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity with short limb (less than 100 cm)
	Roux-en-Y gastroenterostomy
43847	Gastric restriction procedure, with gastric bypass for morbid obesity
43848	Revision of gastric restriction procedure for morbid obesity (separate procedure)
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
44130	Enteroenterostomy, anastomosis of intestine; with or without cutaneous enterostomy (separate procedure)
44132	Donor enterectomy, open, with preparation and maintenance of allograft; from cadaver donor
44133	Donor enterectomy, open, with preparation and maintenance of allograft;
44135	Intestinal allotransplantation; from cadaver donor
44136	intestinal allotransplantation; from living donor
47135	Liver transplant, with or without recipient hepatectomy
47136	Liver allotransplantation, heterotoxic, partial or whole, from cadaver or living donor any age
47620	Cholecystectomy with transduodenal sphincterotomy or sphincteroplasty,
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islets
48554	Transplantation of pancreatic allograft
51715	Endoscopic injection of implant material into submucosal tissues of the urethra
52510	Transurethral balloon dilation of prostatic urethra, any method
54400	Insertion of penile prosthesis; non-inflatable, semi-rigid.
54401	inflatable, self contained
54405	Insertion of inflatable penile prosthesis
54660	Insertion of testicular prosthesis
55970	Intersex surgery; male to female
55980	female to male
58345	Fallopian Tube Catheterization
58345	Tubal Cannulation - investigative when used for performing assisted reproductive procedures and managing ectopic pregnancy.

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61770	Stereotactic localization, or any method, including burr hole(s), with insertion of catheter(s) for brachytherapy (for Parkinsonism)
61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cerebral; cortical
61855	subcortical
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes; cerebral; cortical
61862	Twist drill, burr hole, craniotomy, or craniectomy for stereo tactic implantation of one neurostimulator array in subcortical site (e.g. thalamus, globus pallidus, subthalamic nucleus, preiventricular, periaqueductal gray)
61865	subcortical
61870	Craniectomy for implantation of neurostimulator electrodes, cerebellar; cortical
61875	subcortical
61885	Incision and subcutaneous placement of cranial neurostimulator pulse generator o receiver, direct or inductive coupling.
61886	Incision and subcutaneous placement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to two or more electrode arrays.
62350	Implantation, revision or repositioning of intrathecal or epidural catheter
62351	Insertion or replacement, subarachnoid or epidural catheter, with resevoir and/or pump for intermittent or continuous infusion of drug, including laminectomy
62360	Implantation or replacement of device for intrathecal or epidural drug
62361	Implantation or replacement of device or intrathecal epidural drug
62362	Implantation or replacement of programmable pump for intrathecal or epidural,
63185	Laminectomy with rhizotomy; 1 or 2 segments
63190	Laminectomy with rhizotomy; more than 2 segments
63650	Percutaneous implantation of neurostimulator electrodes; epidural
63655	Laminectomy for implantation of neurostimulator electrodes
63685	Incision and subcutaneous placement of spinal neurostimulator pulse generator or receive, direct or inductive coupling
64553	Percutaneous implantation of neurostimulator electrodes; cranial nerve
64555	peripheral nerve
64560	autonomic nerve
64561	Percutaneous implantation of neurostimulator electrodes; sacral nerve
64565	neuromuscular
64573	Incision for implantation of neurostimulator electrodes; cranial nerve
64575	peripheral nerve
64577	autonomic nerve
64580	neuromuscular
64581	Implant neuroelectrodes
64590	Incision and subcutaneous placement of peripheral neurostimulator pulse generator or receiver, direct or inductive coupling
64612*8	Destruction by neurolytic agent (chemodenervation of muscle endplate); muscles enervated by facial nerve
64613*8	cervical spinal muscles
65760	Keratomeleusis PA is B with specific ICD-9 coding
65765	Keratophakia PA is B with specific ICD-9 coding
65767	Epikeratoplasty PA is B with specific ICD-9 coding
65770	Keratoprosthesis
65771	Radial keratotomy
65772	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

69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone
69711	Removal or repair of electromagnetic bone conduction hearing device in temporal bone.
69714	Implantation, osseointegrated implant, temporal bone, with percutaneous
69715	Implantation, osseointegrated implant temporal with percutaneous
69717	Replacement (including removal of existing device), osseointegrated implant
69718	Replacement (including removal of existing device), osseointegrated implant
69930	Cochlear implant
G0032	PET myocardial perfusion imaging, (following rest spect, 78464); single study, rest or stress (exercise and/or pharmacologic).
G0033	PET myocardial perfusion imaging, (following rest spect, 78464); multiple studies, rest or stress (exercise and/or pharmacologic).
G0034	PET myocardial perfusion imaging, (following rest spect, 78465); single study, rest or stress (exercise and/or pharmacologic).
G0035	PET myocardial perfusion imaging, (following rest spect, 78465); multiple studies, rest or stress (exercise and/or pharmacologic).
G0036	PET myocardial perfusion imaging, (following coronary angiography, 93510-93529); single study, rest or stress (exercise and/or pharmacologic).
G0037	PET myocardial perfusion imaging. (Following coronary angiography, 93510-93529); multiple studies, rest or stress (exercise and/or pharmacologic).
G0038	PET myocardial perfusion imaging, (following stress planar myocardial perfusion, 78460); single study, rest or stress (exercise and/or pharmacologic).
G0039	PET myocardial perfusion imaging, (following stress planar myocardial perfusion, 78460); multiple studies, rest or stress (exercise and/or pharmacologic).
G0040	PET myocardial perfusion imaging, (following stress echocardiogram, 93350); single study, rest or stress (exercise and/or pharmacologic).
G0041	PET myocardial perfusion imaging, (following stress echocardiogram, 93350.)
G0042	PET myocardial perfusion (following stress ventriculogram, 78481 or 78483); single study, rest or stress (exercise and/or pharmacologic).
G0043	PET myocardial perfusion imaging, (following stress ventriculogram, 78481 or 78483); multiple studies, rest or stress (exercise and/or pharmacologic).
G0044	PET myocardial perfusion imaging, (following rest ECG, 93000); single study, rest or stress (exercise and/or pharmacologic).
G0045	PET myocardial perfusion imaging (following rest ECG,93000); multiple studies, rest or stress (exercise and/or pharmacologic).
G0046	PET myocardial perfusion imaging, (following rest ECG, 93015); single study, rest or stress (exercise and/or pharmacologic).
G0047	PET myocardial perfusion imaging (following rest ECG, 93015); multiple studies, rest or stress (exercise and/or pharmacologic).
G0125	PET lung imaging of solitary pulmonary nodules following CT (7125, 71260 or 71270)
G0126	PET lung imaging of solitary pulmonary nodules using 2 fluoro (FD6) following CT (71250, 71260, 71270) initial staging of pathologically diagnosed non-small cell lung cancer.
G0160	Cryosurgical ablation of localized prostate cancer, primary treatment only (post operative irrigations and aspiration of sloughing tissue included)
G0166	External counterpulsation, per treatment session
71555	Magnetic resonance angiography chest
72159	Magnetic resonance angiography spinal canal and contents
72198	Magnetic resonance angiography pelvis
73225	Magnetic resonance angiography, upper extremity, with or without contrast materials.
73725	Magnetic resonance angiography lower extremity, with or without contrast materials
74185	Magnetic resonance angiography abdomen, with or without contrast materials
75552	Cardiac magnetic resonance imaging for function, complete study
76070*26	Computerized tomography, bone density study.
76075*27	Dual energy X-ray absorptiometry (DEXNA), bone density study.
76076*28	Dual energy X-ray absorptiometry (DEXA), bone density study, one or more sites.
76390	Magnetic resonance spectroscopy (for magnetic resonance imaging, use appropriate MRI body site code)
77605	Hyperthermia, externally generated, superficial deep
77610	Hyperthermia generated by intestinal probe, 5 or fewer

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- 77615 Hyperthermia generated by intestinal probe, 5 or greater
- 77620 Hyperthermia generated by intracavitary probes
- 78459 MRI, positron emission tomography (PET), metabolic evaluation
- 78491 MRI, positron emission tomography (PET), perfusion; single study at rest or stress
- 78492 MRI, positron tomography (PET), perfusion; multiple studies at rest or stress
- 78496 Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique.
- 78608 PET scan; metabolic evaluation
- 78609 Brain Imaging (PET) positron emission tomography
- 78810 Tumor imaging, positron emission tomography (PET), metabolic evaluation
- 82175 Arsenic
- 83015 Heavy metal screen
- 83018 Heavy metal screen, quantitative, each
- 86343 Leukocyte histamine release test (LHR)
- 90799 Unlisted Therapeutic, Prophylactic or Diagnostic Injection
- 90802*14 Interactive diagnostic assessment
- 90804*4 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, 20-30 minutes face to face with patient.
- 90805*4 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, 20-30 minutes face to face with patient; with medical evaluation and management services
- 90806*4,22 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in office or outpatient facility, 45-50 minutes face to face with patient
- 90807*4,22 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in office or outpatient facility, 45-50 minutes face to face with patient; with medical evaluation and management services
- 90808*4,22 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in office or outpatient facility, 75-80 minutes face to face with patient;
- 90809*4,22 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in office or outpatient facility, 75-80 minutes face to face with the patient; with medical evaluation and management services
- 90810*14 Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communications, in an office or outpatient facility, 20-30 minutes face to face with patient
- 90811*14 Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication in an office or outpatient, facility, 20-30 minutes face to face with patient; with medical evaluation and management services
- 90812*14 Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, 45-50 minutes face to face with patient
- 90813*14 Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication in an office or outpatient facility, 45-50 minutes face to face with patient, with medical evaluation and management services
- 90814*14 Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication in an office or outpatient facility, 75-80 minutes face to face with patient
- 90815*14 Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, 75-80 minutes face to face with patient with medical evaluation and management services
- 90816*29 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face to face with the patient;
- 90817*29 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face to face with the patient; with medical evaluation and management services;
- 90818*29 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face to face with the patient;
- 90819*29 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face to face with the patient; with medical evaluation and management services;

90821*29	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face to face with the patient;
90822*29	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face to face with the patient; with medical evaluation and management services;
90823*29	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient, partial hospital or residential care setting, approximately 20 to 30 minutes face to face with the patient;
90824*29	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient, partial hospital or residential care setting, approximately 20 to 30 minutes face to face with the patient; with medical evaluation and management services
90826*29	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient, partial hospital or residential care setting, approximately 45 to 50 minutes face to face with the patient;
90827*29	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient, partial hospital or residential care setting, approximately 45 to 50 minutes face to face with the patient; with medical evaluation and management services
90828*29	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient, partial hospital or residential care setting, approximately 75 to 80 minutes face to face with the patient;
90829*29	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient, partial hospital or residential care setting, approximately 75 to 80 minutes face to face with the patient; with medical evaluation and management services
90846*4,22	Family psychotherapy (without the patient present)
90847*4,22	Family psychotherapy (conjoint psychotherapy) (with patient present)
90853*14	Group therapy (other than of a multiple-family group)
90857*14	Interactive group psychotherapy
90875*4	Individual psychophysiological therapy incorporating biofeedback training by any modality (face to face) with the patient and, with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); 20-30 minutes
90899	Unlisted psychiatric service or procedure
90911	Biofeedback training, perineal muscle, anorectal or urethral sphincter, including EMG.
92065	Orthoptic and/or pleoptic training, with continue medical direction
92512	Nasal function studies (rhinomanometry)
92598	Modification of voice prosthetic or augmentative/alternative communication device
92599	Unlisted otorhinolaryngological services
92987	Percutaneous Transluminal Coronary Angioplasty mitral valve
92982	Angioplasty Laser
92984	Angioplasty Laser
93278	Signal-Averaged ECG
93760	Thermography
93762	Thermography
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
93786	Recording only
93788	Scanning analysis with report
93790	Physician reveiw with interpretation and report
95078	Provacative testing
95805*23	Multiple sleep latency testing
95807*23	Sleep study, 3 or more parameters...
95808*23	Polysomnography; sleep staging with 1-3 additional parameters...
95810*23	Polysomnography; sleep staging with 4 or more additional parameters...
97780*20	Acupuncture, one or more needles; without electrical stimulation
97781*20	Acupuncture, one or more needles; with electrical stimulation
98940*1	Chiropractic manipulative treatment (CMT); spinal, one to two regions
98941*1	spinal, three to four regions
98942*1	spinal, five regions
99199	Unlisted special services or procedures

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Services for which there is no HCPCS Code assigned

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

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

Angel Wings Occluder

Angioplasty, Laser

Apheresis - For LDL

- Hypercholesterolemia: Familial type IIA homozygous form (P)

Apnea Appliance, Oral

Artificial Heart Implant

Autograft skin culture and culture transplants for severe burns and patients with giant hairy nevus

Autologous Chondrocyte Implantation

Balloon transurethral division of prostate gland

Bone grafts from animal sources

Bullectomy (laser)

Carotid angioplasty with/without stenting

Cardiomyoplasty

Cervigram - (considered not medically necessary)

Cold laser treatment

Coma stimulation

Cranial sacral therapy

Cryoglobulinemia: refractory (P)

Cryosurgical Ablation of Prostate

Contact Dissolution Therapy

Chronic electrostimulation of the pallidum for Parkinson's disease

Cytosan for Neurological Disorders - investigative except in patients with progressive MS who have failed standard therapy. (J9070 - J9092)

Diastasis Recti Abdominus repair

Electrostimulated Gracilis Neosphincter

Energy Emission Analysis

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

Hair Analyses

Epidural access

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.

Note: 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.

Fetal Tissue transplantation

Gravity lumbar reduction

Growth Hormone Treatment

Gunderson Lyme Test - test is considered investigative.

Homeopathy & Homeopathic Gene Therapy Treatment Drugs

Homeopathic Medicine, Electrodiagnostic Machine

Hyperhomocysteinemia
Immunoglobulin Therapy - investigative for the treatment of multiple sclerosis, chronic fatigue syndrome, and chronic sinus infections. Not considered investigative for acute inflammatory demyelinating polyneuropathy (Guillan Barre).
Impedance Cardiography
Impotence - Vascular Surgery
Intravaginal Conception (IVC)
Interleukin 2 - for malignant melanoma - considered investigative for all indications except renal cell carcinoma.
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.
Knee Cartilage ((Meniscus) Transplants including autologous chondrocyte implementation
LASIK
Laser Assisted Uvulopalatopharyngoplasty (LAUP)
Laser Corneal Sculpturing
Lyme Borreliosis Antigen Testing
Lymphokine Activated Killer Cells (LAK)
Magnetic Source Imaging
Methyl Test - Butyl Ether (MTBE) (~~43265~~)
Nerve Expansion
Nephrectomy (Percutaneous)
Neurometric encephalogram
Omental Transposition to Spinal Cord
Perfusion- isolated limb
Phototherapeutic Keratectomy
Platelet Derived Wound Healing Factor (PDWHF)
Posturography
Prolastin - see alpha- 1 antitrypsin deficiency for indications for coverage.
Promontory Test
Protropin
Red blood cell substitutes
Rotating Chair Test
Scanning laser technologies for glaucoma testing and monitoring
Seismocardiogram
Somatostatin Analog - investigative except for the treatment of metastatic carcinoid tumors and vasoactive intestinal peptide-secreting (VIP) tumors, and pancreatic fistulas.
Spiral (helical) CT or electron beam (EBCT) CT
Therastim
Tissue Engineering
Topographic Brain Mapping
Transmyocardial Laser Revascularization
Transmyocardial revascularization adjunct to CABG
Transurethral Cryosurgical removal of prostate
Topographic Brain Mapping
Ultra Fast CT
Uterine Lavage for Preembryo Transfer
Vagal Nerve Stimulator using Neuralcybernetics Prosthesis (NCP)
Vascular Surgery for Impotence - surgical correction of organic impotence by either venous or arterial procedures
Ventricular reduction surgery
Vertebral Axial Compression

*1 For any combination of the CMT codes authorization is required for treatments in excess of 6 per month and 24 per calendar year.

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

*4 A. Authorization is required for more than twenty-six (26) hours (52 visits/units of 90804, 90805) or 90875 (when billed in one unit increments) and twenty (20) hours of 90806 or 90807 or 40 units of 90875 (when billed in two-unit

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increments) per calendar year. Note: The 90875 when billed as one unit and 90804 or 90805 combined decrements from the total 26 hours per calendar year. There is not a separate benefit level for each code. Likewise, 90875 when billed as two units and 90806 or 90807 combined decrement from the total 20 hours per calendar year. There is not a separate benefit level for each code.

B. 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.

C. PA is required 90847 in excess of 26 hours per calendar year. (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.

- *7 Authorization is required if this code is used more than 30 days after documented fracture.
- *8 Authorization is required for chemodenervation of any area.
- *9 Authorization is required for day treatment in excess of 390 hours.
- *14 Authorization is required for 90802, 90810-90814, 90857 when the thresholds of 90801, 90806 or 90807, 90853 have been used. These codes will be included in the thresholds of codes 90801, 90806 or 90807, 90853. (The provider cannot bill both a 90806 or 90807 and 90810-90814. They must choose one or the other.)
- *15 Authorization is required for cognitive remediation training (X5317, or X5318, or a combination of X5317 and X5318) in excess of 390 hours.
- *16 Authorization is required for neuropsychological rehabilitation (X5535) prior to service initiation and for more than 20 hours.
- *17 Authorization is required for neuropsychological rehabilitation (X5536) prior to service initiation and for more than 78 hours.
- *19 Authorization is required for neuropsychological testing and assessment (96117) a) to exceed 7 hours (or 28 units) of CPT code 96117 services per calendar year. A maximum of 10 hours (or 40 units) may be approved with prior authorization for a single assessment; and/or if multiple assessments (i.e., re-evaluation) are requested and determined to be medically necessary, a maximum of 15 hours (or 60 units) of CPT code 96117 may be allowed with authorization for the calendar year.
- *20 Acupuncture is covered for chronic pain. Authorization is required in excess of 10 sessions, and must be performed by an M.D. or a licensed acupuncturist employed and supervised by an M.D. or; provided through a hospital pain management program by an M.D. or a licensed acupuncturist who is supervised by M.D.
- *22 A child under age 21 eligible for home-based mental health, therapeutic support of foster care, family community support services may exceed the payment limitations for this package with authorization.
- *23 Authorization is required for persons 18 years of age and under.
- *24 Authorization is not required for port wine stain birthmarks.
- *25 Authorization needed after three sessions, up to five injections per session within thirty days.
- *26 Authorization is required after 1 per calendar year.
- *27 Authorization is required after 1 per calendar year.
- *28 Authorization is required after 1 per calendar year.
- *29 Codes 90816 through 90829 when provided in other than an inpatient place of service shall be subject to the same practice parameters and service coverage limitations as other outpatient, individual psychotherapy codes (90804 through 90815) unless authorized.

State Grants & Loans

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

Minnesota Office of Environmental Assistance

Notice of Requests for Proposals for Grants for Fiscal Years 2002-2003

NOTICE IS HEREBY GIVEN that the Minnesota Office of Environmental Assistance is issuing this Request for Proposals (RFP) to solicit grant projects for the following grant programs in the Fiscal Years 2002-2003:

1. Grant pre-proposals for "Open Round Grant" (Open) projects; and
2. Full proposals for "Used Oil Storage Tank" (UST) grants.

NOTE: Due to state budget uncertainties, the amount of grant money and the timing of grant awards is uncertain. However the OEA is moving forward with the proposal process with the expectation of awarding some grants under the RFP.

The maximum Open Grant award is \$75,000. A minimum one-to-one match is required. The priority project areas are listed in the RFP. The maximum UST Grant is \$3,000 per location. Grants are available to fund the costs of purchasing and installing a used oil collection tank (less a 25 percent match).

For information or a RFP/application, contact:

Linda Countryman, OEA
Phone: (651) 215-0269 or 1-800-657-3843
Email: linda.countryman@moea.state.mn.us

The RFP, with application forms attached, is also available on the OEA's **web site** at: <http://www.moea.state.mn.us>

Deadline for Open Grant pre-proposals is 2:30 p.m. Central Standard Time on Tuesday, December 31, 2002. No late pre-proposals will be considered. UST Grant full proposals will be considered and awarded on a first come, first served basis, until all funds have been expended.

This notice is issued by the Director of the OEA under authority provided in *Minnesota Statutes* Chapter 115A.0716 which allows the director to administer its Environmental Assistance Grant and Loan Program.

Department of Health Environmental Health Division

Notice of Request for Proposals for Drinking Water Revolving Fund Project Priority List

The Drinking Water Revolving Fund provides below market rate financing for public water system improvements. The first step toward obtaining a loan is to submit a proposal to place a project on the Project Priority List. The deadline for **receiving** proposals is **4:30 p.m., May 24, 2002.**

Funding priority is for projects that correct a public health hazard, bring or keep systems in compliance with drinking water standards, and for communities below the median household income. Typical projects are for wells, treatment plants, water towers, and distribution lines. Funds are not for economic expansion or fire protection. Eligibility and ranking requirements are in *Minnesota Rules*, parts 4720.9000 to 4720.9080.

There are three ways to receive instructions and obtain additional program information. They are:

- 1) Go to: www.health.state.mn.us/divs/eh/water/iinfo/dwrf/dwrfmain.html and scroll down the page for general program information, and use the drop-down box to obtain the PPL submission instructions.
- 2) Call (651) 215-0784 if you have specific questions or would like the PPL submission instructions mailed or faxed to you.
- 3) Attend a free, optional 2-1/2 hour information session. They are scheduled for March 20 in Bemidji, March 21 in Minnetonka, and April 11 in Rochester. Call (651) 215-1321 for details.

State Contracts

Informal Solicitations: Effective March 1, 2002, informal solicitations for all contracting opportunities for professional/technical (consultant) contracts with values estimated to be over \$5,000 and under \$50,000 must be posted on the Department of Administration, Materials Management Division web page (www.mmd.admin.state.mn.us) and access P/T Contracts.

Formal Requests for Proposals: Department of Administration procedures require that formal notice of any professional/technical (consultant service) contract which has an estimated value over \$50,000 must be printed in the *State Register*. Certain quasi-state agencies and Minnesota State Colleges and Universities institutions are by law exempt from these requirements.

Department of Administration Facilities Management Bureau

Notice of Request for Proposals for a Total Food Service Management and Operation Contract for Food Service Facilities in the State Capitol Complex, St. Paul, Minnesota

The Department of Administration requests proposals for a three-year contract for the management and operation of 6 State food service operations in the Capitol Complex including Centennial Café, DOT Café, 600 Café, Judicial Café, Capitol Café, and SOB Café. This proposal does not include any associated vending machine operation at these building locations. The term of the contract shall be July 1, 2002 to June 30, 2005, with an opportunity for up to a two year extension, totaling 5 years. All types of cost/fee proposals will be considered. Equipment and smallware inventories are provided by the State.

A complete Request for Proposal may be obtained by calling or writing:

Department of Administration, Plant Management Division
117 University Avenue, room 301
St. Paul, Minnesota 55155
Phone: (651) 296-6800
Office Hours: 7:00 a.m. - 5:00 p.m.

Proposals responses must be submitted **no later than 3:30 p.m., Central Standard Time on Wednesday, April 3, 2002**. A mandatory walk-through of food service facilities by proposers has been scheduled for **Wednesday, March 13, 2002** at 2:00 p.m. Only those Proposers attending the mandatory walk-through will be considered further. It is anticipated that the evaluation and selection will be completed by **Wednesday, May 22, 2002**.

Colleges and Universities, Minnesota State (MnSCU)

Notice of Request for Proposals (RFP) for Credit Cards

NOTICE IS HEREBY GIVEN that the Minnesota State Colleges and Universities is seeking requests for proposals for credit cards.

This request for proposal does not obligate MnSCU to complete the proposed project and MnSCU reserves the right to cancel the solicitation if it is considered to be in its best interest.

Responders may propose additional tasks or activities if they will substantially improve the results of the project.

All proposals must be sent to and received by:

Carol Zwinger
Minnesota State Colleges and Universities
500 World Trade Center
30 East 7th Street
St. Paul, MN 55101-4946

Not later than **2:00 p.m., on Friday, April 5, 2002**, as indicated by the date and time stamped on each response package.

Late proposals will not be considered.

For a complete Request for Proposal please contact Cynthia Nelsen by **phone** at: (651) 296-3755 or **email:** cynthia.nelsen@so.mnscu.edu

Other questions should be directed to Carol Zwinger **phone** at: (651) 296-7506.

No one other than the person listed above may answer questions or provide information regarding this proposal.

All costs incurred in responding to this request for proposals shall be borne by the responder.

Colleges and Universities, Minnesota State (MnSCU)

Request for Proposal (RFP) for Food Service at North Hennepin Community College

Introduction:

North Hennepin Community College, Brooklyn Park, is soliciting bids for the management of its Food Service, beginning July 1, 2002.

Proposals Due Date:

Vendor proposals are due **no later than Monday, March 18, 2002**. Proposals must be submitted to Kitty Hennemann, Director of Student Life, north Hennepin Community College, 7411 85th Avenue North, Brooklyn Park, MN 55455. Specifications can be obtained by phone at: (763) 424-0803.

Site Inspection and Briefing:

North Hennepin Community College will host a briefing session and site inspection Monday, March 4, 2002 from 4:00 - 7:00 p.m., for interested bidders. Call Kitty Hennemann **phone** at: (763) 424-0803 to schedule an appointment.

Colleges and Universities, Minnesota State (MnSCU)

Winona State University

Request for Proposals (RFP) for Feasibility Study and Capital Campaign Consulting

NOTICE IS HEREBY GIVEN that Winona State University will receive sealed requests for proposals for services and costs associated with both a feasibility study and consulting for a capital campaign.

RFP specifications will be available March 4, 2002 from the Winona State University Purchasing Department, P.O. Box 5838, 205 Somsen Hall, Winona, MN 55987 or by **phone**: (507) 457-5067.

Sealed proposals must be received by Sandra Schmitt at P.O. Box 5838, or at 175 W. Mark St., Somsen 205G, Business Office, Winona State University, Winona, MN 55987 by **3:00 p.m., Friday, April 12, 2002**.

Winona State University reserves the right to reject any or all proposals and to waive any irregularities or informalities in proposals received.

Colleges and Universities, Minnesota State (MnSCU)

Winona State University

Notice of Request for Sealed Bids for Chairs

NOTICE IS HEREBY GIVEN that Winona State University will receive sealed bids for a minimum of: 700 upholstered tablet arm chairs, 70 student upholstered stack chairs and 61 upholstered side chairs with arms.

Bid specifications will be available March 4, 2002 from the Winona State University Purchasing Department, P.O. Box 5838, 205 Somsen Hall, Winona, MN 55987 or by **phone**: (507) 457-5067.

State Contracts

Sealed bids must be received by Sandra Schmitt at P.O. Box 5838, or at 175 W. Mark St., Somsen 205G, Business Office, Winona State University, Winona, MN 55987 **by 3:00 p.m., Friday, March 22, 2002.**

Winona State University reserves the right to reject any or all proposals and to waive any irregularities or informalities in proposals received.

Minnesota Historical Society

Notice of Request for bids for Printing Services

The Minnesota Historical society is seeking bids from qualified presses to provide printing services for the Society All-Site Travel Guide. Bids are being requested for a quantity of 500,000 and pricing per additional 50,000's. The guide will print 28-page, self cover or 24-page, self cover, 3.875" x 9" finished size, saddle stitch on spine. All pages printed 4-color process. Paper stock: 70# Sommerset Text Matte Recycled or 70# Orion Text Matte.

The Request for bids is available by calling or writing Chris M. Bonnell, Contracting Officer, Minnesota Historical Society, 345 Kellogg Boulevard West. St. Paul, MN 55102. **Phone:** (651) 297-5863. Complete specifications, bid format and details concerning submissions requirements are included.

Sealed bids must be received **no later than 2:00 p.m., Central Time, Friday, March 15, 2002** at the History Center in St. Paul, Minnesota. Bids must be received by the Contracting Officer or his agents. Authorized agents include Mary Green-Toussaint, Contracting and Procurement Technician, or any member of the Work Service Staff located in the Finance and Administration Division on the fourth floor of the History Center.

Dated: 4 March 2002

Department of Natural Resources

Minnesota Forest Stewardship Program

Request For Education / Information Proposals for Landowners About Stewardship of Their Natural Resources

Application Deadline: Delivered no later than - May 3, 2002

The Minnesota Department of Natural Resources - Division of Forestry, through the Forest Stewardship Committee, is seeking proposals to be funded by the Forest Stewardship Program. Proposals must be aimed at educating or informing Minnesota's Non-Industrial Private Forest (NIPF) landowners about stewardship of their natural resources. Related research proposals are also eligible. Several topic areas suggested by the Stewardship Committee this year include the Woodland Advisor Program, The Sustainable Forestry Incentives Act, Sustainable Forestry Initiative changes, and Woodland Owners and Users Conference.

Approximately \$50,000 may be available to fund education /information proposals. Applications may be submitted by individuals, organizations, corporations, or public agencies. The funding source is federal funds provided by the U.S. Forest Service.

Proposals cannot exceed \$25,000 each. Organizations may submit more than one proposal. Projects that can be accomplished with one funding grant are recommended.

Project proposals must follow the attached format. Proposals should not exceed four (4) pages. No supplemental materials are requested.

Please submit an *unfolded* original with typing on only one side of each page. Submit the proposal to:

Larry Himanga - State Forest Stewardship Committee Chair
DNR-Division of Forestry
500 Lafayette Road
St. Paul, MN 55155-4044

Projects will be reviewed and ranked by the all members of the Forest Stewardship Committee. Final decisions will be made by the Director of the Division of Forestry. Announcement of successful projects will occur in mid June. Contracts to begin work will be let August 15. A brief project report will be required on December 15 and at six month intervals thereafter until the project is completed.

All funds will be distributed through contracts. Payment will be made as measurable achievements are accomplished. **NOTE:** All printed materials for landowners should be bid as finished product, punched for 2 or 3 holes, with 10,000 copies delivered to Moose Lake, MN.

For further information about the Forest Stewardship Program or the project proposal process, please contact: Larry Himanga (651) 296-5970.

Dated: 4 March 2002

Department of Natural Resources Minnesota Forest Stewardship Program

Request For Technical Assistance Proposals

Application Deadline: Delivered no later than - May 3, 2002

The Minnesota Department of Natural Resources - Division of Forestry, through the Forest Stewardship Committee, is seeking proposals aimed at improving multiple-use, ecosystem-based management of Non-Industrial Private Forest (NIPF) lands in Minnesota. Proposals must provide technical assistance for individual landowners using Forest Stewardship plans as the starting point.

The following estimated funds are available for the 12 months beginning July 1, 2002.

- About \$75,000 from the U.S. Forest Service Forest Stewardship Program.
- About \$150,000 from the state Legislative Commission on Minnesota Resources (LCMR) as requested by the Minnesota Forestry Association and TNC; called MFA-LCMR.

Applications may be submitted by private sector (for-profit and non-profit) individuals, organizations, corporations and local government units. Anyone approved or willing to be approved as a Forest Stewardship plan provider may apply. **NOTE:** Applicants wishing to prepare landowner plans in the historically prairie zone of the state will be steered towards the "Prairie Stewardship Program." Call Peter Buesseler, DNR-Wildlife at (218) 739-7497 or Larry Himanga for details.

Projects that can be accomplished with a one year funding grant are recommended. Please plan on funds being expended by June 30, 2003. Please don't bid more than you can complete. Project proposals must follow the attached format. Proposals should not exceed four (4) pages. A local DNR-Forestry representative *must sign* the bottom of attachment B.

Applicants should submit a separate proposal for each DNR area in which they desire to work. Proposals may also be combined across DNR areas. Special certification will be needed from the Dept. of Administration for applicants whose total contracts exceed \$25,000 per year.

Please submit an *unfolded* original with typing on only one side of each page to:

Larry Himanga - State Forest Stewardship Committee Chair
DNR-Division of Forestry
500 Lafayette Road
St. Paul, MN 55155-4044

NOTE: Each applicant is also required to submit a copy of a recent Forest Stewardship plan they have prepared. Include only the material you prepared, such as cover pages, maps, cover type write-ups, and summaries. (No handouts) Please limit cover types to 3 of your choosing to save space. If no recent plan is available, submit a sample of what you propose to do. **Applications that do not contain a copy of a plan will not be accepted.**

Project proposals will be evaluated on their ability to deliver technical assistance directly to landowners in a professional and cost-effective manner. All work through the proposal must meet or exceed the standards established by the MN DNR and the Forest Stewardship Committee. Projects generating direct land management activities are preferred. (see attached evaluation criteria)

Projects will be reviewed and ranked by the all members of the Forest Stewardship Committee. Final decisions will be made by the Director of the Division of Forestry. Announcement of successful projects will occur in mid June. Successful applicants can

State Contracts

expect contract to begin in early July 2002. **NOTE:** All funds will be distributed through contracts. Payment will be made as measurable achievements described in Attachment B are accomplished.

For further information about the Forest Stewardship Program or the project proposal process, please contact: Larry Himanga at (651) 296-5970.

Dated: 4 March 2002

Pollution Control Agency

CORRECTION: Notice of Availability of Request for Proposal for Preparation of an Environmental Impact Statement (EIS) for the United States Steel – Minntac (Minntac) Water Inventory Reduction Project in Mountain Iron, Minnesota

NOTICE IS HEREBY GIVEN that proposals must be submitted to that office by **4:00 p.m., on Wednesday, March 20, 2002.**

Department of Transportation

Program Support Group

Notice Concerning Professional/Technical Contract Opportunities

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

New public notices may be added to the website on a daily basis and be available for the time period as indicated within the public notice.

Department of Transportation

Office of Research Services

Notice of Availability of a Contract to Develop and Conduct a Demonstration Project on Mileage Based User Fees

The Department of Transportation (Mn/DOT) is requesting proposals to enter into a contract to obtain services of a consultant for the purpose of developing and conducting a pilot project that will test price elasticities of driving behavior by offering financial incentives and by simulating the replacement of fixed costs of ownership/leasing and operation with fees or charges based on mileage and perhaps time-of-day travel. These fixed costs might include mileage-based depreciation on leased vehicles, insurance, lease taxes, registration, vehicle sales taxes and parking charges among others

The objectives of this project are to:

- Simulate the replacement of the fixed costs of vehicle ownership and operation with variable costs that give drivers explicit price signals about travel decisions and alternatives;
- Develop the best possible understanding of transportation price elasticities and how they vary by vehicle ownership/lease arrangement, income, location, annual mileage driven and other factors;
- Develop an understanding about driver acceptance of use-based fees and appropriate price signals necessary to affect travel behavior changes; and,
- Identify strategies and recommendations that might be employed to "mainstream" or institutionalize policies or techniques learned from the demonstration.

For the full RFP which will be sent free of charge to interested vendors, fax or email:

Ken Buckeye
Office of Research & Strategic Services
Minnesota Department of Transportation
395 John Ireland Boulevard, MS 330
St. Paul, MN 55155
Fax: (651) 215-0443
Email: *kenneth.buckeye@dot.state.mn.us*

All proposals must be sent to and received by reception staff at the above address not later than **3:00 P.M., Central Standard Time, Thursday, March 28, 2002.**

This Request for Proposal does not obligate the State to complete the proposed project, and the State reserves the right to cancel the solicitation if it is considered to be in its best interest.

Department of Transportation

Program Support Group

Office of Technical Support

Request for Proposal (RFP) to Develop Minnesota Department of Transportation (Mn/DOT's) Consultant Services Pre-Qualified System

This document is available in alternative formats for persons with disabilities by calling Dawn D. Thompson at (651) 296-3157 for persons who are hearing or speech impaired by calling the Minnesota Relay Service at 1-800-627-3529.

Responses to this advertisement become public information under the Freedom of Information Act. This request does not obligate the State of Minnesota Department of Transportation to complete the work contemplated in this notice, and the Department reserves the right to cancel this solicitation. All expenses incurred in responding to this notice shall be borne by the responder.

The Minnesota Department of Transportation is seeking the services for the assistance in developing Mn/DOT's new Consultant Services Pre-Qualified System. This new Consultant Services Pre-Qualified System will be used in the acquisition process for professional and technical consultant services. This project will require coordination with many different functional groups and Districts throughout Mn/DOT. The successful consultant will assist Mn/DOT's staff in the development and implementation of this new pre-qualified system.

The Consultant Services Pre-Qualified System must be fully implemented and available for usage by June 30, 2002.

Request for Proposals (RFP) are available by mail, email or in person. **Please submit in writing, a request for the RFP Mn/DOT's Consultant Services Pre-Qualification System.**

Request for the **RFP** may be mailed or faxed to:

Dawn D. Thompson, Project Manager/Agreement Administrator,
Minnesota Department of Transportation Consultant Services
395 John Ireland Boulevard, Seventh Floor North, Mail Stop 680
St. Paul, MN 55155
Fax: (651) 282-5127

In order to obtain the RFP in time, requests for the RFP must be received **on or before March 21, 2002**, requests made after that date must be in person.

NOTE: Proposals Will Be Due on March 25, 2002 at 2:00 p.m., Central Standard Time.

Department of Transportation

Program Support Group

Office of Technical Support

Request for Proposals (RFP) To Provide Construction Inspection and Contract Administration, T-Contract Program

The State of Minnesota through its Department of Transportation (Mn/DOT), requests proposals from vendors interested in providing construction inspection and contract administration. All potential work will be directed by a Mn/DOT Construction Project Manager, and will be performed in accordance with Mn/DOT Standards. There are seven categories of work included in this program. Please note that responders may propose to provide services in any or all of the following categories:

1. Construction Inspection - Grading and Base, Bituminous and Concrete Inspection
2. Construction Inspection - Bridge Inspection
3. Construction Surveying
4. Materials Sampling and Testing - Field Sampling and Testing
5. Materials Sampling and Testing - Plant Inspection - Bituminous
6. Materials Sampling and Testing - Plant Inspection - Concrete
7. Contract Administration

Mn/DOT is planning a T-Contract Program for this work. This program will have multiple firms selected. Each firm will have a master contract, and then project specific work orders will be written under the terms of the master contract. These work orders will be assigned in accordance with T-Contract rotation policy. This is not a guarantee of an assignment since the use of these services will depend upon the availability of funding for the program at the time the work is required. All expenses incurred in responding to this notice will be borne by the responding firm.

This program is estimated at \$40,000,000.00 and will be divided among all firms selected. The proposed term of the contract will be from April 2002 to April 2004, with Mn/DOT's option of up to three, one year extensions. Requests for Proposals (RFP) are available by mail or in person. Please submit, in writing, a request for the RFP for "Construction Inspection and Contract Administration T-Contract Program".

Requests for the RFP may be mailed, faxed, or emailed to:

Melissa McGinnis, Agreement Administrator
Minnesota Department of Transportation, Consultant Service Unit
395 John Ireland Boulevard, Seventh Floor, Mail Stop 680
St. Paul, Minnesota 55155
Fax: (651) 282-5127
Email: melissa.mcginis@dot.state.mn.us

In order to obtain the RFP in time, requests for the RFP must be received **on or before March 22, 2002**. Requests made after that date must be in person. Due to heightened security in the Transportation Building, please **phone:** (651) 284-3245 to make arrangements to pick up the RFP.

NOTE: Proposals Are Due on Monday, March 25, 2002 at 2:00 p.m., Central Standard Time. Late Proposals Will Not Be Considered.

Non-State Contracts & Grants

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

Metropolitan Airports Commission

Airport Purchasing Group

Notice of Call for Bids for Automated External Defibrillators (AED'S), Accessories and Replacement Parts, Training and Installation

Sealed bids will be received by the AIRPORT PURCHASING GROUP at the Metropolitan Airports Commission in its office at 6040 28th Avenue South, Minneapolis, MN 55450-2799, until 2:00 p.m., Local Time, THURSDAY, MARCH 14, 2002 for the procurement of AUTOMATED EXTERNAL DEFIBRILLATORS (AED'S), ACCESSORIES AND REPLACEMENT PARTS, TRAINING AND INSTALLATION.

At that time and place the bids will be publicly opened and the names and addresses of those responding read aloud. If mailed the Commission's mailing address is 6040 28th Avenue South, Minneapolis, MN 55450-2799, and *bids to be considered must be received by the Commission by the date and hour set for opening of bids.*

Copies of the Specifications may be obtained at the office of the Commission, 6040 28th Avenue South, Minneapolis, Minnesota 55450, **phone:** (612) 726-8146.

Dated: 26 February 2002

Airport Purchasing Group
Don Olson/Chairman Purchasing Alliance Committee

Metropolitan Council

Notice of Invitation for Bids (IFB) for Compaq Evo Notebook N180

Contract Number 02P017

The Metropolitan Council is requesting bids for 31 Compaq EVO Notebooks.

<i>Issue Invitation for Bids</i>	March 4, 2002
<i>Bids Due</i>	March 18, 2002
<i>Award Contract</i>	March 25, 2002

All firms interested in submitting bids for this contract and desiring to receive an IFB package are invited to make a written request either by email, fax or mail or phone request to:

Sunny Jo Emerson
Administrative Assistant, Contracts and Procurement Unit
Metropolitan Council
230 East Fifth Street
St. Paul, MN 55101
Phone: (651) 602-1499
Fax: (651) 602-1083
Email: sunnyjo.emerson@metc.state.mn.us

Minnesota Statutes, Sections 473.144 and 363.073 and *Minnesota Rules*, Parts 5000.3400 to 5000.3600 will be incorporated into any contract based upon the Proposal or any modifications to it. If a contract for the project is awarded in excess of \$100,000, the requirements of *Minnesota Rules* 5000.3530 will be applicable.

Non-State Contracts & Grants

Metropolitan Council

Notice of Request for Proposals (RFP) for Develop Inspired and Creative Communication Services, Print and Digital

The Metropolitan Council is requesting proposals from interested firms or individuals to develop inspired and creative communication services (both print and digital) to communicate the ideals of the Council's Blueprint 2030 document in such a manner that will promote a shared vision for the region and inspire elected officials, policy makers and the general public to make informed choices to guide the growth of the region, set our priorities and preserve the competitiveness and livability of the Twin Cities region.

*Issue Request for Proposals
Received Proposals
Evaluate and Rank Proposals*

**RFP's will be issued on 3/4/02
Friday March 15th
Staff committee will review the proposals and make the selection.**

All firms interested in being considered for this project and desiring to receive a RFP package are invited to submit a Letter of Interest to:

Amanda Petersen, Administrative Assistant, Contracts and Procurement Unit
Metropolitan Council Environmental Services
230 East Fifth Street
Mears Park Centre
St. Paul, MN 55101
Phone: (651) 602-1585
Fax: (651) 602-1138
Email: amanda.petersen@metc.state.mn.us

Inquiries regarding technical aspects of the project should be directed to Bob Dietrick **phone** at: (651) 602-1387 or **email:** bob.dietrick@metc.state.mn.us

Minnesota Statutes, Sections 473.144 and 363.073, and *Minnesota Rules*, Parts 5000.3400 to 5000.3600 will be incorporated into any contract based upon the Proposal or any modifications to it. If a contract for the project is awarded in excess of \$100,000, the requirements of *Minnesota Rules* 5000.3530 will be applicable.

Metropolitan Council – Metro Transit

Refuse Removal

The Metropolitan Council is soliciting sealed bids for Refuse Removal at various Metro Transit Facilities in the Twin Cities area of Minnesota. Bids are due at **2:00 p.m., on March 26, 2002**. Bids must be submitted in accordance with the Invitation for Bids document available from:

Metropolitan Council
Metro Transit Purchasing Department
515 N. Cleveland Avenue
St. Paul, MN 55114
Phone: (612) 349-5070

University of Minnesota

Notice of Bid Information Service (BIS) Available for All Potential Vendors

The University of Minnesota offers 24 hour/day, 7 day/week access to all Request for Bids/Proposals through its web based Bid Information Services (BIS). Subscriptions to BIS are \$75/year. Visit our web site at bidinfo.umn.edu or call the BIS Coordinator at (612) 625-5534.

Requests for Bids/Proposals are available to the public at no charge each business day from 8:00 a.m. to 4:30 p.m. in Purchasing Services lobby, Suite 560, 1300 S. 2nd Street, Mpls., MN 55454.

Available at Minnesota Bookstore

Order form on back page

The Pheasant in Minnesota

A fascinating "magazine" devoted to the ring-neck pheasant. Included is the history of the bird, its origin, development and introduction to this region. Color photos, softcover, 48pp.
Stock No. 9-13 \$5.95 + shpg. & sales tax

Dressing & Cooking Wild Game

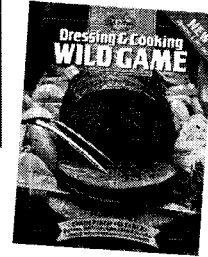
Now that you've "bagged your catch", what do you do with it? This book offers clear instructions along with color photos to walk you step-by-step from field dressing and transport to hanging, skinning, butchering, dressing, "clean-up" and freezing. With the hard work out of the way, then cook up one of the mouth-watering recipes for cooking big and small game, upland game birds, and waterfowl. Hardcover, 160pp.
Stock No. 19-38 \$19.95 + shpg. & sales tax

651.297.3000 * 800.657.3757

Mon-Fri 8am-5pm

www.minnesotabookstore.com

It's Hunting
Season!



Hunter's Field Guide

This popular *Outdoor Life* field guide offers practical advice on how to be a safe, successful and responsible hunter. Through easy-to-read illustrations and text, learn tips on: treating common injuries, reloading shot gun shells, the basics of bow hunting, how to hold and carry a muzzle-loader, recommended shot and target range for various game, and much more. Great tool for the beginner as well as the experienced hunter. Softcover, 194pp.
Stock No. 19-31 \$5.99 + shpg. & sales tax

Hunter Education Training Course

Great tool for teaching the beginner the key to safe, successful hunting. This course includes the Hunter's Field Guide (described above), a Workbook and a Safety video. Excellent refresher for the experienced hunter, too! Stock No. 19-111 ONLY \$14.99 + shpg. & sales tax

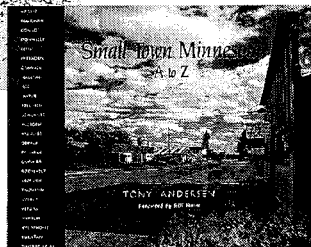
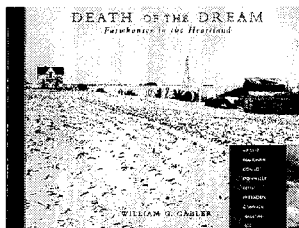
Animal Tracks of Minnesota & Wisconsin

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