

**MARCH 19, 1986**

**OLYMPIA, WASHINGTON**

**ISSUE 86-06**



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## **IN THIS ISSUE**

Agriculture, Department of  
Attorney General, Office of the  
Building Code Council  
Chiropractic Examiners, Board of  
Community Development, Department of  
County Road Administration Board  
Corrections, Department of  
Ecology, Department of  
Emergency Management, Department of  
Fisheries, Department of  
Forest Practices Board  
Gambling Commission  
Game, Department of  
Governor, Office of the  
Green River Community College  
(District 10)  
Higher Education Personnel Board  
Labor and Industries, Department of

Licensing, Department of  
Liquor Control Board  
Parks and Recreation Commission  
Peninsula College  
(District 1)  
Personnel, Department of  
Public Disclosure Commission  
Revenue, Department of  
Rules Review Committee, Joint Administrative  
Social and Health Services, Department of  
State Employees Insurance Board  
Superintendent of Public Instruction  
Supreme Court  
Transportation, Department of  
Urban Arterial Board  
Washington State Library  
Whatcom Community College  
(District 21)

(Subject/Agency index at back of issue)  
This issue contains documents officially  
filed not later than March 5, 1986

## CITATION

Cite all material in the Washington State Register by its issue number and sequence within that issue, preceded by the acronym WSR. Example: The 37th item in the August 5, 1981, Register would be cited as WSR 81-15-037.

## PUBLIC INSPECTION OF DOCUMENTS

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## CERTIFICATE

Pursuant to RCW 34.08.040, the publication of rules or other information in this issue of the Washington State Register is hereby certified to be a true and correct copy of such rules or other information, except that headings of public meeting notices have been edited for uniformity of style.

DENNIS W. COOPER  
Code Reviser

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# WASHINGTON STATE REGISTER

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*Subscription Clerk*

# STYLE AND FORMAT OF THE WASHINGTON STATE REGISTER

## 1. ARRANGEMENT OF THE REGISTER

Documents are arranged within each issue of the Register according to the order in which they are filed in the code reviser's office during the pertinent filing period. The three part number in the heading distinctively identifies each document, and the last part of the number indicates the filing sequence within an issue's material.

## 2. PROPOSED, ADOPTED, AND EMERGENCY RULES OF STATE AGENCIES AND INSTITUTIONS OF HIGHER EDUCATION

The three types of rule-making actions taken under the Administrative Procedure Act (chapter 34.04 RCW) or the Higher Education Administrative Procedure Act (chapter 28B.19 RCW) may be distinguished by the size and style of type in which they appear.

- (a) **Proposed rules** are those rules pending permanent adoption by an agency and set forth in eight point type.
- (b) **Adopted rules** have been permanently adopted and are set forth in ten point type.
- (c) **Emergency rules** *have been adopted on an emergency basis and are set forth in ten point oblique type.*

## 3. PRINTING STYLE—INDICATION OF NEW OR DELETED MATTER

RCW 34.04.058 requires the use of certain marks to indicate amendments to existing agency rules. This style quickly and graphically portrays the current changes to existing rules as follows:

- (a) In amendatory sections—
  - (i) underlined matter is new matter;
  - (ii) deleted matter is (~~lined out and bracketed between double parentheses~~);
- (b) Complete new sections are prefaced by the heading NEW SECTION;
- (c) The repeal of an entire section is shown by listing its WAC section number and caption under the heading REPEALER.

## 4. EXECUTIVE ORDERS, COURT RULES, NOTICES OF PUBLIC MEETINGS

Material contained in the Register other than rule-making actions taken under the APA or the HEAPA does not necessarily conform to the style and format conventions described above. The headings of these other types of material have been edited for uniformity of style; otherwise the items are shown as nearly as possible in the form submitted to the code reviser's office.

## 5. EFFECTIVE DATE OF RULES

- (a) Permanently adopted agency rules take effect thirty days after the rules and the agency order adopting them are filed with the code reviser. This effective date may be delayed, but not advanced, and a delayed effective date will be noted in the promulgation statement preceding the text of the rule.
- (b) Emergency rules take effect upon filing with the code reviser and remain effective for a maximum of ninety days from that date.
- (c) Rules of the state Supreme Court generally contain an effective date clause in the order adopting the rules.

## 6. EDITORIAL CORRECTIONS

Material inserted by the code reviser for purposes of clarification or correction or to show the source or history of a document is enclosed in brackets [ ].

## 7. INDEX AND TABLES

A combined subject matter and agency index and a table of WAC sections affected may be found at the end of each issue.

1985 - 1986

DATES FOR REGISTER CLOSING, DISTRIBUTION, AND FIRST AGENCY ACTION

Issue No.	Closing Dates <sup>1</sup>			Distribution Date	First Agency Action Date <sup>3</sup>
	Non-OTS & 30 p. or more	Non-OTS & 11 to 29 p.	OTS <sup>2</sup> or 10 p. max. Non-OTS		
<i>For Inclusion in—</i>	<i>File no later than—</i>			<i>Count 20 days from—</i>	<i>For hearing/adoption on or after</i>
85-18	Aug 7	Aug 21	Sep 4	Sep 18	Oct 8
85-19	Aug 21	Sep 4	Sep 18	Oct 2	Oct 22
85-20	Sep 4	Sep 18	Oct 2	Oct 16	Nov 5
85-21	Sep 25	Oct 9	Oct 23	Nov 6	Nov 26
85-22	Oct 9	Oct 23	Nov 6	Nov 20	Dec 10
85-23	Oct 23	Nov 6	Nov 20	Dec 4	Dec 24
85-24	Nov 6	Nov 20	Dec 4	Dec 18	Jan 7, 1986
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86-01	Nov 21	Dec 5	Dec 19, 1985	Jan 2, 1986	Jan 22
86-02	Dec 5	Dec 19	Dec 31, 1985	Jan 15, 1986	Feb 4
86-03	Dec 26, 1985	Jan 8, 1986	Jan 22	Feb 5	Feb 25
86-04	Jan 8	Jan 22	Feb 5	Feb 19	Mar 11
86-05	Jan 22	Feb 5	Feb 19	Mar 5	Mar 25
86-06	Feb 5	Feb 19	Mar 5	Mar 19	Apr 8
86-07	Feb 19	Mar 5	Mar 19	Apr 2	Apr 22
86-08	Mar 5	Mar 19	Apr 2	Apr 16	May 6
86-09	Mar 26	Apr 9	Apr 23	May 7	May 27
86-10	Apr 9	Apr 23	May 7	May 21	Jun 10
86-11	Apr 23	May 7	May 21	Jun 4	Jun 24
86-12	May 7	May 21	Jun 4	Jun 18	Jul 8
86-13	May 21	Jun 4	Jun 18	Jul 2	Jul 22
86-14	Jun 4	Jun 18	Jul 2	Jul 16	Aug 5
86-15	Jun 25	Jul 9	Jul 23	Aug 6	Aug 26
86-16	Jul 9	Jul 23	Aug 6	Aug 20	Sep 9
86-17	Jul 23	Aug 6	Aug 20	Sep 3	Sep 23
86-18	Aug 6	Aug 20	Sep 3	Sep 17	Oct 7
86-19	Aug 20	Sep 3	Sep 17	Oct 1	Oct 21
86-20	Sep 3	Sep 17	Oct 1	Oct 15	Nov 4
86-21	Sep 24	Oct 8	Oct 22	Nov 5	Nov 25
86-22	Oct 8	Oct 22	Nov 5	Nov 19	Dec 9
86-23	Oct 22	Nov 5	Nov 19	Dec 3	Dec 23
86-24	Nov 5	Nov 19	Dec 3	Dec 17	Jan 6, 1987

<sup>1</sup>All documents are due at the code reviser's office by 5:00 p.m. on the applicable closing date for inclusion in a particular issue of the Register; see WAC 1-12-035 or 1-13-035.

<sup>2</sup>A filing of any length will be accepted on the closing dates of this column if it has been prepared by the order typing service (OTS) of the code reviser's office; see WAC 1-12-220 or 1-13-240. Agency-typed material is subject to a ten page limit for these dates; longer agency-typed material is subject to the earlier non-OTS dates.

<sup>3</sup>"No proceeding may be held on any rule until twenty days have passed from the distribution date of the Register in which notice thereof was contained." RCW 28B.19.030(4) and 34.04.025(4). These dates represent the twentieth day after the distribution date of the applicable Register.



**WSR 86-06-000**

**ERRATA**

(Inserted by the Code Reviser)

**DEPARTMENT OF LICENSING**

[Order DLR-088—Filed January 6, 1986]

**Reviser's note:** The following new section was adopted by the Department of Licensing in Order DLR-088 and was filed in the code reviser's office on January 6, 1986. Through a clerical error, an incorrect illustration was printed in the section as shown in WSR 86-03-011. The correct illustration, as filed by the agency, is shown below. Pursuant to RCW 34.04.040(2), the effective date of this section is February 5, 1986.

**NEW SECTION**

**WAC 308-61-115 IDENTIFICATION OF LICENSEE'S VEHICLES.** (1) All tow vehicles to be used in the operator's business which are operated on the public highways, shall display the licensee's operator number plus the truck number, name, city of address and current business telephone number. Such information shall be painted or permanently affixed to both sides of the vehicle. Each letter and numeral shall be made with at least a half-inch stroke for the width and shall be at least three inches high. See sample:



(2) The annual tow truck permit will be a paper cab card identifying the tow truck as well as indicating the class of truck and the registered tow truck operator.

**WSR 86-06-001  
PROPOSED RULES  
GAMBLING COMMISSION**

[Filed February 20, 1986]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Washington State Gambling Commission intends to adopt, amend, or repeal rules concerning new section WAC 230-46-100;

that the agency will at 10:00 a.m., Thursday, May 8, 1986, in the Town Plaza Motor Inn, Yakima, Washington, conduct a public hearing on the proposed rules.

The adoption, amendment, or repeal of the rules will take place immediately following the hearing.

The authority under which these rules are proposed is RCW 9.46.020(10) and 9.46.070 (3), (11), (14) and (20).

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before May 8, 1986.

Dated: February 20, 1986

By: Ronald O. Bailey  
Deputy Director

**STATEMENT OF PURPOSE**

**Title:** New section WAC 230-46-100 Purpose—Video and electronic games.

**Description of Purpose:** Clarifies and limits the use of video and electronic games of chance, amusement devices, amusement games, and gambling devices in the state.

**Statutory Authority:** RCW 9.46.020(10) and 9.46.070 (3), (11), (14) and (20).

**Summary of Proposed Rules and Reasons Supporting Action:** WAC 230-46-100 explains the reason for the rules on video and electronic games.

**Agency Personnel Responsible for Drafting, Implementing and Enforcing the Rules:** Keith Kisor, Director, 234-0865 scan, 753-0865 comm; and Ronald O. Bailey, Deputy Director, 234-1075 scan, 753-1075 comm, Jefferson Building, 1110 South Jefferson, Olympia, WA 98504.

**Proponents and Opponents:** Gambling Commission staff proposes this new rule.

**Agency Comments:** The agency believes the proposed rule is self-explanatory and needs no further comment.

This rule was not made necessary as a result of federal law or federal or state court action.

**Small Business Economic Impact Statement:** This agency has determined that there would be no economic impact upon small businesses in the state of Washington by the adoption of these amendments or new rules.

**NEW SECTION**

**WAC 230-46-100 PURPOSE—VIDEO AND ELECTRONIC GAMES.** The Washington State Gambling Commission, aware of the overwhelming increase in the number of video and electronic games appearing for public play and the potential for converting these games to gambling devices, deems it to be in the public interest to establish rules to govern the play of these games in the state of Washington.

The statute defines a gambling device as any device designed primarily for use in connection with professional gambling. "Slot machines", even when altered to prevent actual payoffs, have been declared primarily designed as a gambling device similar to roulette wheels and crap tables and are subject to seizure and destruction. Video games of chance are primarily a gambling device and should be restricted in the same manner.

Video games of chance have been developed by the gambling industry as a successor to the mechanical slot machines. This type of machine has been restricted because the game involves no material degree of skill and is normally played only in an atmosphere where something of value may be won by chance. Investigations have shown that video games of chance, such as poker, blackjack, craps, hi-lo, roulette, acey ducey, horse racing or other gambling forms are used by the operators and players as gambling devices even when not constructed or programmed to award a prize.

**WSR 86-06-002**

**ADOPTED RULES**

**DEPARTMENT OF LABOR AND INDUSTRIES**

[Order 86-17—Filed February 20, 1986]

I, Richard A. Davis, director of the Department of Labor and Industries, do promulgate and adopt at Room 334, General Administration Building, Olympia,

Washington 98504, the annexed rules relating to WAC 296-350-300 repeat violations, a new section which defines "repeat violation" and "nonabatement violation" and identifies a period of three years following the issuance of a final order that the department may issue a citation for a repeat violation.

This action is taken pursuant to Notice No. WSR 85-21-100 filed with the code reviser on October 23, 1985. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 34.04.040(2).

This rule is promulgated pursuant to RCW 49.17.040 and 49.17.050 and is intended to administratively implement that statute.

The undersigned hereby declares that the agency has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW) and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.

APPROVED AND ADOPTED February 20, 1986.  
By Richard A. Davis  
Director

NEW SECTION

✓ WAC 296-350-300 REPEAT VIOLATIONS  
(1)(a) "Repeat Violation" includes any violation of a standard or order when a violation has previously been cited to the same employer which identifies the same type of hazard.

(b) "Nonabatement violation" includes any repeat violation which has not been corrected by the assigned abatement date.

(2) For a period of three years following the issuance of a final order which cites any violation of a safety standard, order or RCW 49.17.060, the department may issue a citation for a repeat violation. A repeat violation may incur a penalty based solely upon the repeat nature of the violation, without regard to the seriousness of the hazard being cited.

**WSR 86-06-003**

**ADOPTED RULES**

**STATE EMPLOYEES INSURANCE BOARD**

[Resolution No. 86-1—Filed February 20, 1986]

Be it resolved by the State Employees Insurance Board, acting at the Department of Transportation, Materials Lab Building, Tumwater, Washington, that it does adopt the annexed rules relating to the amending of WAC 182-12-160.

This action is taken pursuant to Notice No. WSR 86-05-020 filed with the code reviser on February 14, 1986. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 34.04.040(2).

This rule is promulgated under the general rule-making authority of the State Employees Insurance Board as authorized in chapter 41.05 RCW.

The undersigned hereby declares that the agency has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW), and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.

APPROVED AND ADOPTED February 20, 1986.  
By C. H. Shay  
Assistant Benefits Manager

AMENDATORY SECTION (Amending Order 5646, filed 2/9/76)

✓ WAC 182-12-160 ((STATE LEGISLATORS))  
ELECTED OFFICIALS. ((State legislators)) All elected officials of any SEIB participating entity, as defined in WAC 182-12-111, who voluntarily or involuntarily leave ((state)) public office shall be considered as retired employees, whether or not they receive a benefit from a state retirement system.

**WSR 86-06-004**

**NOTICE OF PUBLIC MEETINGS**

**WHATCOM COMMUNITY COLLEGE**

[Memorandum—February 18, 1986]

**MEETING CANCELLATION**

The March 11, 1986, meeting of the board of trustees of Whatcom Community College, District Number Twenty-One, has been cancelled.

**JOINT MEETING**

The board of trustees of Whatcom Community College, District Number Twenty-One, will hold a special joint meeting with the Western Washington University board of trustees at the following time and place: March 6, 1986, 12:00 noon, Western Washington University, Viking Addition 460, Bellingham, WA 98225. The purpose of the meeting will be to reaffirm the cooperative working relationship between the two institutions.

**SPECIAL MEETING**

The board of trustees of Whatcom Community College, District Number Twenty-One, will hold a special meeting on March 6, 1986, at the following time and place: 1:45 p.m., Northwest 2, Whatcom Community College, 5217 Northwest Road, Bellingham, WA 98226. The board, at its special meeting, will transact business as per the proposed agenda.

**WSR 86-06-005**

**ADOPTED RULES**

**COUNTY ROAD ADMINISTRATION BOARD**

[Order 61—Filed February 20, 1986]

Be it resolved by the County Road Administration Board, acting at Union, Washington, that it does adopt the annexed rules relating to:

Amd ch. 136-130 WAC Regarding regional prioritization of RAP projects (includes WAC 136-

130-030, 136-130-050 and 136-130-070).

Amd ch. 136-150 WAC Regarding eligibility for rural arterial trust account funds (includes WAC 136-150-010, 136-150-020, 136-150-024 and 136-150-040).

Amd ch. 136-160 WAC Regarding the allocation of RATA funds to approved RAP projects (includes WAC 136-160-060).

This action is taken pursuant to Notice No. WSR 86-02-025 filed with the code reviser on December 24, 1985. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 34.04.040(2).

This rule is promulgated under the general rule-making authority of the County Road Administration Board as authorized in chapter 36.78 RCW.

The undersigned hereby declares that the agency has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW), and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.

APPROVED AND ADOPTED February 13, 1986.

By Ernest Geissler  
Director

AMENDATORY SECTION (Amending Order 50 [56], filed 12/9/83 [7/30/84])

✓ WAC 136-130-030 PROJECT PRIORITIZATION IN PUGET SOUND REGION (PSR). Each county in the PSR may submit up to three projects requesting RATA funds. Each project shall be rated in accordance with the ((NER)) PSR RAP Rating Procedures. PSR RAP rating points shall be assigned on the basis of ((100 points for a condition rating and 50 points for a service rating)) 50 points for traffic volume, 50 points for accident history, 45 points for structural condition, 45 points for geometric condition, and 10 points for special use and need. ((The priority rating equals two and one-half times the product of the service rating to the 1.25 power and the common logarithm of the number obtained by dividing 100 by the condition rating.)) Prioritization of PSR projects shall be on the basis of total PSR RAP rating points shown on the project worksheet and the prospectus form of the project application.

**Reviser's note:** The bracketed material preceding the section above was supplied by the code reviser's office.

**Reviser's note:** RCW 34.04.058 requires the use of underlining and deletion marks to indicate amendments to existing rules. The rule published above varies from its predecessor in certain respects not indicated by the use of these markings.

AMENDATORY SECTION (Amending Order 50 [56], filed 12/9/83 [7/30/84])

✓ WAC 136-130-050 PROJECT PRIORITIZATION IN NORTHEAST REGION (NER). Each county in the NER may submit projects requesting RATA funds not to exceed ((5% per project and)) 30%

per county of the NER biennial apportionment. Each project shall be rated in accordance with the NER RAP Rating Procedures. A RAP project may include a bridge when its cost does not exceed 20% of the total project cost. A stand-alone bridge project may be submitted provided that its priority rating has been computed by the same RAP rating procedures applied to all other projects, and provided further that RATA funds may be used only as a match for Federal funds. NER RAP rating points shall be assigned on the basis of 100 points for a condition rating and 50 points for a service rating. The priority rating equals two and one half times the product of the service rating to the 1.25 power and the common logarithm of the number obtained by dividing 100 by the condition rating. Prioritization of NER projects shall be on the basis of total NER RAP rating points shown on the project worksheet and the prospectus form of the project application.

**Reviser's note:** The bracketed material preceding the section above was supplied by the code reviser's office.

**Reviser's note:** RCW 34.04.058 requires the use of underlining and deletion marks to indicate amendments to existing rules. The rule published above varies from its predecessor in certain respects not indicated by the use of these markings.

AMENDATORY SECTION (Amending Order 50 [56], filed 12/9/85 [7/30/84])

✓ WAC 136-130-070 PROJECT PRIORITIZATION IN SOUTHWEST REGION (SWR). Each county in the SWR may submit projects requesting RATA funds not to exceed \$200,000 per project and \$800,000 per county. No bridge replacement projects will be funded. Each project shall be rated in accordance with the SWR RAP Rating Procedures. SWR RAP rating points shall be assigned on the basis of 25 points for structural condition, 25 points for road surface condition, 30 points for geometrics, 10 points for traffic volume and 10 points for traffic accidents, except that portland cement surfaces shall have 50 points for road surface condition and no points for structural condition. ((Points for surface condition will be assigned by one independent consultant retained by mutual consent of all counties in the region. Points for structural condition will be assigned based on a method of pavement and/or subgrade structural adequacy evaluation, which is mutually acceptable by the counties in the region. Project pavement structures shall be designed for a minimum design life of 10 years.)) Prioritization of SWR projects shall be on the basis of total SWR RAP rating points shown on the project worksheets and the prospectus form of the project application.

**Reviser's note:** The bracketed material preceding the section above was supplied by the code reviser's office.

**Reviser's note:** RCW 34.04.058 requires the use of underlining and deletion marks to indicate amendments to existing rules. The rule published above varies from its predecessor in certain respects not indicated by the use of these markings.

**Reviser's note:** The typographical errors in the above section occurred in the copy filed by the agency and appear herein pursuant to the requirements of RCW 34.08.040.

AMENDATORY SECTION (Amending Order 51 [56], filed 12/9/83 [7/30/84])

✓ WAC 136-150-010 PURPOSE. Language in Chapter 49, Laws of 1983, Extraordinary Session, Section 14 (~~(was intended to make Rural Arterial Trust Account (RATA) funds available only to those counties which in the preceding twelve months did not expend county road property tax revenues for any purpose other than those allowed to the state by Article II, Section 40 of the State Constitution:))~~) provides that only those counties that during the preceding twelve months have spent all revenues collected for road purposes only for such purposes, including traffic law enforcement, as are allowed to the state by Article II, section 40 of the state Constitution are eligible to receive funds from the Rural Arterial Trust Account (RATA); provided, however, that counties of the 7th class shall be exempt from this requirement. This WAC chapter describes how this statutory language will be implemented by the CRABoard (~~(during the Rural Arterial Program (RAP) funding process:))~~) beginning with the 1987 RAP project approval meeting.

**Reviser's note:** The bracketed material preceding the section above was supplied by the code reviser's office.

**Reviser's note:** RCW 34.04.058 requires the use of underlining and deletion marks to indicate amendments to existing rules. The rule published above varies from its predecessor in certain respects not indicated by the use of these markings.

AMENDATORY SECTION (Amending Order 51 [56], filed 12/9/83 [7/30/84])

✓ WAC 136-150-020 ((~~DETERMINING ELIGIBILITY: Only those counties which in the preceding twelve months did not expend county road property tax revenues for any purposes other than those allowed~~)) IMPLEMENTING THE ELIGIBILITY REQUIREMENT. The CRABoard will provide to the State Auditor no later than February 1 of each year a list of those counties which have submitted projects for RATA funding during the current biennium. The State Auditor will return the list to the CRABoard no later than May 1 of each year, showing the eligible counties, which are those counties that, during the preceding county budget year, spent all revenues collected for road purposes only for such purposes, including traffic law enforcement, as are allowed to the state by Article II, Section 40, of the State Constitution (~~((shall be eligible to receive RATA funds:))~~) provided, however, that counties of the 7th class shall (~~((be exempt from this requirement:))~~) not be included on such list. The CRABoard will approve RAP projects, and allocate RATA funds to projects, only in eligible counties.

**Reviser's note:** The bracketed material preceding the section above was supplied by the code reviser's office.

**Reviser's note:** RCW 34.04.058 requires the use of underlining and deletion marks to indicate amendments to existing rules. The rule published above varies from its predecessor in certain respects not indicated by the use of these markings.

NEW SECTION

✓ WAC 136-150-024 CONSTRAINT ON CONTRACT EXECUTION. No CRAB/County contract shall be executed on behalf of the CRABoard until assurance is received from the State Auditor that such county's expenditure of diverted road levy, if any, was in compliance with the constraints of this chapter. The cost of any special audit needed to provide such assurance shall be the responsibility of the affected county.

AMENDATORY SECTION (Amending Order 51 [56], filed 12/9/83 [7/30/84])

✓ WAC 136-150-040 POST AUDIT PENALTY. Every RAP project shall be subject to final examination and audit by the State Auditor. In the event such an examination reveals an improper certification on the part of a county relative to compliance with provisions of this chapter, the matter shall be placed on the agenda of the next CRAB meeting and may be cause for the CRABoard to withdraw or deny the Certificate of Good Practice of that county((-)); and/or to require that all, or part of, RATA funds received by the county be returned to the CRABoard.

**Reviser's note:** The bracketed material preceding the section above was supplied by the code reviser's office.

**Reviser's note:** RCW 34.04.058 requires the use of underlining and deletion marks to indicate amendments to existing rules. The rule published above varies from its predecessor in certain respects not indicated by the use of these markings.

AMENDATORY SECTION (Amending Order 52 [56], filed 12/9/83 [7/30/84])

✓ WAC 136-160-060 LIMITATION ON USE OF RATA FUNDS. The RATA funds requested in the Project application are intended to reimburse a county for 80% of its RAP project construction costs up to the amount of the CRAB/county contract in all regions. RATA funds may be used to reimburse a county for 80% of its RAP project preliminary engineering costs (~~((only))~~) in the NER, PSR, and SER. RATA funds may not be used for right-of-way acquisition in any region.

**Reviser's note:** The bracketed material preceding the section above was supplied by the code reviser's office.

**Reviser's note:** RCW 34.04.058 requires the use of underlining and deletion marks to indicate amendments to existing rules. The rule published above varies from its predecessor in certain respects not indicated by the use of these markings.

**WSR 86-06-006**

**NOTICE OF PUBLIC MEETINGS  
WASHINGTON STATE LIBRARY**  
[Memorandum—January 17, 1986]

The Western Library Network will meet on March 12, 1986, in Room 47-A of the World Trade Center, Sea-Tac Main Terminal, beginning at 10:00 a.m.

The Washington State Library Commission will meet on March 13, 1986, in the Conference Room of the Timberland Regional Library Service Center, Olympia, Washington, beginning at 10:00 a.m.

**WSR 86-06-007**

**ADOPTED RULES**

**SUPERINTENDENT OF PUBLIC INSTRUCTION**

[Order 86-1—Filed February 21, 1986]

I, Frank B. Brouillet, Superintendent of Public Instruction, do promulgate and adopt at Olympia, Washington, the annexed rules relating to Special education programs—Education for all handicapped children, chapter 392-171 WAC.

This action is taken pursuant to Notice No. WSR 85-23-080 filed with the code reviser on November 20, 1985. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 34.04.040(2).

This rule is promulgated pursuant to RCW 28A.13.070(7) and is intended to administratively implement that statute.

The undersigned hereby declares that the agency has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW) and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.

APPROVED AND ADOPTED January 28, 1986.

By Frank B. Brouillet  
Superintendent of Public Instruction

AMENDATORY SECTION (Amending Order 80-31, filed 8/19/80)

✓ WAC 392-171-315 DEFINITION OF "SPECIAL EDUCATION." As used in this chapter "special education" means specially designed instruction, at no cost to the parent or the student, to meet the unique needs, abilities, and limitations of a ((handicapped)) student having a handicapped condition, including classroom and itinerant instruction, instruction in physical education, home instruction, and instruction in hospitals and institutions. The term includes communication disorders services, physical and occupational therapy, orientation and mobility instruction, and audiology. The term also includes career development and vocational education if either consists of specially designed instruction, at no cost to the parents or the student, to meet the unique needs of a handicapped student.

The terms in the definition of "special education" are defined as follows:

(1) "Specially designed instruction" means organized and planned teaching and/or training activities provided by certificated and/or licensed special education personnel, including therapists, designed to facilitate progress toward specific written objectives and which occurs repeatedly over a given period of time during regularly scheduled sessions. The term does not include diagnostic or assessment activities, related services per se, consultative services, or materials preparation.

(2) "At no cost" means that all specially designed instruction is provided without charge, but does not preclude incidental fees which are normally charged to nonhandicapped students or their parents as a part of the regular education program.

(3) "Physical education" means the development of:

(a) Physical and motor fitness;

(b) Fundamental motor skills and patterns; and

(c) Skills in aquatics, dance, and individual and group games and sports (including intramural and lifetime sports).

The term includes special physical education, adapted physical education, movement education, and motor development.

(4) "Career development" means instructional activities infused into a student's education program which make provision for career awareness, career exploration and career preparation for all occupations.

(5) "Vocational education" means a planned series of learning experiences, the specific objective of which is to prepare persons to enter, continue in, or upgrade themselves in gainful employment in recognized occupations not designated as professional or requiring a baccalaureate or higher degree.

(6) "Audiology" means the provision of habilitative activities related to a hearing impairment, such as language habilitation, auditory training, speech reading (lip reading), training for hearing evaluation, and speech conservation.

(7) "Occupational therapy" means improving, developing, or restoring functions impaired or lost through illness, injury, or deprivation; improving ability to perform tasks for independent functioning when functions are impaired or lost; and preventing through early intervention, initial or further impairment or loss of function.

(8) "Orientation and mobility instruction" means the provision of training/instruction in orientation and mobility for visually handicapped students.

(9) "Physical therapy" means seeking to relieve disability or pain, developing or restoring motor function and maintaining ((maximum)) appropriate performance ((within the student's capability)) commensurate with the student's unique needs, abilities, and limitations.

(10) "Communication disorders services" mean the provision of speech and language services for the habilitation or prevention of communication disorders.

AMENDATORY SECTION (Amending Order 84-19, filed 6/28/84)

✓ WAC 392-171-351 GENERAL ASSESSMENT SAFEGUARDS—PERSONNEL, MATERIALS AND PROCEDURES. Every student who is assessed or reassessed shall be assessed according to the procedures established in this chapter.

(1) The initial assessment of a student (except one with a suspected communication disorder) shall be made by a multidisciplinary team (i.e., a group of professionals) including at least one special education teacher and at least one person qualified to conduct individual diagnostic assessment in the area of suspected disability. In a reassessment of a student, the multidisciplinary team

also shall consist of a representative from each professional area involved in identified deficits or other eligibility criteria pertinent to the classification of such student in the most recent assessment of the student and such other professional areas as recommended by any professional involved in the reassessment. Each member of the team shall be licensed, registered, credentialed, or certificated according to his or her professional standards in accordance with state statutes and rules: PROVIDED, That in assessing or reassessing a student suspected of having a specific learning disability, each school district shall include on the multidisciplinary team at least three members:

(a) The student's regular education teacher or, if the student does not have a regular education teacher, a regular education teacher qualified to teach a student of his or her age;

(b) A special education teacher having experience with learning disabled students; and

(c) A school psychologist.

(2) No single test instrument or single procedure shall be the sole criterion for determining a student's eligibility or handicapping condition and/or for determining the appropriate educational program for a student.

(3) Assessment materials, procedures, and instruments used for the purpose of assessment and placement shall be selected and administered so as not to be racially or culturally discriminatory.

(4) All tests and other evaluation materials shall have been validated for the specific purpose for which they are used and shall accurately reflect whatever factors the tests purport to measure. If properly validated tests are unavailable, the professional judgment of each member of the multidisciplinary team shall determine eligibility for special education based on other evidence of the existence of a specific handicap and need. This professional judgment shall be documented in a written narrative.

(5) All tests and other evaluation materials shall be administered by qualified personnel in conformance with the instructions of their producer. Tests designed to measure intellectual functioning shall be administered and interpreted by a qualified psychologist: PROVIDED, That cognitive tests for developmentally delayed students other than an intelligence quotient test shall be administered by a qualified psychologist or by professionals with other titles who have considerable training and experience in individual psychological or psychoeducational assessment.

(6) Assessment materials, procedures or instruments shall be provided and administered in a student's primary language or mode of communication, unless it is clearly not feasible to do so. Tests shall be selected and administered so as ((best)) to ensure that, when a test is administered to a student with impaired sensory, manual, or speaking skills, the test results accurately reflect the student's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the student's impaired sensory, manual, or speaking skills (except where those skills are the factors the test purports to measure).

(7) In conducting assessment activities, appropriate assessment team members shall:

(a) Collect and review all available existing school, medical, and other records pertinent to the suspected handicapping condition(s) of the student, including previous screening and assessment results, health reports, relevant cumulative records and recommendations of related service providers; and

(b) Conduct current assessment activities required by this chapter and in accordance with the procedures specified herein; and

(c) Collect such other data as needed to verify the results of standardized testing, including but not limited to parent and/or teacher interviews and current classroom performance data.

(8) Assessment data shall be summarized in writing, dated, and signed by each person conducting an assessment. Information used to support the assessment, but which is not incorporated into the file, (e.g., review of health record), shall be referenced as to date of record, location, and source person. The summaries shall specify the procedures and instruments used, the results obtained, and the apparent significance of findings as related to the student's instructional program, including a description of the specific factors which are interfering with the student's educational performance and the special education and related services needed to assist the student in benefiting from his or her educational placement, including the need, if appropriate, of scheduling such services over a period of time that exceeds the regular one hundred eighty day school calendar: PROVIDED, That in the event the assessment is an initial assessment by the district, the recommendation regarding the appropriateness of an extended school year for a particular student need not be made until May of the school year in which the initial assessment was made.

AMENDATORY SECTION (Amending Order 80-31, filed 8/19/80)

✓ WAC 392-171-358 COMMUNICATION DISORDERED STUDENTS—ASSESSMENT. Students who are suspected of having a communication disorder as their only handicap shall be assessed by a qualified communication disorder specialist who shall use procedures appropriate for the diagnosis and appraisal of communication disorders. The student shall be referred for additional assessment needs for appropriate placement. The assessment results required in this section shall be summarized as provided in WAC 392-171-351 ((6)) (8).

AMENDATORY SECTION (Amending Order 84-19, filed 6/28/84)

✓ WAC 392-171-366 SUMMARY ANALYSIS OF ASSESSMENT DATA. (1) The leader of a student's assessment team shall review and analyze the summaries of assessment data provided for in WAC 392-171-351 ((6)) (8) and any other available data in each of the areas assessed. The conclusions, recommendations, and the facts and/or reasons resulting in the eligibility decision pursuant to WAC 392-171-376 shall:

(a) Describe the discrepancy which exists between the student's actual performance and his or her expected performance;

(b) Identify the handicapping condition(s), if any, that qualifies the student as a handicapped student;

(c) Set forth the nature and extent of the special education and related services that the student needs, if any;

(d) Reconcile any inconsistent or contradictory information and/or opinions evidenced in the assessment data, if any, supporting conclusion(s) with appropriate data;

(e) Relate the apparent significance, as appropriate, of such factors as test measurement error or cultural, environmental, economic, and behavioral factors to the assessment results.

Where specific test results obtained in any assessment do not appear to the multidisciplinary team to accurately reflect a ((child's)) student's expected performance the multidisciplinary team shall apply professional judgment to determine eligibility for special education and related services. In such event, the multidisciplinary team shall document in a written narrative the basis for such determination, the instruments used, and the data used for a determination of eligibility.

(f) Make recommendations to the individualized education program committee regarding placement, special education and related services needed (including the need, if appropriate, of scheduling such services over a period of time that exceeds the regular one hundred eighty school days), needs for specialized materials or equipment, learning modalities (e.g., auditory), and student management strategies (e.g., reinforcement schedules, etc.), as determined by the multidisciplinary team to be significant to the student's program. If the multidisciplinary team at the time of the student's initial assessment by the district for professionally sound reasons is unable to make a recommendation regarding the need for an extended school year for a particular student, the multidisciplinary team shall make its recommendation regarding an extended school year prior to the May following initial assessment; and

(g) Provide any necessary professional judgment(s) and the facts or reasons in support of the judgment(s).

(2) The summary analysis shall be signed and dated by both the team leader and the school district's special education director or his or her designee.

(3) Provided that, in the case of a student suspected of having a specific learning disability, the summary analysis shall also include a statement of:

(a) The relevant behavior noted during observation(s) of the student, including the relationship of that behavior to the student's academic problem(s) in the regular education program;

(b) A summary, if applicable, of previous intervention attempts and results; and

(c) The educationally relevant medical findings, if any, including the results of a current vision and hearing screening.

(4) Each multidisciplinary team member shall certify in writing whether the summary analysis reflects his or

her conclusion. If it does not reflect his or her conclusion, the team member must submit a separate statement presenting his or her conclusion(s) and the reasons therefor.

#### AMENDATORY SECTION (Amending Order 80-31, filed 8/19/80)

#### WAC 392-171-371 INDEPENDENT EDUCATIONAL ASSESSMENT. (1) General.

(a) The parent(s) of a student (or the adult student) made a focus of concern and assessed ((pursuant to WAC 392-171-341 through 392-171-366)) or any student reassessed ((pursuant to WAC 392-171-516)) has the right to obtain an independent educational assessment, subject to subsections (3) and (4) of this section.

(b) Each school district shall provide to parents, (or adult students) on request, information about where an independent educational assessment may be obtained.

(c) For the purposes of this section:

(i) "Independent educational assessment" means an assessment conducted by a qualified examiner who is not employed by the school district responsible for the education of the student in question; and

(ii) "Public expense" means that the school district either pays for the full cost of the assessment or assures that the assessment is otherwise provided at no cost to the parent (or to the adult student).

(2) Parent/adult student right to assessment at public expense. A parent (or the adult student) has the right to an independent educational assessment at public expense if the parent (or the adult student) disagrees with the assessment results obtained by the school district, as follows:

(a) The parent(s) (or the adult student) shall provide a written notice to the school district superintendent or special education director which:

(i) Specifies the portion(s) of the assessment results with which the parent(s) (or the adult student) disagrees; and

(ii) Requests an independent educational assessment at public expense;

(b) The school district shall have the prior opportunity to initiate and conduct a hearing ((and appeal)) pursuant to WAC ((392-171-521)) 392-171-531 et seq. to show that its assessment is appropriate: PROVIDED, That the school district shall provide the parent(s) (or the adult student) written notice of the election to initiate a hearing no later than the tenth day after the date of receipt of the parent's (or adult student's) notice of disagreement;

(c) If the final decision pursuant to WAC 392-171-521 et seq. is that the school district's assessment is appropriate, the parent (or adult student) still has the right to an independent educational assessment, but not at public expense; and

(d) If the district elects not to hold a hearing or is not upheld by the final decision, the parent's (or adult student's) request for an independent assessment shall be provided at public expense in accordance with the same criteria which the district uses when it initiates an assessment including, but not limited to, the location of the assessment and the qualifications of the examiner.

(3) Parent/adult student initiated assessment. If the parent (or adult student) obtains an independent educational assessment at private expense, the results of the assessment:

(a) Shall be considered by the school district in any decision made with respect to the provision of special education and related services to the student; and

(b) May be presented as evidence at such hearings regarding that student as may be conducted pursuant to WAC 392-171-521 et seq.

(4) Requests for assessment by hearing officers. If a hearing officer requests an independent educational assessment as part of a hearing, the cost of the assessment shall be at public expense.

#### NEW SECTION

✓ WAC 392-171-512 REASSESSMENT—REQUIREMENT. Each identified student having a handicapping condition shall be reassessed in accordance with the assessment procedures specified in WAC 392-171-351 through 392-171-366 by the multidisciplinary team provided for in WAC 392-171-351 as follows:

(1) At a minimum, once every three years or more frequently if required by this chapter.

(2) Upon request of the student's parent (or adult student), teacher, or individualized education program committee.

#### NEW SECTION

✓ WAC 392-171-513 REASSESSMENT—NOTICE REQUIREMENT. Ten calendar days prior to conducting the reassessment, the district shall provide written notice to parents (or adult student). Such notice for reassessment, shall include:

(1) The procedural safeguard requirements provided in WAC 392-171-526 (1)(a) and also shall be issued in compliance with the provisions of WAC 392-171-526 (2) and (3);

(2) The reasons for reassessment i.e., required three-year reassessment or reassessment upon request. If the reassessment is upon request, the notice shall include the source of and reasons for such request;

(3) A statement that the student's records will be reviewed as a part of the reassessment and that the parents (or adult student) have the right to submit to the multidisciplinary team any information they deem important to the reassessment;

(4) A statement that the multidisciplinary team will determine the need, if any, for replication of previous assessment procedures and the need, if any, for additional assessment procedures;

(5) A list of the disciplines to be represented on the multidisciplinary team as required by WAC 392-171-351.

#### NEW SECTION

✓ WAC 392-171-514 REASSESSMENT—PURPOSES. The purposes of reassessment of identified students having a handicapping condition are to determine one or more of the following:

(1) Whether the student is appropriately identified as handicapped—i.e., having or not having a handicapping condition—or appropriately classified—i.e., having one or more particular handicapping conditions specified in WAC 392-171-381 through 392-171-451;

(2) Whether the program designed for the student is appropriate to meet the student's unique needs, abilities, and limitations; and

(3) Whether the student meets the continuing eligibility requirement of WAC 392-171-325(3) or 392-171-331.

#### AMENDATORY SECTION (Amending Order 84-19, filed 6/28/84)

✓ WAC 392-171-516 REASSESSMENT—NOTICE OF RESULTS. ~~((Each handicapped student shall be reassessed in compliance with assessment procedures as specified in WAC 392-171-341 (3) and (4) through 392-171-366 of this chapter at least once every three years, or more frequently if conditions warrant, if otherwise required by this chapter, or if the student's parent(s), teacher, or IEP committee requests a reassessment. The district shall provide written notice to the parent(s) of a student (or to the adult student) prior to conducting the reassessment. The notice shall comply with the notice requirement of WAC 392-171-521 and 392-171-526.))~~

Following the completion of the reassessment and based on the reassessment results, the district superintendent or his or her designee shall record in writing one or more of the following decisions:

~~(1) Whether the ((student continues to meet initial eligibility criteria documenting the presence of a handicapping condition(s) and is in need of continuing special education and related services; or))~~ student is appropriately identified as handicapped.

~~(2) Whether the student ((no longer meets initial eligibility criteria but needs to continue to receive special education and related services; or))~~ is appropriately classified as having a particular handicapping condition and is in need of special education services.

~~(3) Whether the ((student no longer meets initial eligibility criteria and no longer needs to receive special education and related services))~~ program designed for the student is appropriate to the student's unique needs, abilities, and limitations.

~~(4) Whether the student meets the continuing eligibility requirement of WAC 392-171-325(3) or 392-171-331.~~

In accordance with WAC 392-171-521, the parent (or adult student) shall be notified pursuant to the content of notice prescribed in WAC 392-171-526 of the school district's decision within ten calendar days following the completion of the reassessment. When ~~((continued placement))~~ a determination is ((indicated)) made that the program is inappropriate, an ((IEP)) individualized education program committee meeting shall be convened in accordance with WAC 392-171-456 through 392-171-466. When special education services are to be discontinued, notice shall be given the parent(s) pursuant to WAC 392-171-521.



NEW SECTION

✓WAC 392-171-517 REASSESSMENT—THREE-YEAR REQUIREMENT. If the reassessment is the result of the three-year reassessment requirement, the multidisciplinary team based on the professional judgment of the members thereof—i.e., a reasonable degree of professional certainty—shall determine and document the following:

(1) Whether the student is appropriately identified or appropriately classified. If not, the multidisciplinary team shall follow the procedures specified in WAC 392-171-518.

(2) Whether the current program is appropriate to the student's unique needs, abilities, and limitations. If not, the multidisciplinary team shall follow the procedures specified in WAC 392-171-519.

(3) Whether the student meets the continuing eligibility requirement of WAC 392-171-325(3) or 392-171-331. In making such determination, the multidisciplinary team shall document in a written narrative the basis for such determination, including any relevant data or assessment process used for the determination of continuing eligibility.

(4) Whether assessment procedures should be replicated or conducted by members of the multidisciplinary team or other professionals not represented on the multidisciplinary team to provide reasonable professional certainty that the reassessment results are accurate. In making such determination, members of the multidisciplinary team shall be governed by the generally recognized professional practice standards of their respective disciplines. Members of the multidisciplinary team shall defer to the professional judgment of a team member who requests the replication or conduction of a particular assessment procedure.

NEW SECTION

✓WAC 392-171-518 REASSESSMENT—APPROPRIATE IDENTIFICATION OR CLASSIFICATION. If the reassessment is upon request of the student's parent (or adult student), teacher, or individualized education program committee and concern is stated that the student is or may be inappropriately identified as handicapped or inappropriately classified as having a particular handicapping condition, the reassessment process shall address each component of the eligibility criteria for the identified or suspected handicapping condition pursuant to WAC 392-171-381 through 392-171-451. The assessment procedures stated therein shall be conducted unless the multidisciplinary team based on a reasonable degree of professional certainty determines that the replication of a particular assessment procedure is not necessary for one or more of the following reasons:

(1) That previous assessment procedures were conducted accurately;

(2) That a particular assessment procedure is unnecessary to determine the accuracy of the identification or classification;

(3) That an alternative assessment procedure is more or equally appropriate to determine the accuracy of the identification or classification.

NEW SECTION

✓WAC 392-171-519 REASSESSMENT—APPROPRIATENESS OF PROGRAM. If the reassessment is upon the request of the student's parent (or adult student), teacher, or individualized education program committee and concern is stated that the current program is or may be inappropriate to the student's unique needs, abilities, and limitations, then the assessment procedures utilized to determine the appropriateness of the student's special education and related services program, including recommendations for changes therein, shall be determined by the multidisciplinary team. In making such determination the multidisciplinary team shall document in a written narrative the basis for such determination, including any relevant data or assessment procedures utilized.

AMENDATORY SECTION (Amending Order 80-31, filed 8/19/80)

✓WAC 392-171-531 RIGHT TO INITIATE—PURPOSES. (1) Hearings conducted in accordance with WAC 392-171-521 through 392-171-556 may be initiated in the following cases for the purposes stated:

(a) The parent(s) of a student (or an adult student) or a school district may initiate a hearing to challenge or to show (as the case may be) the appropriateness of a proposal by the school district to initiate or change:

- (i) The identification of the student;
- (ii) The assessment of the student;
- (iii) The educational placement of the student; or
- (iv) The provision of special education and related services to the student pursuant to this chapter;

(b) The parent(s) of a student (or an adult student) or a school district may initiate a hearing to challenge or to show (as the case may be) the appropriateness of the school district's refusal of the parent(s) (or adult student's) request to initiate or change:

- (i) The identification of the student;
- (ii) The assessment of the student;
- (iii) The educational placement of the student; or
- (iv) The provision of special education and related services to the student pursuant to this chapter;

(c) A school district may initiate a hearing to show that its assessment of a student is appropriate if the student's parent(s) (or adult student) disagrees with the assessment results.

(2) A request by a student's parent(s) (or adult student) for a hearing pursuant to this section shall:

(a) Be in writing (~~((for it may be oral if expressly permitted by a rule of the school district))~~);

(b) Be mailed or provided directly to the superintendent of the school district; and

(c) Explain the complaint of the parent(s) (or adult student) in general or specific terms.

(3) A request by a school district for a hearing pursuant to this section shall:

- (a) Be in writing;

(b) Be mailed or provided directly to Office of Superintendent of Public Instruction, Office of Legal Services, Old Capitol Building, Olympia, Washington 98504. A copy of such request, including required attachments shall be transmitted to the student's parent(s) (or adult student);

(c) Have attached to such request a copy of the notice to parent(s) (or adult student) as required by WAC 392-171-521. If the hearing request by the district is in response to a request for an independent educational assessment pursuant to WAC 392-171-371, the district's written request for a hearing also shall have attached a copy of the written notice to the district required by WAC 392-171-371(2).

(4) A notice of a hearing requested by a ((child's)) student's parent(s) (or adult student) or initiated by a school district pursuant to this section shall be provided by the hearing officer and shall include, but not necessarily be limited to:

(a) The date, time, and place of the hearing;

(b) The issues to be addressed at the hearing to the extent the issues have been identified at the time of the notice;

(c) The rights, procedures, and other matters set forth in WAC 392-171-536 through 392-171-576; and

(d) The right of the parent(s) (or adult student) to seek an independent assessment at public expense pursuant to WAC 392-171-371.

AMENDATORY SECTION (Amending Order 80-31, filed 8/19/80)

✓ WAC 392-171-706 TRANSPORTATION. (1) Methods. Transportation options for handicapped students shall include the following categories and shall be exercised in the following sequence:

(a) A scheduled school bus;

(b) Contracted transportation, including public transportation; and

(c) Other transportation arrangements, including that provided by parents((-)); PROVIDED, That board and room cost in lieu of transportation may be provided whenever the above stated transportation options are not feasible because of the need(s) of a handicapped student or because of the unavailability of adequate means of transportation, in accordance with rules of the superintendent of public instruction.

(2) Welfare of the student. The transportation of a handicapped student shall be in accordance with rules of the superintendent of public instruction governing transportation by public school districts.

(3) Bus aides and drivers. Training and supervision of bus aides and drivers shall be the responsibility of the school district superintendent or his or her designee.

(4) Special equipment. Special equipment may include lifts, wheel chair holders, restrainers, and two-way radios. All such special equipment shall comply with specifications ((as now or hereafter)) contained in the specifications for school buses as now or hereafter established by the superintendent of public instruction.

(5) Transportation time on bus. Wherever reasonably possible, no student should be required to ride more than sixty minutes one way.

(6) Discipline of handicapped students during transportation. The discipline of a handicapped student during his or her transportation shall be the responsibility of the transporting district.

(7) Transportation for state residential school students to and from the residential school and the sites of the educational program shall be the responsibility of the department of social and health services and each state residential school pursuant to law.

(8) Transportation for a state residential school student, including students attending the state school for the deaf and the state school for the blind, to and from such school and the residency of such student shall be the responsibility of the district of residency only if the student's placement was made by such district—i.e., an appropriate placement in the least restrictive environment.

**WSR 86-06-008**  
**PROPOSED RULES**  
**DEPARTMENT OF REVENUE**

[Filed February 21, 1986]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Department of Revenue intends to adopt, amend, or repeal rules concerning valuation procedures, amending WAC 458-30-145;

that the agency will at 10 a.m., Tuesday, April 8, 1986, in the 1st Floor Conference Room, General Administration Building, Olympia, Washington, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on April 14, 1986.

The authority under which these rules are proposed is RCW 84.34.141.

The specific statute these rules are intended to implement is chapter 84.34 RCW.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before April 8, 1986.

Dated: February 21, 1986

By: Trevor W. Thompson  
Assistant Director

**STATEMENT OF PURPOSE**

This statement of purpose, prepared in compliance with RCW 34.04.045, accompanies proposed rules to be promulgated by the Department of Revenue, as follows:

Title: Valuation procedures, WAC 458-30-145.

Purpose: To clarify the valuation of land classified as farm and agricultural under the current use (open space) assessment act.

Statutory Authority: RCW 84.34.141.

Summary and Reasons for the Rule: Provides valuation of land under farm residences be valued subject to local zoning ordinances and clarifies what is not to be considered residential land. This clarification is brought about by hearings held by the Joint Administrative Rules Review [Committee].

Drafter of the Rule, Rule Implementation and Enforcement: Trevor W. Thompson, 6004 South Capitol Boulevard, Tumwater, WA, (206) 753-5503.

Proposer of the Rule: Department of Revenue, Olympia, Washington 98504.

Comments and Recommendations: None.

Federal Law or Court Action Citation: No federal laws involved or action required by the courts.

Small Business Impact: None.

**AMENDATORY SECTION** (Amending Order PT 78-3, filed 6/16/78)

**WAC 458-30-145 VALUATION PROCEDURES.** In determining the current use value of farm and agricultural land and the current use value of open space land with no current use, the assessor shall value each class of soil by the capitalization of income method in the following manner:

(1) The net cash rental to be capitalized shall be determined as follows:

(a) The assessor will use leases of land which are currently leased or have been available for lease for the last three years. If leases do not meet this requirement, they will not be used. The lease payments will be averaged as follows:

(i) Each annual lease payment (or rent) will be averaged for the typical crops within that area; and

(ii) The typical average cash rental for each year will be averaged over the immediate past five years. The typical cash rental shall include all income including subsidies. Payments in lieu of production may be included as income, in which case the acreage kept out of production because of those payments will be included in total acreage valued by capitalization of income. If payments in lieu of production are not included as income, the values computed for the land in production shall be extended to that acreage held out of production at the same value per acre. A deduction will be allowed for those production costs which are customarily (or typically) paid by the land owner.

(b) When there is an insufficient number of leases available to adequately determine net cash rental, then the net cash rental shall be determined by using the following:

(i) The cash value of the typical or usual crops grown in a typical area will be determined each year; and

(ii) The standard costs of production will be deducted; or

(iii) The landlord's share of the crops cash value will be determined. The landlord's typical production expenses will be deducted.

This amount will then be averaged over the immediate past five years.

(c) Where the land being valued is not capable of producing agricultural income or is not being used to produce agricultural income or where sufficient information is not available by which agricultural income can be determined, the assessor shall impute, on its estimated capability to the land, a reasonable amount to be capitalized as income.

(2) The capitalization rate to be used in valuing land shall be the sum of the following component parts:

(a) An interest component to be determined by the department of revenue and certified to the county assessor on or before January 1st of each year, and shall be comparable to interest rates charged on long-term loans secured by mortgages on farms or agricultural lands averaged over the last five years, plus;

(b) A component for property taxes which shall be determined by:

(i) Dividing the total assessed value of the county into the total taxes levied within the county for the year previous to the assessment; and

(ii) Multiplying the dividend by one hundred percent.

(3) The value of the agricultural land shall be the net cash rental of the land divided by the capitalization rate determined in subsection (2).

(4) The department's determination of the interest rate established in (2)(a) may be appealed to the state board of tax appeals by any owner of farm or agricultural land or the assessor of any county containing farm and agricultural land.

(5) Land which is being used as a residential building site shall be valued at true and fair value subject to any applicable zoning ordinances. Land upon which migratory farm labor accommodations, bunkhouses, stockyards, barns, machine sheds, and similar type structures are located shall not be considered residential building sites.

### WSR 86-06-009

#### NOTICE OF PUBLIC MEETINGS

#### PENINSULA COLLEGE

[Memorandum—February 20, 1986]

At its regular meeting held February 19, 1986, the board of trustees for Community College District No. 1, Peninsula College, voted to amend its meeting schedule for calendar year 1986 as follows:

January 15  
February 19  
March 18  
April 15  
May 20  
June 17  
July 15  
September 16  
October 14  
November 18  
December 16

### WSR 86-06-010

#### ADOPTED RULES

#### DEPARTMENT OF TRANSPORTATION

#### (Transportation Commission)

[Order 54, Resolution No. 263—Filed February 21, 1986]

Be it resolved by the Washington State Transportation Commission, acting at Olympia, Washington, that it does adopt the annexed rules relating to the adoption of a new schedule of tolls for the Washington state ferry system, amending WAC 468-300-010, 468-300-020, 468-300-030, 468-300-040 and 468-300-070.

This action is taken pursuant to Notice No. WSR 86-01-044 filed with the code reviser on December 13, 1985. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 34.04.040(2).

This rule is promulgated pursuant to RCW 47.60.326 which directs that the Department of Transportation has authority to implement the provisions of RCW 47.60.326.

The undersigned hereby declares that the agency has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW), and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.

APPROVED AND ADOPTED February 20, 1986.

By Bernice Stern  
Chairman

AMENDATORY SECTION (Amending Order 44, Resolution No. 241, filed 5/3/85)

✓ WAC 468-300-010 FERRY PASSENGER TOLLS.

((Effective 12:01 a.m. June 16, 1985

ROUTES	Fare		COM- MU- TATION	PASSENGER SCHOOL COM- MU- TATION	Ages
	Full Fare One Way	Half Fare** One Way			
Fauntleroy-Southworth Seattle-Bremerton Seattle-Winslow Pt. Townsend-Keystone Edmonds-Kingston	1.55	.80	18.60	20 Rides *****	12-20
Fauntleroy-Vashon Southworth-Vashon Pt. Defiance-Tahlequah	2.00	1.00	12.00 *****	20 Rides *****	5-11
Mukilteo-Clinton	1.00	.50	12.00	20 Rides *****	5-11
Anacortes to Lopez, Shaw, Orcas or Friday Harbor	4.35	2.20	26.10	20 Rides *****	5-11
Anacortes to Sidney and Sidney to all destinations	5.65	2.85	N/A	20 Rides *****	5-11
Between Lopez, Shaw, Orcas and Friday Harbor	N/C	N/C	N/C	20 Rides *****	5-11
From Lopez, Shaw, Orcas and Friday Harbor to Sidney@	2.00	1.00	N/A	20 Rides *****	5-11

@These fares rounded to the nearest multiple of \$ .25:)

Effective 12:01 a.m. ((~~June 15~~)) January 5, 1986

ROUTES	Fare		COM- MU- TATION	PASSENGER SCHOOL COM- MU- TATION	Ages
	Full Fare ((One Way))	Half Fare** ((One Way))			
Fauntleroy-Southworth Seattle-Bremerton Seattle-Winslow	1.60 * 3.20	.80	19.20 19.20	20 Rides *****	12-20
Pt. Townsend-Keystone Edmonds-Kingston				20 Rides *****	5-11
Fauntleroy-Vashon Southworth-Vashon Pt. Defiance-Tahlequah Mukilteo-Clinton	2.10	((1.10)) 1.05	12.60 *****	20 Rides *****	5-11

Effective 12:01 a.m. (~~June 15~~) January 5, 1986

ROUTES	Full Fare	Half Fare**	COM-MU-TATION	PASSENGER SCHOOL COM-MU-TATION	
	<del>((One</del> <del>((Way</del>	<del>One))</del> <del>Way))</del>	20 Rides **** *****	*** ***** 20 Rides	Ages
<del>((Mukilteo - Clinton</del>	<del>1.05</del>	<del>.55</del>	<del>12.60</del>	<del>10.50</del>	<del>5-25))</del>
Anacortes to Lopez, Shaw, Orcas or Friday Harbor	* — 4.50	2.25	27.00	22.50	11.25
Anacortes to Sidney and Sidney to all destinations	— 5.85	2.95	N/A	N/A	N/A
Between Lopez, Shaw, Orcas***** and Friday Harbor	— N/C	N/C	N/C	N/C	N/C
From Lopez, Shaw, Orcas and Friday Harbor@ to Sidney	— 2.25	1.25	N/A	N/A	N/A

@These fares rounded to the nearest multiple of \$ .25.

\*These routes operate on one-way only toll collection system.

\*\*Half Fare

Senior Citizens - Passengers and driver, age 65 and over, with proper identification establishing proof of age, may travel at half-fare tolls on any route.

Includes passengers in vehicles licensed as stages and buses unless travelling under annual permit.

NOTE: Half-fare privilege does not include vehicle.

Children - Children under five years of age will be carried free when accompanied by parent or guardian. Children five through eleven years of age will be charged half-fare. Children twelve years of age will be charged full-fare.

Handicapped - Any individual who, by reason of illness, injury, congenital malfunction, or other incapacity or disability is unable without special facilities or special planning or design to utilize ferry system services, may travel at half-fare tolls on any route upon presentation of a WSF handicapped travel permit at time of travel. In addition, those handicapped persons who require attendant care while traveling on the ferries, and are so certified by their physician, may obtain an endorsement on their WSF handicapped travel permit and such endorsement shall allow the attendant to also travel at half fare.

NOTE: Half-fare privilege does not include vehicle.

\*\*\*School commutation tickets - Tickets are for the exclusive use of bona fide students under twenty-one years of age attending grade, junior high, and high schools. Student shall be required to present credentials at time of purchase. A letter indicating school attendance signed by school principal or authorized representative shall be considered proper credentials. Tickets are valid for transportation on school days only.

\*\*\*\*A combination ferry/bus public transit passenger monthly reusable ticket rate may be available for a particular route in conjunction with a public transit operating authority whenever it is determined by the transportation commission that said ticket is a necessary element of a transit operating plan designed to eliminate the necessity for assigning an additional ferry to such particular route; and that the resulting savings in ferry system operating and amortized capital costs exceed the total revenue lost as a result of this reduced rate as projected during the period of time during which such transit operating plan is projected to eliminate the need for an additional ferry. The equivalent ferry fare per ride with this special rate shall be one-half the equivalent fare per ride with the standard commutation book, and shall assume 40 one-way trips per month. The total cost of the ticket shall be the cost of the ferry portion, calculated as described above plus the cost of the bus portion as determined by the public transit operating authority, subject to the approval of the secretary of transportation. The ticket shall be valid only for passengers on board a bus; or for walk-on passengers on those routes which have connecting bus service as part of the transit operating plan. The assigning of an additional ferry to such particular route may be cause for removal of the special rate. If the conditions of eliminating the assignment of an additional ferry or realizing sufficient resulting savings cannot be met, the ticket may be sold for any route authorized by the secretary of transportation, at the full ferry commutation fare per ride based on forty one-way trips per month plus the cost of the bus portion.

\*\*\*\*\*On the Fauntleroy-Vashon route, a combination ferry/bus public transit monthly reuseable ticket rate shall apply.

\*\*\*\*\*Commutation tickets shall be valid only for 90-days from date of purchase after which time the tickets shall not be accepted for passage. Washington state ferries shall enter into agreements with banks to sell commutation tickets.

\*\*\*\*\*Inter-island passenger fares included in Anacortes tolls.

PROMOTIONAL TOLLS

A promotional rate may be established at the discretion of the secretary of transportation for a specific discount (not to exceed 50 percent of full fare) and effective only at designated times on designated routes (not to exceed 100 days per year on any one route).

AMENDATORY SECTION (Amending Order 44, Resolution No. 241, filed 5/3/85)

✓ WAC 468-300-020 AUTO, MOTORCYCLE AND BICYCLE FERRY TOLLS.

((Effective 12:01 a.m. June 16, 1985

	AUTO**		MOTORCYCLE		BICYCLE & RIDER		
	INCL. DRIVER		INCL. DRIVER				
	Commutation		Commutation		Full Fare	Half Fare	Commutation
	One Way	20 Rides ***	One Way	20 Rides ***	One Way	One Way	20 Rides ***
Fauntleroy-Southworth Seattle-Bremerton Seattle-Winslow Pt. Townsend-Keystone Edmonds-Kingston	5.20	83.20	2.85	38.00	2.15	1.40	21.50
Fauntleroy-Vashon Southworth-Vashon Pt. Defiance-Tahlequah	7.00	56.00	3.80	25.35	3.00	2.00	15.00
Mukilteo-Clinton	3.50	56.00	1.90	25.35	1.50	1.00	15.00
		10 Rides					
Anacortes to Lopez, Shaw, Orcas or Friday Harbor	10.85	43.40	6.70	44.65	5.80	3.65	29.00
Anacortes to Sidney and Sidney to all destinations	24.35	N/A	12.25	N/A	8.00	5.10	N/A
Between Lopez, Shaw, Orcas and Friday Harbor **** @	6.25	25.00	2.00	N/A	2.00	2.00	N/A
From Lopez, Shaw, Orcas and Friday Harbor to Sidney@	12.25	N/A	5.50	N/A	3.00	2.00	N/A

@These fares rounded to the nearest multiple of \$.25.)

Effective 12:01 a.m. ((June 15)) January 5, 1986

	AUTO**		MOTORCYCLE		BICYCLE & RIDER		
	INCL. DRIVER		INCL. DRIVER				
	Commutation		Commutation		Full Fare	Half Fare	Commutation
	One Way	20 Rides ***	One Way	20 Rides ***	One Way	One Way	20 Rides ***
Fauntleroy-Southworth Seattle-Bremerton Seattle-Winslow Pt. Townsend-Keystone Edmonds-Kingston	5.40	86.40	2.95	39.35	2.25	1.45	22.50
Fauntleroy-Vashon Southworth-Vashon	<del>(7.30)</del> 7.25	<del>58.40</del> 58.00	<del>3.90</del> 3.95	<del>26.00)</del> 26.35	3.10	2.10	15.50
Pt. Defiance-Tahlequah							
Mukilteo-Clinton	3.65	<del>(58.40)</del> 58.00	<del>1.95</del> 2.00	<del>26.00)</del> 26.35	1.55	1.05	15.50
		10 Rides					
Anacortes to Lopez, Shaw, Orcas or Friday Harbor	11.25 13.45 15.40	45.00 53.80 61.60	6.95 7.95 9.20	46.35 53.00 61.35	6.05	3.80	30.25
Anacortes to Sidney and Sidney to all destinations	25.30	N/A	12.75	N/A	8.30	5.40	N/A

Effective 12:01 a.m. (~~June 15~~) January 5, 1986

	AUTO** INCL. DRIVER		MOTORCYCLE INCL. DRIVER			BICYCLE & RIDER	
	One Way	Commutation 20 Rides ***	One Way	Commutation 20 Rides ***	Full Fare One Way	Half Fare One Way	Commutation 20 Rides ***
Between Lopez, Shaw, Orcas and Friday Harbor **** @	6.50	26.00	2.25	N/A	2.25	2.25	N/A
From Lopez, Shaw, Orcas@ and Friday Harbor to Sidney	12.75	N/A	5.75	N/A	3.25	2.25	N/A

@These fares rounded to the nearest multiple of \$ .25.

\*These routes operate on one-way only toll collection system.

\*\*Vanpools - A commuter vanpool which carries seven or more persons on a regular and expense-sharing basis for the purpose of travel to or from work or school and which is certified as such by a local organization approved by the Washington state ferry system, may purchase for a \$10 fee, a permit valid for a three-month period on Mondays through Fridays only and valid only during the hours shown on the permit. The permit for commuter pool agency vanpools shall be valid for one year. These hours are selectable by the purchaser but shall designate two periods of use each day not to exceed two hours per period. The permit so purchased shall allow passage of the vehicle only during the valid periods. All riders in the van, including the driver, shall pay the applicable passenger fare. Except that the minimum total paid for all riders in the van shall not be less than the amount equal to seven times the applicable passenger fare.

\*\*\*Commutation tickets shall be valid only for 90-days from date of purchase after which time the ticket shall not be accepted for passage. Washington state ferries shall enter into agreements with banks to sell commutation tickets.

\*\*\*\*Tolls collected westbound only.

**SUMMER SURCHARGE**

A 20% surcharge shall be applied during the summer schedule period (beginning the third Sunday in June and ending the third Saturday in September) to regular, noncommutation auto and oversized vehicle rates only.

**PENALTY CHARGES**

Owner of vehicle without driver will be assessed a \$50.00 penalty charge.

Overhang on passenger vehicles will be assessed a penalty charge of 10¢ per lineal foot of overhang in addition to regular applicable tolls, except that no charge for overhang will be assessed when overall length of vehicle and overhang is less than twenty feet. A fraction of a foot of overhang in excess of six inches will be counted as one foot in assessment of charge for overhang.

**SPECIAL SCHOOL RATE**

School groups when traveling in authorized school vehicles for institution-sponsored activities shall be assessed a flat fee of \$1.00 per vehicle load of students and/or advisors and staff. The flat fee shall be in addition to regular vehicle and drive toll. Private vehicles need letter of authorization.

NOTE: Special school rate is \$2.00 on routes where one-way only toll systems are in effect. Special student Rate not available on Anacortes-Sidney, B.C. route beginning the third Sunday in June and ending the third Saturday in September due to limited space.

**PROMOTIONAL TOLLS**

A promotional rate may be established at the discretion of the secretary of transportation for a specified discount (not to exceed 50 percent of full fare) and effective only at designated times on designated routes (not to exceed 100 days per year on any one route).

AMENDATORY SECTION (Amending Order 44, Resolution No. 241, filed 5/3/85)

✓ WAC 468-300-030 **OVERSIZED VEHICLE, STAGE AND BUS, NEWSPAPER, EXPRESS SHIPMENT AND MEDICAL SUPPLIES FERRY TOLLS.**

((Effective 12:01 a.m. June 16, 1985

ROUTES	OVERSIZED VEHICLES**		OVERSIZED VEHICLES**		STAGES AND BUSES	
	18' TO UNDER 28' LONG		28' OR LONGER		INCL. DRIVER***	
	One Way	Commutation 20 Rides *****	One Way	Commutation 20 Rides *****	One Way	Each Pass
Fauntleroy-Southworth Seattle-Bremerton Seattle-Winslow Edmonds-Kingston Pt. Townsend-Keystone	7.80	124.80	10.50	168.00	11.45	.80
Fauntleroy-Vashon Southworth-Vashon Pt. Defiance-Tahlequah *	10.70	85.60	14.70	117.60	14.60	1.10
Mukilteo-Clinton	5.35	85.60	7.35	117.60	7.30	.55
Anacortes to Lopez, Shaw, Orcas or Friday Harbor *	10 Rides 19.10	76.40	25.25	101.00	31.15	2.15
Anacortes to Sidney and Sidney to all destinations	30.95	N/A	36.30	N/A	45.35	2.85
Between Lopez, Shaw, Orcas and@ Friday Harbor*****	10.25	N/A	10.25	N/A	10.25	N/C
From Lopez, Shaw, Orcas, and Friday Harbor to Sidney@	17.00	N/A	21.25	N/A	14.50	1.00

@These fares rounded to the nearest multiple of \$.25.

(1) BULK NEWSPAPERS per 100 lbs. \$2.05

(Shipments exceeding 60,000 lbs. in any month shall be assessed \$1.00 per 100 lbs.)

Daily Newspapers, in bundles, and medical supplies, to be received and delivered without receipt and subject to owner's risk, will be transported between ferry terminals on regular scheduled sailings.

(2) EXPRESS SHIPMENTS per 100 lbs. \$19.55

(Shipments exceeding 100 lbs. assessed \$7.75 for each 25 lbs. or fraction thereof.)

Express shipments will be handled on scheduled sailings when no other means of shipment is available to shipper. Shipments must be of a size and weight requiring a minimum of handling by carrier's employees. Carrier reserves the right to refuse shipment of any item. Carrier assumes no liability for loss or damage to any shipment. Minimum rate for any shipment shall be the rate for 100 pounds.

San Juan Inter-Island express shipments will be handled @ \$2.65 per 100 lbs.

(3) MEDICAL SUPPLIES per 100 lbs. \$1.05

(Medical supplies exceeding 100 lbs. shall be assessed express shipment rates:))

Effective 12:01 a.m. ((June 15)) January 5, 1986

ROUTES	OVERSIZED VEHICLES**		OVERSIZED VEHICLES**		STAGES AND BUSES	
	18' TO UNDER 28' LONG		28' OR LONGER		INCL. DRIVER***	
	One Way	Commutation 20 Rides *****	One Way	Commutation 20 Rides *****	One Way	((Each Pass))
Fauntleroy-Southworth Seattle-Bremerton Seattle-Winslow Edmonds-Kingston Pt. Townsend-Keystone	8.10	129.60	10.90	174.40	11.90	((.90))



Effective 12:01 a.m. (~~June 15~~) January 5, 1986

ROUTES	OVERSIZED VEHICLES** 18' TO UNDER 28' LONG		OVERSIZED VEHICLES** 28' OR LONGER		STAGES AND BUSES INCL. DRIVER***	
	One Way	Commutation 20 Rides *****	One Way	Commutation 20 Rides *****	One Way	((Each Pass))
Fauntleroy-Vashon Southworth-Vashon	11.10	88.80	<del>(15.30)</del> 15.25	<del>122.40</del> 122.00	<del>15.20</del> 15.15	<del>1.20</del>
Pt. Defiance-Tahlequah	)*					
Mukilteo-Clinton	5.55	88.80	7.65	<del>(122.40)</del> 122.00	7.60	<del>((.60))</del>
Anacortes to Lopez, Shaw, Orcas or Friday Harbor	10 Rides 19.85	79.40	26.25	105.00	32.35	<del>((2.30))</del>
Anacortes to Sidney and Sidney to all destinations	32.15	N/A	37.70	N/A	47.10	<del>((2.95))</del>
Between Lopez, Shaw, Orcas and@ Friday Harbor*****	10.75	N/A	10.75	N/A	10.75	<del>((N/C))</del>
From Lopez, Shaw, Orcas, and Friday Harbor to Sidney@	17.50	N/A	22.00	N/A	15.00	<del>((1.00))</del>

@These fares rounded to the nearest multiple of \$ .25.

(1) BULK NEWSPAPERS per 100 lbs. \$2.15

(Shipments exceeding 60,000 lbs. in any month shall be assessed \$1.05 per 100 lbs.)

Daily Newspapers, in bundles, and medical supplies, to be received and delivered without receipt and subject to owner's risk, will be transported between ferry terminals on regular scheduled sailings.

(2) EXPRESS SHIPMENTS per 100 lbs. \$20.30

(Shipments exceeding 100 lbs. assessed \$8.05 for each 25 lbs. or fraction thereof.)

Express shipments will be handled on scheduled sailings when no other means of shipment is available to shipper. Shipments must be of a size and weight requiring a minimum of handling by carrier's employees. Carrier reserves the right to refuse shipment of any item. Carrier assumes no liability for loss or damage to any shipment. Minimum rate for any shipment shall be the rate for 100 pounds.

San Juan Inter-Island express shipments will be handled @ \$2.75 per 100 lbs.

(3) MEDICAL SUPPLIES per 100 lbs. \$1.10

\*These routes operate on one-way only toll collection system.

\*\*Includes motor homes, and mobile campers that exceed eight feet in height and 18' in length. Excludes trucks licensed over 8,000 lbs., passenger busses and stages. All oversize vehicles under 18' in length will be considered as regular car and driver.

\*\*\*Stages - A public transportation operator providing regularly scheduled week-day service for public necessity and convenience may pay a \$10 annual fee for each scheduled vehicle. This fee covers the fare for each trip of the vehicle and operator only. All occupants shall be assessed the applicable passenger rate per trip. The \$10 annual fee does not apply to vehicles providing chartered service or vehicles providing service for special events such as trips for recreational purposes.

- For vanpool fares, see WAC 468-300-020 under auto.

\*\*\*\*Half fare.

\*\*\*\*\*Commutation tickets shall be valid only for 90-days from date of purchase after which time the tickets shall not be accepted for passage. Washington state ferries shall enter into agreements with banks to sell commutation tickets.

\*\*\*\*\*Toll collected westbound only.

SUMMER SURCHARGE

A 20% surcharge shall be applied during the summer schedule period (beginning the third Sunday in June and ending the third Saturday in September) to regular, noncommutation auto and oversized vehicle rates only.

PENALTY CHARGES

Owner of vehicle without driver will be assessed a \$50.00 penalty charge.

PROMOTIONAL DISCOUNTS

A promotional rate may be established at the discretion of the secretary of transportation for a specific discount (not to exceed 50 percent of full fare) and effective only at designated times on designated routes (not to exceed 100 days per year on any one route).

AMENDATORY SECTION (Amending Order 44, Resolution No. 241, filed 5/3/85)  
 ✓ WAC 468-300-040 TRUCKS AND TRUCKS WITH TRAILER FERRY TOLLS.  
 ((Effective 12:01 a.m. June 16, 1985

ROUTES	INCL. DRIVER OVERALL UNIT LENGTH								Cost Per Ft. over 78 Ft.
	Class I ***	Class II	Class III	Class IV	Class V	Class VI	Class VII	Class VIII	
	Under 18'	18' to Under 28'	28' to Under 38'	38' to Under 48'	48' to Under 58'	58' to Under 68'	68' to Under 78'	Over 78'	
Fauntleroy-Southworth Seattle-Bremerton Seattle-Winslow Pt. Townsend-Keystone Edmonds-Kingston	5.20	8.80	17.40	26.05	34.65	43.30	51.90	51.90	.70
Fauntleroy-Vashon Southworth-Vashon Pt. Defiance-Tahlequah	7.00	12.30	24.40	36.50	48.50	60.60	72.70	72.70	.90
Mukilteo-Clinton	3.50	6.15	12.20	18.25	24.25	30.30	36.35	36.35	.45
**Anacortes to Lopez, Shaw, Orcas * or Friday Harbor	10.85 12.95 14.80	21.00	41.70	62.40	83.10	103.90	124.60	124.60	1.75
**Anacortes to Sidney **and Sidney to all destinations	24.35	31.95	53.90	75.90	97.90	119.95	141.95	141.95	1.95
**Between Lopez, Shaw, Orcas ***** @ and Friday Harbor	6.25	10.25	10.25	10.25	41.25	41.25	41.25	41.25	N/A
**From Lopez, Shaw, Orcas and Friday Harbor to Sidney @	13.00	18.75	31.75	44.75	57.50	70.50	83.50	83.50	1.00

@These fares rounded to the nearest multiple of \$.25:))

Effective 12:01 a.m. ((June 15)) January 5, 1986

ROUTES	INCL. DRIVER OVERALL UNIT LENGTH								Cost Per Ft. over 78 Ft.
	Class I ***	Class II	Class III	Class IV	Class V	Class VI	Class VII	Class VIII	
	Under 18'	18' to Under 28'	28' to Under 38'	38' to Under 48'	48' to Under 58'	58' to Under 68'	68' to Under 78'	Over 78'	
Fauntleroy-Southworth Seattle-Bremerton Seattle-Winslow Pt. Townsend-Keystone Edmonds-Kingston	5.40	9.15	18.10	27.05	36.00	45.00	53.90	53.90	.75
Fauntleroy-Vashon Southworth-Vashon Pt. Defiance-Tahlequah	* 7.25	12.80	((25.40) 25.35	37.90	50.40	63.00 62.95	75.50 75.55	75.50 75.55	1.00)) .95
Mukilteo-Clinton	3.65	6.40	12.70	18.95	25.20	31.50	((37.75 37.80	37.75)) 37.80	.50
**Anacortes to Lopez, Shaw, Orcas * or Friday Harbor	11.25 13.45 15.40	21.80	43.35	64.85	86.35	107.95	129.45	129.45	1.80

Effective 12:01 a.m. ((June 15)) January 5, 1986

ROUTES	INCL. DRIVER OVERALL UNIT LENGTH								Cost Per Ft. over 78 Ft.
	Class I *** Under 18'	Class II 18' to Under 28'	Class III 28' to Under 38' ****	Class IV 38' to Under 48'	Class V 48' to Under 58'	Class VI 58' to Under 68'	Class VII 68' to Under 78'	Class VIII Over 78'	
Anacortes to Sidney **and Sidney to all destinations	— 25.30	33.20	56.00	78.85	101.70	124.65	147.50	147.50	2.05
**Between Lopez, Shaw, Orcas ***** @ and Friday Harbor	— 6.50	10.75	10.75	10.75	42.75	42.75	42.75	42.75	N/A
**From Lopez, Shaw, Orcas and Friday Harbor to Sidney@	} — 13.50	19.50	33.00	46.50	59.75	73.25	86.75	86.75	1.00

@These fares rounded to the nearest multiple of \$ .25.

\*These routes operate on one-way only toll collection system.

\*\*Commercial trucks are allowed stop-over at intermediate points upon payment of \$2.50 per stop-over.

\*\*\*Includes all trucks licensed 8,001 lbs. gross vehicle weight and above, except busses. Trucks under 8,001 lbs. will be classified as automobiles.

Also includes all trucks licensed 8,001 lbs. gross vehicle weight and above pulling trailers, unlicensed vehicles and road machinery on wheels. Vehicles not included in this class cannot be charged under this class.

\*\*\*\*UNITED STATES GOVERNMENT SPECIAL RATE - Special rates are available to the United States government through advance, bulk ticket purchase at the general offices of Washington state ferries. The per unit price is the same as the 28' to under 38', class III rate.

\*\*\*\*\*Toll collected westbound only.

**PENALTY CHARGES**

Owner of vehicle without driver will be assessed a \$50.00 penalty charge.

**DISCOUNT PERCENTAGES FROM REGULAR TOLL**

12 or more, one-way crossings within any consecutive six day period ..... 25%

Emergency trips during nonservice hours - while at locations where crew is on duty charge shall be equal to the cost of fuel consumed to make emergency trip. Such trips shall only be offered as a result of official requests from an emergency services agency and only in the case of no reasonable alternative.

**AMENDATORY SECTION (Amending Order 44, Resolution No. 241, filed 5/3/85)**

**WAC 468-300-070 VEHICLE WITH TRAILER FERRY TOLLS.**

((Effective 12:01 a.m. June 16, 1985))

	Vehicle with Trailer Ferry Tolls***				
	Under 18'	18' To 28'	28' To 38'	38' To 48'	48' And Over
Seattle-Winslow					
Seattle-Bremerton					
Edmonds-Kingston	5.20	7.80	10.50	14.85	19.15
Pt. Townsend-Keystone					
Fauntleroy-Southworth					
*Fauntleroy-Vashon					
*Southworth-Vashon	7.00	10.70	14.70	20.80	26.90
*Pt. Defiance-Tahlequah					
Mukilteo-Clinton	3.50	5.35	7.35	10.40	13.45

((Effective 12:01 a.m. June 16, 1985

	Vehicle with Trailer Ferry Tolls***				
	Under 18'	18' To 28'	28' To 38'	38' To 48'	48' And Over
Anacortes to Lopez, Shaw, Orcas or Friday Harbor *	10.85 12.95 14.80	19.10	25.25	35.60	45.95
Anacortes to Sidney and Sidney to all destinations	24.35	30.95	36.30	47.30	58.30
Between Lopez, Shaw, Orcas and Friday Harbor ****@	6.25	10.25	10.25	10.25	41.25
From Lopez, Shaw, Orcas and Friday Harbor to Sidney@	13.00	17.00	21.25	27.75	34.25

@These fares rounded to the nearest multiple of \$ .25.)

Effective 12:01 a.m. ((June 15)) January 5, 1986

	Vehicle with Trailer Ferry Tolls***				
	Under 18'	18' To 28'	28' To 38'	38' To 48'	48' And Over
Seattle-Winslow Seattle-Bremerton Edmonds-Kingston Pt. Townsend-Keystone Fauntleroy-Southworth	5.40	8.10	10.90	15.45	19.90
((*)Fauntleroy-Vashon ((*)Southworth-Vashon	<del>(7.30)</del> 7.25	11.10	<del>(15.30)</del> 15.25	21.60	<del>(27.90)</del> 27.95
((*)Pt. Defiance-Tahlequah Mukilteo-Clinton	3.65	5.55	7.65	10.80	<del>(13.95)</del> 14.00
Anacortes to Lopez, Shaw, Orcas or Friday Harbor *	11.25 13.45 15.40	19.85	26.25	37.00	47.75
Anacortes to Sidney and Sidney to all destinations	25.30	32.15	37.70	49.15	60.55
Between Lopez, Shaw, Orcas and Friday Harbor ****@	6.50	10.75	10.75	10.75	42.75
From Lopez, Shaw, Orcas and Friday Harbor to Sidney@	13.50	17.75	22.00	28.75	35.50

@These fares rounded to the nearest multiple of \$ .25.

\*These routes operate on one-way only toll collection system.

**PENALTY CHARGES**

Owner of vehicle without driver will be assessed a \$50.00 penalty charge.

**\*\*\*INCLUDES THE FOLLOWING VEHICLES PULLING TRAILERS:**

- Automobiles
- Trucks licensed under 8,001 lbs. (For trucks 8,001 lbs. and over, see WAC 468-300-020)
- Oversize vehicles
- Does not include motorcycles with trailers.

\*\*\*\*Toll collected westbound only.

Senior citizen discounts for the driver of the above vehicles shall apply.

Senior citizen discount is determined by subtracting full fare passenger rate and adding 1/2 passenger fare.

**WSR 86-06-011**  
**ADOPTED RULES**  
**DEPARTMENT OF LICENSING**  
 [Order 138R—Filed February 21, 1986]

I, Theresa Anna Aragon, director of the state of Washington Department of Licensing, do promulgate and adopt at Olympia, Washington, the annexed rules relating to:

Amd WAC 308-124C-020 Required records.  
 Amd WAC 308-124H-040 Approval of courses.  
 New WAC 308-124H-043 Temporary approval of instructions.  
 Amd WAC 308-124H-045 Recordkeeping.

This action is taken pursuant to Notice No. WSR 86-01-038 filed with the code reviser on December 13, 1985. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 34.04.040(2).

This rule is promulgated under the general rule-making authority of the Department of Licensing as authorized in RCW 18.85.040.

The undersigned hereby declares that the agency has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW) and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.

APPROVED AND ADOPTED February 20, 1985 [1986].

By Theresa Anna Aragon  
 Director

AMENDATORY SECTION (Amending Order 136R, filed 10/11/85)

✓ WAC 308-124C-020 **REQUIRED RECORDS.**  
 The minimum real estate records the real estate broker shall be required to keep are as follows:

(1) Bank trust account records:

(a) Duplicate receipt book or cash receipts journal recording all receipts;

(b) Prenumbered checks with check register, cash disbursements journal or check stubs;

(c) Validated duplicate bank deposit slips;

(d) Client's accounting ledger summarizing all moneys received and all moneys disbursed for each real estate or business opportunity transaction or each property management account, contract or mortgage collection account;

(e) In conjunction with (d) above, separate ledger sheets for each tenant (including security deposit), lessee, vendee or mortgagor;

(f) Reconciled bank statements and canceled checks for all trust bank accounts.

(2) Other records:

(a) A transaction folder containing all agreements, contracts, documents, leases, closing statements and correspondence for each real estate or business opportunity

transaction, and for each rental, lease, contract or mortgage collection account;

(b) Reconciled bank statements and cancelled checks for all bank accounts of the real estate firm;

(c) The original lease document may be maintained "on-site" for those brokers who utilize the services of a resident manager: PROVIDED, That a source document is maintained at the brokers office which contains the ((information filled in the blank spaces by the tenant and resident manager)) name and address of the tenant; address of the leased premises, if different from the tenant's address; duration of the lease; rental amount; the amount(s) of any and all deposits made by the tenant and the purpose of said deposits; the location where said deposits are being held; and any modification of the terms of the original lease document;

(d) The original lease document may be maintained at a branch office: PROVIDED, That a source document is maintained at the main office which contains the information filled in the blank spaces by the tenant and property manager.

AMENDATORY SECTION (Amending Order 136R, filed 10/11/85)

✓ WAC 308-124H-040 **APPROVAL OF COURSES.** Each proprietary school, individual, association or agency seeking approval of a course or courses shall be required to file an application, on forms provided by the director, with the real estate administrator at least thirty days prior to the date of a regular meeting of the real estate commission. Applications which are completed and filed in a timely manner will be reviewed by the commission for recommendation to the director for consideration of approval or disapproval. The commission may recommend approval of courses solely for the broker requirement or solely for the second renewal requirement.

The director, with the advice of the real estate commission, may deny a course of instruction which, in the opinion of the director, does not meet the requirements of this chapter or meet the needs of the majority of licensees.

Upon approval or disapproval of a course or courses, the applicant will be so advised in writing by the director.

Any changes in the directors or ownership of schools must be submitted to the administrator within twenty days from date of such change for referral to the director and real estate commission for consideration of continued approval.

Any changes in course content or material must be submitted to the administrator no later than twenty days prior to the date of such change for referral to the director and the real estate commission for approval of the change.

Any change in qualified course instructors (~~(, or in-  
struction location))~~) must be submitted to the administrator for approval by the director before implementing such change.

Approval may be withdrawn if the school or course is not conducted in accordance with this chapter or chapter 18.85 RCW, or the school, or its owners, managers or employees, directly or indirectly, solicits information from applicants for a real estate license following the administration of any real estate examination to discover the content of and/or answer to any examination question or questions.

#### NEW SECTION

✓ WAC 308-124H-043 TEMPORARY APPROVAL OF INSTRUCTORS. If an emergency arises which prevents sufficient time to obtain the director's approval for a change in instructors as required in WAC 308-124H-040, then schools may obtain a substitute instructor to teach the course or courses until the emergency ends or the director has approved a change in instructors, whichever occurs first. The school shall obtain any and all substitute instructors from a list of approved instructors maintained by the real estate division of the department of licensing. Substitute instructors shall only teach a course in which they have been approved to teach. Instructors shall be reapproved biannually. The real estate division of the department of licensing shall maintain a list of courses in which instructors are approved to teach and the lists shall be updated to eliminate courses if an instructor is disapproved for teaching certain courses and to add courses if an instructor is approved for teaching additional courses.

✓ AMENDATORY SECTION (Amending Order 136R, filed 10/11/85)

WAC 308-124H-045 RECORDKEEPING. Upon approval of a course or courses, each proprietary school, individual, association or agency shall, for a period of six years, establish and maintain for each student a complete, accurate and detailed record which shall include the student's attendance, total number of hours of instruction undertaken, and completed areas of study in real estate subjects prescribed by these regulations.

Upon request, a copy of these records shall be made available to the director or student for purposes of determining whether the student has satisfied the provisions of RCW 18.85.090 and/or 18.85.095.

Each approved school shall furnish to the real estate division the date and time of all scheduled offerings, along with a sample of the advertising and promotional materials to be used and a map giving directions to the school. On a monthly basis the school shall submit a schedule of all clock-hour offerings for the next month. In the event of a cancellation, change in place, time or date, immediate notification shall be made to the real estate division.

~~((Each school conducting an offering shall within the ten days following the end of the month in which they have conducted courses, submit to the real estate division, on a form prescribed by the division a listing of~~

~~those individuals who were enrolled in the offering, with the grades and other information which may be required:))~~

It shall be the responsibility of the proprietary school, individual, association or agency to furnish each student with a grade report or transcript showing name of course, final grade, number of clock hours earned, and beginning and ending dates of each course attended.

#### WSR 86-06-012

##### ADOPTED RULES

#### DEPARTMENT OF CORRECTIONS

[Order 86-02—Filed February 21, 1986]

I, Amos E. Reed, director of the Department of Corrections, do promulgate and adopt at Olympia, Washington, the annexed rules relating to:

New	WAC 137-56-095	Notification.
New	WAC 137-56-110	Serious infractions.
New	WAC 137-56-280	Applicability.
Amd	WAC 137-56-010	Definitions.
Amd	WAC 137-56-100	Standard rules.
Amd	WAC 137-56-160	Termination of plan.
Amd	WAC 137-56-170	Service of notice of proposed disciplinary action.
Amd	WAC 137-56-180	Disciplinary hearing.
Amd	WAC 137-56-190	Facility review committee.
Amd	WAC 137-56-210	Disciplinary hearing—Rules of evidence.
Amd	WAC 137-56-220	Disciplinary hearing—Findings and conclusions.
Amd	WAC 137-56-230	Disciplinary hearing—Disposition.
Amd	WAC 137-56-240	Disciplinary hearing—Decision.
Amd	WAC 137-56-250	Disciplinary hearing—Appeal.

This action is taken pursuant to Notice No. WSR 86-02-023 filed with the code reviser on December 24, 1985. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 34.04.040(2).

This rule is promulgated pursuant to RCW 72.65.100 and is intended to administratively implement that statute.

The undersigned hereby declares that the agency has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW) and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.

APPROVED AND ADOPTED February 21, 1986.

By Robert E. Trimble  
for Amos E. Reed  
Secretary

AMENDATORY SECTION (Amending Order 82-06, filed 4/5/82)

✓ WAC 137-56-010 DEFINITIONS. (1) "Secretary" is the secretary of the department of corrections or his/her designee.

(2) "Director" is the director, division of community services, department of corrections.

(3) "Assistant director" is the assistant director, division of community ((residential programs)) services, department of corrections.

(4) "Community (~~(residential programs)~~) corrections regional administrator" is the staff member assigned by the assistant director to administer and supervise the work/training release programs in a specific geographic area.

(5) "Department" is the department of corrections.

(6) "Work/training release facility supervisor" is a staff member assigned by the community (~~(residential programs)~~) corrections regional administrator to administer and supervise a specific work/training release facility and includes his/her designee.

~~((6))~~ (7) "Work/training release counselor" is a staff member assigned by the work/training release facility supervisor to supervise and counsel a caseload of work/training release inmates or residents at a specific work/training release facility.

~~((7))~~ (8) "Contract staff" is the staff member(s) of an agency under contract to the department of corrections to provide housing and supervision for work/training release inmates or residents.

~~((8))~~ (9) "Work/training release coordinator" is a staff member assigned by the superintendent of an adult correctional institution to act as liaison between the institution and work/training release facility personnel.

~~((9))~~ (10) "Work/training release inmate or resident" is an inmate of a major adult correctional institution who has been approved (~~(and placed)~~) for placement in a designated work/training release facility under a work/training release plan, or ((probationer/parolee)) an offender ((placed)) recommended for placement by the courts or the board of prison terms and paroles in a work/training release facility.

~~((10))~~ (11) "Sponsor-escort" is a responsible citizen assigned to escort and supervise an inmate or resident during official and social activities outside of the work/training release facility.

~~((11))~~ (12) "Work/training release facility" is an institution or other establishment approved for housing and supervision of work/training release inmates or residents during the inmate's or resident's stay in a work/training release program.

~~((12))~~ (13) "One working day" is a nine-hour day, 8:00 a.m. to 5:00 p.m. excluding weekends and holidays.

**Reviser's note:** Errors of punctuation or spelling in the above section occurred in the copy filed by the agency and appear herein pursuant to the requirements of RCW 34.08.040.

#### NEW SECTION

✓ WAC 137-56-095 NOTIFICATION. (1) Each work/training release inmate or resident shall be advised in writing of:

- (a) His/her rights and responsibilities;
- (b) Acts prohibited in the work release facility; and
- (c) Disciplinary action which may be taken in the event of a serious infraction or violation of local rules.

(2) Each inmate upon entering the work release facility shall be given a copy of the rules in this chapter and of all local rules of the work/training release facility to which he/she is assigned.

(3) All amendments or additions to this chapter and all amendments or additions to local disciplinary rules, policies, and procedures shall be posted at a specifically

designated place or places in each work/training release facility in advance of their effective date if possible and for at least thirty days after their effective date. Work/training release inmates or residents shall be responsible for informing themselves of such postings. Complete and up-to-date copies of these rules and all local rules shall be available at each work/training release facility for inmate examination.

(4) The work/training release facility supervisor shall ensure that each work/training release inmate or resident has the opportunity to understand rules which relate to his/her conduct. If the inmate is unable to read or understand English, the rules shall be read to him/her promptly in his/her accustomed language.

AMENDATORY SECTION (Amending Order 82-06, filed 4/5/82)

✓ WAC 137-56-100 STANDARD RULES. In consideration of being granted work/training release, the inmate or resident must agree to observe and abide by the following rules:

(1) Continue in the approved work or training release plan until it is officially changed. Any modification of the plan must be authorized in writing by the work/training release facility supervisor.

(2) Comply with local work/training release facility rules, and any special restrictions imposed in writing by the work/training release facility supervisor. The inmate or resident may appeal in writing to the community (~~(residential programs)~~) corrections regional administrator, if the inmate or resident considers any of the restrictions to be unwarranted or arbitrary.

(3) Comply with such other restrictions and/or conditions as may be imposed in the original work/training release plan by the community (~~(residential programs)~~) corrections regional administrator or his or her designee.

(4) Remain confined to the work/training release facility premises at all times other than the time necessary to implement the plan or when authorized under WAC 137-56-140. Any work/training release inmate or resident approved for placement under a work/training release plan who willfully fails to report to his or her designated assignment or return to the designated place of confinement at the time specified shall be deemed an escapee and fugitive from justice, and upon conviction shall be guilty of a felony and sentenced in accordance with state law.

(5) Have employment or other resources in order to maintain himself or herself financially.

(6) Not consume, ingest, inject, or possess nonprescription narcotic or "dangerous" drugs or controlled substances or alcoholic beverages.

(7) Agree to disburse all earnings in accordance with the approved work/training release plan and report all income to the work/training facility supervisor. All income from any source shall be immediately placed in the resident's trust fund account by the facility supervisor. A receipt will be issued by the facility supervisor.

(8) Comply with all federal, state, and local laws and regulations.

(9) Inmates or residents placed on work/training release are ordinarily approved with the understanding

that they will be paroled in a reasonable time, normally within six months. If it is not possible to parole the inmate or resident within a reasonable period of time, he or she may be returned to the institution.

**NEW SECTION**

✓WAC 137-56-110 **SERIOUS INFRACTIONS.** Any of the following acts or omissions of the work/training release inmate or resident described and codified in the form below shall constitute a serious infraction. Disciplinary action may be taken against the work/training release inmate or resident in accordance with this chapter in the event of a serious infraction.

Infraction Code	Act/Omission
800	Creating a risk to the orderly operation of the facility or the health and safety of its residents, staff, or visitors.
801	Assaulting any person which results in the hospitalization of the person assaulted.
802	Assaulting any person.
803	Extortion, blackmail, demanding or receiving money or anything of value in return for protection against others, or under threat of informing.
804	Engaging in sexual acts with others within the facility.
805	Fighting with any person, provided, however, that self-defense may be a defense to a serious infraction for fighting.
806	Threatening another with bodily harm or with any offense against his/her person.
810	Intentionally failing to seek or maintain employment or training or to maintain oneself financially.
811	Entering into an unauthorized contract.
812	Failing to report or turn in all earnings or income.
813	Modifying a work release plan by the releasee without authorization.
814	Violating a special condition of work release plan.
815	Failing to comply with all federal, state, and local laws, or court orders.
816	Tampering with or blocking any locking device.
817	Possessing or introducing into the facility an explosive or any ammunition or components of explosives or ammunitions.
818	Possessing or introducing into the facility any unauthorized tool.
819	Possessing or introducing into the facility any gun, firearm, weapon, sharpened instrument, knife, or components thereof.
821	Holding a person hostage or restraining a person against his/her will.
825	Violating conditions of furlough.
830	Escaping/absconding from the facility with voluntary return within twenty-four hours.

Infraction Code	Act/Omission
831	Failing to return to the facility from an authorized sign out.
832	Escaping/absconding from the facility.
833	Using physical force in the act of escape.
834	Escaping/absconding from the facility and apprehension out-of-state.
843	Possessing, introducing, or using alcohol.
844	Possessing, introducing, or using marijuana or related paraphernalia.
845	Possessing, introducing, transferring, or using any narcotics, controlled substance, or related paraphernalia unless authorized by the supervisor pursuant to a valid prescription or order issued in the course of professional treatment by a licensed medical practitioner.
846	Refusing to submit to a urinalysis, breathalyzer, or other standard sobriety test.
851	Lying to a hearing committee.
852	Lying to a staff member which causes an innocent person to be penalized, disciplined, or proceeded against.
853	Intentionally or recklessly setting a fire.
854	Intentionally or recklessly destroying or damaging state property, or the property of another person.
855	Stealing (theft) or knowingly possessing stolen property.
856	Refusing to submit to a body search when lawfully ordered to do so by staff.
857	Refusing and/or failing to work or attend regularly scheduled assignments.
858	Intentionally interfering with a staff member in the performance of his/her duties.
859	Gambling.
860	Possessing money or other negotiable instruments of five dollars or more without prior authorization.
861	Performing or participating in a marriage ceremony in the facility or on the facility grounds, except when such marriage was approved by the supervisor.
870	Rioting.
871	Inciting others to riot.
872	Engaging in or inciting prohibited group demonstration.
873	Intentionally interfering with the taking of count.
874	Counterfeiting, forging, falsification, or unauthorized reproduction of any document, article of identification, money, security, or official paper.
875	Making intoxicants, narcotics, or other controlled substances.
876	Giving or offering any official staff member or volunteer a bribe or anything of value for a favor or unauthorized service.
877	Committing four or more general infractions within a six-month period all of



Infraction Code	Act/Omission
	which arise out of separate incidents and have been reported in writing.
878	– Intentionally failing to comply with an administrative or post-hearing sanction.
900	– Attempting to commit or aiding another person to commit a serious infraction as enumerated in this section. Such action shall be considered the same as commission of the offense itself.

AMENDATORY SECTION (Amending Order 82-06, filed 4/5/82)

WAC 137-56-160 TERMINATION OF PLAN.

(1) At any time after approval has been granted to any work/training release inmate or resident to participate in the work release program, such approval may be revoked, and if the work/training release inmate or resident has been released on a work release plan, he/she may be returned to a state correctional institution, or the plan may be modified, in the sole discretion of the secretary.

(2) Without limiting the authority of the secretary under subsection (1) of this section, a work/training release plan may be terminated or disciplinary action taken by the facility review committee pursuant to this chapter:

~~((1))~~ (a) If requested in writing by the ~~((release))~~ work/training release inmate or resident;

~~((2))~~ (b) If the ~~((contract permits, the contract agency))~~ work/training release facility refuses to accept or continue to serve the work/training release inmate or resident in accordance with its contract with the department;

~~((3))~~ (c) If the plan is discontinued or modified so that it no longer meets agency standards or if the ~~((release))~~ work/training release inmate or resident becomes unable to comply with the terms of the plan;

~~((4))~~ (d) If the work/training release inmate or resident lacks aptitude for the assignment or is improperly placed; or

~~((5))~~ (e) If the work/training release inmate or resident has been unable to adjust or adapt to the conditions of the work/training release facility; or

~~((6))~~ (f) If the work/training release inmate or resident has demonstrated through his or her behavior an unwillingness to respond to counseling by staff; or

~~((7))~~ (g) If the work/training release inmate's or resident's situation and circumstances have significantly changed; or

~~((8))~~ (h) If the work/training release inmate or resident has failed to comply with federal or state laws or local ordinances; or

~~((9))~~ (i) If the work/training release inmate or resident has failed to comply with standard work/training release rules as enumerated in WAC 137-56-100; or

~~((10))~~ (j) If the work/training release inmate or resident has failed to comply with such other written facility rules as are promulgated by the facility supervisor; or

~~((11))~~ (k) If the work/training release inmate or resident has failed to comply with such other specific restrictions or behavior expectations which have previously been called to the attention of the work/training release inmate or resident by the work/training release facility supervisor and are documented in writing; or

(1) If the work/training release inmate or resident has committed a serious infraction as enumerated in WAC 137-56-110.

AMENDATORY SECTION (Amending Order 82-06, filed 4/5/82)

WAC 137-56-170 SERVICE OF NOTICE OF PROPOSED ~~((TERMINATION))~~ DISCIPLINARY ACTION. (1) If ~~((a work/training release termination))~~ disciplinary action is proposed, the work/training release facility supervisor may suspend the work/training release plan and place the inmate or resident in custody pending a ~~((termination))~~ disciplinary hearing.

(2) The work/training release facility supervisor shall advise the inmate or resident in writing of the factual allegations which provide the basis for the proposed ~~((termination))~~ disciplinary action within one working day after the suspension of the work/training release plan.

(3) The factual allegations may be amended and/or new allegations added at any time prior to the ~~((termination))~~ disciplinary hearing, provided that the work/training inmate or resident shall have notice of such new and/or amended allegations at least twenty-four hours prior to the ~~((termination))~~ disciplinary hearing.

AMENDATORY SECTION (Amending Order 82-06, filed 4/5/82)

WAC 137-56-180 ~~((TERMINATION))~~ DISCIPLINARY HEARING~~((=NOTICE))~~. (1) A work/training inmate or resident served with allegations providing the basis for a proposed ~~((work/training release termination))~~ disciplinary action shall be notified in writing that a hearing has been set before a review committee. An allegation involving the commission by the inmate or resident of a serious infraction may be amended at anytime by the department, provided that twenty-four hours notice be given to the inmate to respond to the new allegations. The hearing will be set within five working days of the suspension of the work/training release plan, unless a longer time is approved by the assistant director, community residential programs, or his or her designee. The written notice of hearing shall be given to the inmate or resident at least twenty-four hours before the hearing and advise the inmate or resident of his or her rights, including the following:

~~((1))~~ (a) The inmate or resident shall be present at all stages of the hearing, except during deliberation in appropriate circumstances.

~~((2))~~ (b) The inmate or resident shall present his or her own case to the review committee. If there is a language or communications barrier, the review committee chairman shall appoint an advisor.

~~((3))~~ (c) The inmate or resident may have an attorney present only when a felony has been alleged. Such

representation is limited to advising the inmate or resident of his or her rights to remain silent, and does not include the right to act as an advocate throughout the hearing.

~~((4))~~ (d) The inmate or resident may testify during the hearing or remain silent, and his or her silence will not be held against him or her.

~~((5))~~ The inmate or resident may question all witnesses appearing and testifying at the hearing.

~~(6)~~ Testimony and other evidence introduced shall be relevant to the issues under consideration.

~~(7)~~ The inmate or resident may present witnesses and written statements from persons in his or her own behalf.

~~(8))~~ (e) The work/training release inmate or resident may, in preparation for the hearing, ask the review committee that certain department or contract staff members, other work/training release inmates or residents, and other persons be present as witnesses at the hearing. The review committee shall grant such request if it is determined by the review committee that to do so would not be unduly hazardous to the work/training release facility's safety or correctional goals: PROVIDED, HOWEVER, Limitations may be made by the review committee if the information to be presented by the witnesses is deemed to be irrelevant, duplicative, or unnecessary to the adequate presentation of the work/training release inmate or resident's case.

(2) Attendance at the hearing shall be limited to parties directly concerned. The review committee chairman may exclude unauthorized persons.

~~((9))~~ (3) The review committee shall make an evaluation of the inmate's or resident's progress, attitudes, need for program modifications, work/training alternatives, or institution programming; and shall make a recommendation to the board of prison terms and paroles regarding good time credits and readiness for parole.

AMENDATORY SECTION (Amending Order 83-02, filed 2/4/83)

✓ WAC 137-56-190 FACILITY REVIEW COMMITTEE. (1) The review committee shall consist of at least three members, including the work/training release facility supervisor or his or her designee and a member of the contractor's staff, if the facility is under contract with the department. The additional members shall be selected by the facility supervisor from either state staff, including ~~((probation and parole))~~ community corrections officers or the contractor's staff. No resident or inmate may be a member of this committee. The facility supervisor shall serve as chairman and shall have the authority to make the final decision. The facility supervisor or his or her designee shall inform the inmate, in writing, of the review committee's decision within three working days.

(2) At institutions, the classification committee may serve as the facility review committee for work/training release inmates or residents housed at the facility; except that the institution work/training release coordinator will be a member of the committee.

(3) No person making an allegation involved in the incident, or called as a witness, shall be a member of the

review committee. Persons called as witnesses must be approved by the review committee chairman and must have information or facts which are relative to the allegations being considered. In the event that an individual is disqualified or disqualifies himself or herself under this rule or for any other reason, a replacement may be designated by the facility supervisor, community ~~((resident programs))~~ corrections regional administrator, or assistant director ~~((, community resident programs))~~.

AMENDATORY SECTION (Amending Order 82-06, filed 4/5/82)

✓ WAC 137-56-200 ~~((TERMINATION))~~ DISCIPLINARY HEARING—WAIVER. (1) At any time after having been served with an allegation providing the basis for a proposed ~~((termination))~~ disciplinary action, the inmate or resident may choose to waive his or her right to a hearing by signing an admission of the allegation and request that the hearing be dispensed with or limited only to questions of disposition.

(2) The inmate or resident may admit in writing to part of the allegations and thereby limit the scope of the hearing.

(3) In those cases where the allegation involves misbehavior or other culpability on the part of the inmate or resident, he or she shall be advised in writing that in admitting the violation and waiving the hearing, a report will be submitted to the board of prison terms and paroles which may result in the loss of good time credits and/or the extension of the minimum term.

AMENDATORY SECTION (Amending Order 82-06, filed 4/5/82)

✓ WAC 137-56-210 ~~((TERMINATION))~~ DISCIPLINARY HEARING—RULES OF EVIDENCE. (1) All relevant and material evidence is admissible which, in the majority opinion of the review ~~((board))~~ committee, is the best evidence reasonably obtainable having due regard for its necessity, availability, and trustworthiness.

(2) All evidence material to the issues raised in the hearing shall be offered into evidence. All evidence forming the basis for the department's decision in a matter shall be offered into evidence.

~~(3) ((Every party shall have the right to question witnesses who testify in person and shall have the right to submit rebuttal evidence. This shall not be deemed to prevent the admission and consideration of hearsay evidence.~~

~~(4))~~ The work/training release inmate or resident shall be allowed to call witnesses approved by the review committee pursuant to WAC 137-56-180 (1)(e) and to present documentary evidence in his/her defense at the hearing when permitting the work/training release inmate or resident to do so will not be unduly hazardous to the work/training release facility's safety or correctional goals unless the testimony to be presented by the witness and/or the information desired to be presented is deemed by the review committee to be irrelevant, immaterial, unnecessarily duplicative of other information

and/or testimony before the review committee, or otherwise found to be unnecessary to the adequate presentation of the work/training release inmate or resident's case. The testimony of all witnesses from outside the work/training release facility shall be considered in writing. In the event the review committee determines that the presence of a witness is appropriate, the review committee should call the witness, or in its discretion, may continue the hearing if the witness is unavailable, but will become available within a reasonable period of time: PROVIDED, HOWEVER, That if the witness is unavailable, the review committee may, in its discretion, consider the written testimony previously submitted.

(4) The work/training release inmate or resident may question witnesses against him/her at the discretion of the review committee. If the review committee determines that a work/training release inmate or resident witness would be subject to risk or harm if his/her identity were disclosed, testimony of the said witness may be introduced by the testimony of a department or contract staff member to whom the information was provided by and/or the affidavit of the witness. If the department or contract staff member to whom the work/training release inmate or resident witness provided information is, for good cause, unavailable, the written statement of the department or contract staff member may be used. The review committee shall, out of the presence of all work/training release inmates or residents, inquire as to the identity of any anonymous work/training release inmate or resident, and as to how the testifying department or contract staff member received such information. The refusal of the department or contract staff member presenting the testimony of the unidentified work/training release inmate or resident witness to identify the witness shall make the testimony inadmissible unless the refusal to identify the witness is approved by the community corrections regional administrator based on his/her determination of good cause for non-disclosure and that the informant is reliable. The review committee must make an independent determination as to the reliability of the informant and the credibility of the information offered, except that the review committee may accept an assurance of credibility from the community corrections regional administrator who approves the nondisclosure of the identity of the work/training release inmate or resident. The inmate should be advised on the record, or subsequently provided with, a statement of good cause as to why the inmate was not allowed to call a witness or why the identity of an inmate witness was not disclosed.

(5) Documentary evidence, including written statements submitted by interested parties on behalf of the inmate or resident, may be received. Such evidence may include copies of documents, excerpts from documents and incorporation of written material by reference, including depositions.

~~((5) Although relevant;))~~ (6) The chairman of the review committee may exclude relevant evidence if the probative value is outweighed by the danger of unfair prejudice, confusion of the issues, misleading the committee or by considerations of undue delay, waste of time, or needless presentation of cumulative evidence.

(7) The review committee should determine if the inmate is competent to understand the charges and proceedings or needs an interpreter to participate therein. If the inmate is not competent or needs an interpreter, the review committee should postpone the hearing to secure a report on the competency of the inmate, provide an interpreter, or take such other action as will assure the fairness and orderliness of the hearings.

AMENDATORY SECTION (Amending Order 82-06, filed 4/5/82)

✓ WAC 137-56-220 ((~~TERMINATION~~)) DISCIPLINARY HEARING—FINDINGS AND CONCLUSIONS. (1) At the conclusion of the hearing, the review committee will make a finding of fact within one working day as to whether or not the allegations made against the inmate or resident have been proven by a preponderance of the evidence presented at the hearing.

(2) If the review committee determines that the allegations have not been proven by a preponderance of the evidence presented at the hearing, the inmate or resident shall be restored to work/training release status.

(3) If the review committee determines that one or more of the allegations have been proven by a preponderance of the evidence presented at the hearing, the review committee will proceed to a disposition.

AMENDATORY SECTION (Amending Order 82-06, filed 4/5/82)

✓ WAC 137-56-230 ((~~TERMINATION~~)) DISCIPLINARY HEARING—DISPOSITION. (1) The review committee will consider the inmate's or resident's total background, adjustment on work/training release, attitude, recommendations of interested parties, and any other information relative to the inmate's or resident's ability to continue in the program. The review committee shall make a determination as to whether or not the inmate or resident has earned good time credits towards parole/release, and whether the matter should be referred to the board of prison terms and paroles or the court for possible increase in the inmate's or resident's minimum term.

(2) The inmate or resident shall be present at all stages of the ((~~review~~)) hearing, except for deliberation and even during deliberation when appropriate, and shall have the opportunity to make argument in his or her own behalf.

AMENDATORY SECTION (Amending Order 82-06, filed 4/5/82)

✓ WAC 137-56-240 ((~~TERMINATION~~)) DISCIPLINARY HEARING—DECISION. (1) The review committee may:

((~~(+)~~)) (a) Restore the work/training release inmate or resident to his or her work/training release status under the same or modified conditions as the original plan; or

((~~(2)~~)) (b) Restrict the inmate or resident to the work/training release facility for up to thirty days; or

(c) Require restitution be made by the work/training release inmate or resident; or

(d) Require extra duty to be performed by the inmate or resident; or

(e) Revoke approval of an approved sponsor; or

(f) Deny good conduct time; or

(g) Require additional time in Phase II; or

(h) Revoke the work/training release plan and return the work/training release inmate or resident to an institution(;) or Phase II facility; or

(i) Return the ((probationer/parolee)) offender to the court or the board of prison terms and paroles for final disposition.

(2) Nothing in this section shall preclude subsequent reclassification of the work/training release inmate or resident or placement into administrative segregation.

(3) The facility supervisor shall notify the inmate or resident orally within one working day and confirm the decision in writing within three working days. ((3)) The written decision shall specify the evidence upon which the review committee relied and shall include a description of the circumstances surrounding the allegation(s) upon which the termination of work/training release is based, the reasons for the decision, a discussion of the inmate's or resident's personal culpability in the actions which have led to the termination, and an evaluation of the inmate's or resident's progress, attitudes, need for further programs including work training alternatives and readiness for parole.

AMENDATORY SECTION (Amending Order 83-05, filed 5/2/83)

WAC 137-56-250 ((TERMINATION)) DISCIPLINARY HEARING—APPEAL. The inmate or resident may appeal the decision of the facility review committee to the community ((residential programs)) corrections regional administrator. Appeal requests must be in writing, must be specific and based on objection to the procedures used or the information available to the committee in making its decision. Appeals must be submitted within five working days of the committee's oral decision. The community ((residential programs)) corrections regional administrator, or his or her designee, upon receipt of an appeal, will review the findings and decision of the review committee and either:

(1) ((Continue the inmate or resident in the existing work/training release plan; or

(2) Continue the inmate or resident in a work/training release program with appropriate and specific conditions for expected future behavior or modifications in the inmate's or resident's plan; or

(3) Terminate work/training release and return the inmate or resident to an institution for other programming; or

(4)) Affirm, or affirm and modify to a lesser sanction the decision of the facility review committee; or

(2) Reverse the decision of the facility review committee; or

(3) Remand the decision for additional findings or rehearing.

The reviewer's decision will be made promptly, normally not to exceed five working days, and given to the inmate or resident and committee chairman in writing.

NEW SECTION

✓ WAC 137-56-280 APPLICABILITY. WAC 137-56-170 through 137-56-260 shall not apply to the termination of a work/training release plan pursuant to WAC 137-56-160 (2)(a), (b), or (c). WAC 137-56-080 and 137-56-170 through 137-56-260 shall not apply to the termination or modification of a work/training release plan by the secretary pursuant to WAC 137-56-160(1).

**WSR 86-06-013**

**EMERGENCY RULES**

**DEPARTMENT OF FISHERIES**

[Order 86-05—Filed February 21, 1986]

I, William R. Wilkerson, director of the Department of Fisheries, do promulgate and adopt at Olympia, Washington, the annexed rules relating to commercial fishing regulations.

I, William R. Wilkerson, find that an emergency exists and that this order is necessary for the preservation of the public health, safety, or general welfare and that observance of the requirements of notice and opportunity to present views on the proposed action would be contrary to public interest. A statement of the facts constituting the emergency is these rules are adopted pursuant to the Columbia River compact and are necessary to harvest available salmon.

These rules are therefore adopted as emergency rules to take effect upon filing with the code reviser.

This rule is promulgated pursuant to RCW 75.08.080 and is intended to administratively implement that statute.

The undersigned hereby declares that the agency has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW) and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.

APPROVED AND ADOPTED February 20, 1986.

By Russell W. Cahill  
for William R. Wilkerson  
Director

NEW SECTION

WAC 220-32-03000Y GILL NET SEASON. Notwithstanding the provisions of WAC 220-32-030, WAC 220-32-031 and WAC 220-32-032, it is unlawful to take fish for or possess salmon for commercial purposes with gill net gear in Columbia River Salmon Management and Catch Reporting Areas 1A, 1B, 1C, 1D and 1E, except in those areas, at those times and with the gear designated below:

Areas 1A, 1B, 1C and that portion of 1D downstream from a line perpendicular to the thread of the river from Kelley Point, east bank of Willamette River.

12:00 noon February 23 until 6:00 p.m.  
February 27, 1986.

12:00 noon March 2 until 6:00 p.m. March 6, 1986.  
8 inch minimum mesh restriction.

**WSR 86-06-014**  
**EXECUTIVE ORDER**  
**OFFICE OF THE GOVERNOR**  
[EO 86-01]

**IMPOSING SURCHARGES AND PENALTIES ON LOW-LEVEL RADIOACTIVE WASTE**

WHEREAS, on January 15, 1986, Ronald Reagan, President of the United States, signed the Low-level Radioactive Waste Policy Amendments Act of 1985 which permits the State of Washington to impose surcharges and penalty surcharges on all low-level radioactive waste originating from outside the Northwest Compact Region and disposed of at Richland, Washington; and

WHEREAS, on February 21, 1986, Booth Gardner, Governor of the State of Washington, signed ESSB 4876 which authorized the Governor to implement the Low-level Radioactive Waste Policy Amendments Act of 1985;

NOW, THEREFORE, I, Booth Gardner, Governor of the State of Washington, pursuant to the powers vested in me, do hereby order that:

1. Effective March 1, 1986, all low-level radioactive waste originating from outside the Northwest Compact Region and disposed of at the low-level radioactive disposal site located at Richland, Washington, shall be subject to surcharges and penalty surcharges at the maximum level allowable under the Low-level Radioactive Waste Policy Amendments Act of 1985.

2. The Department of Ecology is hereby directed to administer the collection of such surcharges and penalty surcharges.

IN WITNESS WHERE-  
OF, I have hereunto set my hand and caused the seal of the State of Washington to be affixed at Olympia this 21st day of February, A.D. Nineteen hundred and eighty-six.

Booth Gardner

\_\_\_\_\_  
Governor

BY THE GOVERNOR:

Ralph Munro

\_\_\_\_\_  
Secretary of State

**WSR 86-06-015**  
**PROPOSED RULES**  
**DEPARTMENT OF PERSONNEL**  
**(Personnel Board)**  
[Filed February 24, 1986]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the State Personnel Board intends to adopt, amend, or repeal rules concerning career executive program, amending chapter 356-47 WAC;

that the agency will at 10:00 a.m., Thursday, April 10, 1986, in the Board Hearings Room, Department of Personnel, 600 South Franklin, Olympia, WA 98504, conduct a public hearing on the proposed rules.

The adoption, amendment, or repeal of the rules will take place immediately following the hearing.

The authority under which these rules are proposed is RCW 41.06.040.

The specific statute these rules are intended to implement is RCW 41.06.150 and 41.06.430.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before April 8, 1986.

This notice is connected to and continues the matter in Notice No. WSR 86-03-041 filed with the code reviser's office on January 14, 1986.

Dated: February 21, 1986

By: Leonard Nord  
Secretary

**WSR 86-06-016**  
**EMERGENCY RULES**  
**DEPARTMENT OF PERSONNEL**  
**(Personnel Board)**  
[Order 243—Filed February 24, 1986]

Be it resolved by the State Personnel Board, acting at the Department of Personnel, 600 South Franklin, Olympia, WA 98504, that it does adopt the annexed rules relating to:

- Amd WAC 356-15-060 Shift premium provisions and compensation.
- Amd WAC 356-15-100 Call-back provisions and compensation for work preceding or following a scheduled workshift.

We, the State Personnel Board, find that an emergency exists and that this order is necessary for the preservation of the public health, safety, or general welfare and that observance of the requirements of notice and opportunity to present views on the proposed action would be contrary to public interest. A statement of the facts constituting the emergency is these changes are currently effective on an emergency basis. The 90-day limitation will expire before the permanent effective date. Therefore, another emergency adoption was necessary to continue the changes to be effective.

These rules are therefore adopted as emergency rules to take effect upon filing with the code reviser.

This rule is promulgated pursuant to RCW 41.06.150 and is intended to administratively implement that statute.

The undersigned hereby declares that the agency has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW), and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.

APPROVED AND ADOPTED February 13, 1986.

By Leonard Nord  
Secretary

AMENDATORY SECTION (Amending Order 224, filed 6/24/85)

**WAC 356-15-060 SHIFT PREMIUM PROVISIONS AND COMPENSATION.** (1) For purposes of this section, night shift and evening shift are defined as work shifts of eight or more hours which start by 3 a.m. or end at or after 10 p.m. respectively.

(2) Employees are entitled to shift premium in the amount specified in WAC 356-15-061 under the following circumstances only:

(a) Scheduled standard work period employees:

(i) For their scheduled hours which extend before 6 a.m. or after 6 p.m.

(ii) For all hours on their scheduled evening and/or night shift.

(iii) For all additional compensated hours worked by employees whose work schedules consist entirely of evening and/or night shifts.

(b) Scheduled alternate, unlisted, nonscheduled, ~~(and)~~ exceptions, and law enforcement work period employees:

(i) For conditions mentioned in (a) of this subsection, shift premium is payable.

(ii) Employees who are scheduled to work at least one, but not all, night or evening shifts each week, are entitled to shift premium for those scheduled evening or night shifts, and for all adjoining hours which are worked and compensated.

(c) Part-time employees:

(i) For all assigned hours of work after 6 p.m. and before 6 a.m.

(ii) For assigned full night or evening shifts, as defined in subsection (1) of this section.

(d) Intermittent and temporary employees are entitled to shift premium depending on whether their assignment fits into the part-time category ((c) of this subsection) or into one of the full-time categories ((a) or (b) of this subsection).

(3) Monthly shift premium rates: In cases where shift premium hours are regularly scheduled over a year, agencies may pay shift premium at a monthly rate which is equal for all months of the year. Such monthly rates shall be calculated by dividing twelve into the amount of shift premium an employee would earn in a year if the hourly rules in subsection (1) of this section were applied. This option is granted to simplify bookkeeping and is not authorized to establish shift premium rates higher or lower than those set by the board.

(4) Shift premium and overtime: When an employee is compensated for working overtime during hours for which shift premium is authorized in subsection (2) (a) through (c) of this section, the overtime rate shall be calculated on the combined basic salary and shift premium rate.

(5) Payment during leave periods: Employees eligible for shift premium for all or part of their regular shifts will receive the same proportion of shift premium for authorized periods of paid leave, i.e., vacation leave, sick leave, military leave, holiday leave, etc.

AMENDATORY SECTION (Amending Order 206, filed 6/6/84)

**WAC 356-15-100 CALL-BACK PROVISIONS AND COMPENSATION FOR WORK PRECEDING OR FOLLOWING A SCHEDULED WORKSHIFT.**

(1) Scheduled work period employees shall be notified prior to their scheduled quitting time either to return to work after their workshift ends or to change the starting time of their next scheduled workshift.

(a) Failure to give such notice for such work shall be considered call-back and shall result in a penalty of three hours of pay at the straight time rate (or two hours at one-and-one-half times the regular rate of pay) in addition to all other compensation due. This penalty shall apply to each call.

(b) The appointing authority may cancel a call-back notification to work extra hours at any time but cancellation shall not waive the penalty cited in this subsection ~~((+ above))~~.

(c) These provisions shall not apply to the mid-shift interval in a split shift and an employee called back while in standby status.

(2) Nonscheduled ~~((and))~~, exceptions, and law enforcement work period employees are not normally paid for call-back. However, if the appointing authority deems it appropriate, those employees may receive compensation, not to exceed the penalty cited above, for call-back.

**WSR 86-06-017**  
**ADOPTED RULES**  
**DEPARTMENT OF PERSONNEL**  
**(Personnel Board)**

[Order 242—Filed February 24, 1986]

Be it resolved by the State Personnel Board, acting at the Department of Personnel, 600 South Franklin, Olympia, WA 98504, that it does adopt the annexed rules relating to:

Amd	WAC 356-15-060	Shift premium provisions and compensation.
Amd	WAC 356-15-100	Call-back provisions and compensation for work preceding or following a scheduled workshift.

This action is taken pursuant to Notice No. WSR 86-02-044 filed with the code reviser on December 31, 1985. These rules shall take effect thirty days after they

are filed with the code reviser pursuant to RCW 34.04.040(2).

This rule is promulgated pursuant to RCW 41.06.150 and is intended to administratively implement that statute.

The undersigned hereby declares that the agency has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW), and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.

APPROVED AND ADOPTED February 13, 1986.

By Leonard Nord  
Secretary

AMENDATORY SECTION (Amending Order 224, filed 6/24/85)

✓ WAC 356-15-060 SHIFT PREMIUM PROVISIONS AND COMPENSATION. (1) For purposes of this section, night shift and evening shift are defined as work shifts of eight or more hours which start by 3 a.m. or end at or after 10 p.m. respectively.

(2) Employees are entitled to shift premium in the amount specified in WAC 356-15-061 under the following circumstances only:

(a) Scheduled standard work period employees:

(i) For their scheduled hours which extend before 6 a.m. or after 6 p.m.

(ii) For all hours on their scheduled evening and/or night shift.

(iii) For all additional compensated hours worked by employees whose work schedules consist entirely of evening and/or night shifts.

(b) Scheduled alternate, unlisted, nonscheduled, ~~((and))~~ exceptions, and law enforcement work period employees:

(i) For conditions mentioned in (a) of this subsection, shift premium is payable.

(ii) Employees who are scheduled to work at least one, but not all, night or evening shifts each week, are entitled to shift premium for those scheduled evening or night shifts, and for all adjoining hours which are worked and compensated.

(c) Part-time employees:

(i) For all assigned hours of work after 6 p.m. and before 6 a.m.

(ii) For assigned full night or evening shifts, as defined in subsection (1) of this section.

(d) Intermittent and temporary employees are entitled to shift premium depending on whether their assignment fits into the part-time category ((c) of this subsection) or into one of the full-time categories ((a) or (b) of this subsection).

(3) Monthly shift premium rates: In cases where shift premium hours are regularly scheduled over a year, agencies may pay shift premium at a monthly rate which is equal for all months of the year. Such monthly rates shall be calculated by dividing twelve into the amount of shift premium an employee would earn in a year if the hourly rules in subsection (1) of this section were applied. This option is granted to simplify bookkeeping and

is not authorized to establish shift premium rates higher or lower than those set by the board.

(4) Shift premium and overtime: When an employee is compensated for working overtime during hours for which shift premium is authorized in subsection (2) (a) through (c) of this section, the overtime rate shall be calculated on the combined basic salary and shift premium rate.

(5) Payment during leave periods: Employees eligible for shift premium for all or part of their regular shifts will receive the same proportion of shift premium for authorized periods of paid leave, i.e., vacation leave, sick leave, military leave, holiday leave, etc.

AMENDATORY SECTION (Amending Order 206, filed 6/6/84)

✓ WAC 356-15-100 CALL-BACK PROVISIONS AND COMPENSATION FOR WORK PRECEDING OR FOLLOWING A SCHEDULED WORKSHIFT.

(1) Scheduled work period employees shall be notified prior to their scheduled quitting time either to return to work after their workshift ends or to change the starting time of their next scheduled workshift.

(a) Failure to give such notice for such work shall be considered call-back and shall result in a penalty of three hours of pay at the straight time rate (or two hours at one-and-one-half times the regular rate of pay) in addition to all other compensation due. This penalty shall apply to each call.

(b) The appointing authority may cancel a call-back notification to work extra hours at any time but cancellation shall not waive the penalty cited in this subsection ~~((+)) above~~.

(c) These provisions shall not apply to the mid-shift interval in a split shift and an employee called back while in standby status.

(2) Nonscheduled ~~((and))~~, exceptions, and law enforcement work period employees are not normally paid for call-back. However, if the appointing authority deems it appropriate, those employees may receive compensation, not to exceed the penalty cited above, for call-back.

**WSR 86-06-018**

**ADOPTED RULES**

**DEPARTMENT OF LABOR AND INDUSTRIES**

[Order 86-18—Filed February 25, 1986]

I, R. A. Davis, director of the Department of Labor and Industries, do promulgate and adopt at the Department of Labor and Industries Offices, General Administration Building, Olympia, Washington, the annexed rules applicable to the administration of retrospective rating plans and group insurance plans (chapter 296-17 WAC) for workers' compensation insurance underwritten by the Department of Labor and Industries and offered to employers on an optional basis. Basic premium ratios, minimum premium ratios, loss conversion factors, size group tables, coverage periods, application deadlines, and clarification of rules are set forth.



This action is taken pursuant to Notice No. WSR 86-03-062 filed with the code reviser on January 16, 1986. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 34.04.040(2).

This rule is promulgated pursuant to RCW 51.16.035 and is intended to administratively implement that statute.

The undersigned hereby declares that the agency has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW) and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.

APPROVED AND ADOPTED February 24, 1986.

By R. A. Davis  
Director

AMENDATORY SECTION (Amending Order 85-8, filed 2/28/85, effective 7/1/85)

✓ WAC 296-17-904 DEFINITIONS. The definitions in this section shall apply throughout WAC 296-17-905 through 296-17-91902.

(1) "Coverage period" means ~~((the))~~ a one-year period beginning ~~((July 1 and ending June 30))~~ the first day of either January, April, July, or October.

(2) "Group" means those members of an association who have elected to have a group dividend and/or retrospective premium calculated based on the combined premium and incurred loss data of the participants, and have satisfactorily complied with eligibility requirements for doing so.

(3) "Premium" means only that portion of the money collected from an employer for worker's compensation (not to include any money paid in penalties or security deposits), which is deposited in the accident fund.

(4) "Standard premium" for a particular coverage period means premium collected or due for insurance coverage provided during the period, prior to any adjustments under a dividend or retrospective rating plan.

(5) "Incurred losses" for a coverage period means the estimated ultimate cost to the accident fund of claims arising from incidents occurring during the coverage period, subject to the special evaluation methods prescribed in WAC 296-17-915.

(6) "Loss development factor" means an actuarially determined factor which is multiplied times individual case basis estimates of claim costs to produce incurred losses for a firm or group of firms during a coverage period. Loss development factors allow for reopenings, aggravations, and any other individually unpredictable contingencies which may affect claim costs based on past experience of the accident fund as a whole.

(7) "Loss ratio" means incurred losses divided by standard premium.

(8) "Dividend" is a partial refund of standard premium based on a firm's standard premium and loss ratio ~~((for the coverage period))~~.

(9) "Retrospective premium" is a premium determined after a coverage period has ended, based on a firm's standard premium, incurred losses, and other pre-selected parameters for the coverage period.

(10) "Retrospective premium adjustment" is an additional assessment or refund of premium owing to an employer's retrospective premium as of a given evaluation date being more or less than the premium previously paid for the coverage period.

(11) "Performance adjustment factor" means an actuarially determined factor which is multiplied times incurred losses prior to application of the retrospective rating formula, to produce "adjusted incurred losses." This adjustment will produce net retrospective premium credits for participating risks in the aggregate when they have combined experience which is more favorable than ~~((total))~~ other state fund experience for the same coverage period. Conversely, this adjustment will produce net retrospective premium penalties for participating risks when their combined experience is more adverse than ~~((total))~~ other state fund experience for the same coverage period. The purpose of the performance adjustment factor is to retain a consistent economic incentive for those employers to improve their accident cost experience while participating in these plans.

AMENDATORY SECTION (Amending Order 85-8, filed 2/28/85, effective 7/1/85)

✓ WAC 296-17-911 GROUP DIVIDENDS. Group dividends will be calculated provided:

(1) Employers qualify as a group as defined by WAC 296-17-910.

(2) Group submits a satisfactorily completed:

(a) Application for group dividend plan no later than:

(i) April 30 for the coverage period beginning the following July 1;

(ii) July 31 for the coverage period beginning the following October 1;

(iii) October 31 for the coverage period beginning the following January 1;

(iv) January 31 for the coverage period beginning the following April 1.

(b) Employer's authorization for release of insurance data and group membership enrollment application for each employer account to be enrolled ~~((no later than June 15))~~ by the 15th day of the month preceding the start of the coverage period;

(c) Group dividend agreement ~~((no later than June 15))~~ by the 15th day of the month preceding the start of the coverage period.

(3) A dividend is declared under provisions of WAC 296-17-905.

Employers associated with the group at any time during the term of the group dividend agreement will remain parties to the group dividend agreement for the balance of its term.

Members of the organization or association which do not elect to participate in the group dividend at the inception of the agreement shall not become participating members in the group during the term of the agreement.

Each employer included as a group member in the group dividend agreement will maintain an individual account with the department and will continue to pay quarterly premiums based on assigned risk classification(s) and individual experience rating.



The department (~~with~~) may withhold any member's pro rata share from the group's dividend and credit the employer's industrial insurance account when premiums, penalties, or assessments are owing the department.

Dividends will be calculated in accordance with WAC 296-17-905 and are subject to WAC 296-17-907 and 296-17-915.

The payment of the group dividend will be made by the department to the association and shall be distributed to the individual group members by the association.

AMENDATORY SECTION (Amending Order 85-8, filed 2/28/85, effective 7/1/85)

✓WAC 296-17-914 RETROSPECTIVE RATING FORMULA. Employers who elect to have their premium adjusted under a retrospective rating plan must submit an application on a form provided by the department. This application must be received by the department no later than ((June 15 for the coverage period beginning the following July 1)) the 15th day of the month preceding the start of the coverage period. The employer must preselect a "maximum premium ratio" (~~from~~) and either Plan A, A1, A2, A3, or (~~Plan~~) B.

The employer's retrospective premium shall be calculated from the formula:

Retrospective Premium =

(Basic Premium Ratio x Standard Premium)

+

(Loss Conversion Factor x Adjusted Incurred Losses)

In the above formula, the basic premium ratio and loss conversion factor are taken from PLAN A (WAC 296-17-91901) or PLAN B (WAC 296-17-91902) or PLAN A1 (WAC 296-17-91903) or PLAN A2 (WAC 296-17-91904) or PLAN A3 (WAC 296-17-91905) based on the employer's standard premium and preselected maximum premium ratio. Adjusted incurred losses equal incurred losses times the performance adjustment factor applicable to the coverage period. When the aggregate experience of retrospectively rated accounts is superior to other state fund experience, the performance adjustment factor will not exceed 1.00. The performance adjustment factor for each coverage period shall be calculated independently of results for previous coverage periods. Evaluation of incurred losses will be done according to the methods prescribed in WAC 296-17-915.

The maximum retrospective premium is the product of the maximum premium ratio times the employer's standard premium. In the event that the retrospective premium formula produces a value greater than the maximum premium, the retrospective premium shall be reduced to the maximum premium.

Under Plans A1, A2, and A3, the minimum retrospective premium is the product of the minimum premium ratio times the employer's standard premium. If the retrospective premium formula produces a value less than the minimum premium, the retrospective premium shall be increased to the minimum premium.

Under Plan A, a firm may elect to forego the protection of a maximum premium ratio if its financial condition is sufficiently strong and stable so that it could qualify as a self-insurer under the department's guidelines for certification of self-insurers. The basic premium ratio effective (~~for the coverage period beginning July 1, 1985, and ending June 30, 1986~~) January 1, 1986, will be (~~0.51~~) .052 if the firm selects and qualifies for an unlimited maximum premium.

AMENDATORY SECTION (Amending Order 85-8, filed 2/28/85, effective 7/1/85)

✓WAC 296-17-916 RETROSPECTIVE PREMIUM ADJUSTMENTS—DUE AND PAYABLE. The initial retrospective premium adjustment will be calculated approximately twelve months from the close of the coverage period and annually thereafter for a period of four years. Provided a request is made within ninety days following promulgation of the fifth and final required retrospective premium adjustment by either the employer or department up to two subsequent annual retrospective premium adjustments on the coverage period will be made. The additional adjustments will be identified as the sixth and seventh adjustments and must be requested and made in succession.

Retrospective premium adjustments become due or payable within sixty days of notification of amount. Re-evaluation of incurred losses or premium audits will not delay retrospective premium adjustment payments. For employers participating on an individual retrospective rating plan, no retrospective premium adjustment refund check will be written for less than ten dollars. In lieu of refund checks, retrospective premium adjustments of less than ten dollars will be credited to the employer's industrial insurance account.

The department (~~with~~) may withhold any member's pro rata share from the group's retrospective premium adjustment refund and credit the employer's industrial insurance account when premiums, penalties, or assessments are owing the department. For employers participating in an individual retrospective rating plan, retrospective premium adjustment refunds (~~with~~) may be credited to the employer's industrial insurance account when premiums, penalties, or assessments are owing the department.

AMENDATORY SECTION (Amending Order 85-8, filed 2/28/85, effective 7/1/85)

✓WAC 296-17-917 QUALIFICATIONS FOR EMPLOYER GROUP PARTICIPATION IN RETROSPECTIVE RATING PLAN. The department may enroll interested groups in the retrospective rating plan provided:

(1) Employers qualify as a group as defined by WAC 296-17-910.

(2) Employers have industrial insurance accounts in good standing with the department such that at the time the agreement is processed no outstanding premium, penalties, or assessments are due and quarterly reporting of payroll has been made in accordance with WAC 296-17-310.

(3) Group submits a satisfactorily completed:

(a) Application for group retrospective rating plan no later than:

(i) April 30 for the coverage period beginning the following July 1;

(ii) July 31 for the coverage period beginning the following October 1;

(iii) October 31 for the coverage period beginning the following January 1;

(iv) January 31 for the coverage period beginning the following April 1.

(b) Employer's authorization for release of insurance data and group membership enrollment application for each employer account to be enrolled by ~~((June 15))~~ the 15th day of the month preceding the start of the coverage period;

(c) Group retrospective rating plan agreement by ~~((June 15))~~ the 15th day of the month preceding the start of the coverage period.

(4) The group may be required to post a surety bond or other security deposit separate from the individual employer's cash deposits required for establishing industrial insurance accounts with the department:

(a) The group's surety bond must be on the prescribed forms authorized by the department;

(b) The group's surety bond shall be secured in one thousand dollar increments provided further that if the group's estimated maximum premium due falls within two increment ranges, a surety bond at the higher level increment shall be obtained;

(c) The group's surety bond shall remain in force and effect for the period required retrospective premium calculations are made.

The amount of such surety bond or other security deposit, if required, may be fixed by the department in any amount equal to or less than the difference between the group's estimated standard premium and the maximum premium due under the retrospective rating plan. Past reporting data and current rate levels will be used to determine the estimated standard premium and maximum percentage retrospective premium due under the plan.

Each employer included as a group member in the group retrospective rating plan agreement will maintain an individual account with the department and will continue to pay quarterly premiums based on assigned risk classification(s) and individual experience rating.

Employers associated with the group at any time during the term of the group retrospective rating plan agreement will remain parties to the agreement for the balance of its term.

Members of the organization or association which do not elect to participate in the group retrospective rating plan at the inception of the agreement shall not become participating members in the group during the term of the agreement.

Final determination of an employer's eligibility to participate in a group plan under this section rests with the department subject to review under chapter 51.52 RCW.

The payment of the group retrospective premium adjustment will be made to or collected from the association. The distribution to the individual group members

or collection from the individual group members will be done by the association.

Group retrospective premium adjustment will be calculated according to WAC 296-17-914 and is subject to WAC 296-17-915 and 296-17-916.

AMENDATORY SECTION (Amending Order 85-8, filed 2/28/85, effective 7/1/85)

✓ WAC 296-17-919 TABLE I.

RETROSPECTIVE RATING PLANS A, A1, A2, A3, and B  
STANDARD PREMIUM SIZE RANGES  
Effective ((for the coverage period July 1, 1985, through June 30,)) January 1, 1986

Size Group Number	Standard Premium Range
<del>((84</del>	<del>\$ 3,230 - \$ 3,639</del>
<del>83</del>	<del>3,640 - 4,109</del>
<del>82</del>	<del>4,110 - 4,639</del>
<del>81</del>	<del>4,640 - 5,239</del>
<del>80</del>	<del>5,240 - 5,919</del>
<del>79</del>	<del>5,920 - 6,629</del>
<del>78</del>	<del>6,630 - 7,259</del>
<del>77</del>	<del>7,260 - 7,879</del>
<del>76</del>	<del>7,880 - 8,549</del>
<del>75</del>	<del>8,550 - 9,259</del>
<del>74</del>	<del>9,260 - 9,929</del>
<del>73</del>	<del>9,930 - 10,599</del>
<del>72</del>	<del>10,600 - 11,399</del>
<del>71</del>	<del>11,400 - 12,199</del>
<del>70</del>	<del>12,200 - 13,099</del>
<del>69</del>	<del>13,100 - 13,999</del>
<del>68</del>	<del>14,000 - 15,099</del>
<del>67</del>	<del>15,100 - 16,199</del>
<del>66</del>	<del>16,200 - 17,399</del>
<del>65</del>	<del>17,400 - 18,599</del>
<del>64</del>	<del>18,600 - 19,999</del>
<del>63</del>	<del>20,000 - 21,399</del>
<del>62</del>	<del>21,400 - 22,999</del>
<del>61</del>	<del>23,000 - 24,599</del>
<del>60</del>	<del>24,600 - 26,399</del>
<del>59</del>	<del>26,400 - 28,399</del>
<del>58</del>	<del>28,400 - 30,399</del>
<del>57</del>	<del>30,400 - 32,599</del>
<del>56</del>	<del>32,600 - 34,999</del>
<del>55</del>	<del>35,000 - 37,499</del>
<del>54</del>	<del>37,500 - 40,199</del>
<del>53</del>	<del>40,200 - 43,099</del>
<del>52</del>	<del>43,100 - 46,199</del>
<del>51</del>	<del>46,200 - 49,599</del>
<del>50</del>	<del>49,600 - 53,099</del>
<del>49</del>	<del>53,100 - 56,999</del>
<del>48</del>	<del>57,000 - 61,099</del>
<del>47</del>	<del>61,100 - 65,599</del>
<del>46</del>	<del>65,600 - 70,299</del>
<del>45</del>	<del>70,300 - 75,399</del>
<del>44</del>	<del>75,400 - 80,999</del>
<del>43</del>	<del>81,000 - 87,299</del>
<del>42</del>	<del>87,300 - 93,999</del>

Size Group Number	Standard Premium Range	Size Group Number	Standard Premium Range
41	94,000 – 100,999	64	24,738 – 26,599
40	101,000 – 108,999	63	26,600 – 28,461
39	109,000 – 117,999	62	28,462 – 30,589
38	118,000 – 126,999	61	30,590 – 32,717
37	127,000 – 136,999	60	32,718 – 35,111
36	137,000 – 147,999	59	35,112 – 37,771
35	148,000 – 161,999	58	37,772 – 40,431
34	162,000 – 174,999	57	40,432 – 43,357
33	175,000 – 189,999	56	43,358 – 46,549
32	190,000 – 206,999	55	46,550 – 49,874
31	207,000 – 224,999	54	49,875 – 53,465
30	225,000 – 243,999	53	53,466 – 57,322
29	244,000 – 264,999	52	57,323 – 61,445
28	265,000 – 288,999	51	61,446 – 65,967
27	289,000 – 313,999	50	65,968 – 70,622
26	314,000 – 341,999	49	70,623 – 75,809
25	342,000 – 371,999	48	75,810 – 81,262
24	372,000 – 404,999	47	81,263 – 87,247
23	405,000 – 440,999	46	87,248 – 93,498
22	441,000 – 479,999	45	93,499 – 100,281
21	480,000 – 521,999	44	100,282 – 107,729
20	522,000 – 568,999	43	107,730 – 116,108
19	569,000 – 618,999	42	116,109 – 125,019
18	619,000 – 674,999	41	125,020 – 134,329
17	675,000 – 734,999	40	134,330 – 144,969
16	735,000 – 801,999	39	144,970 – 156,939
15	802,000 – 909,999	38	156,940 – 168,909
14	910,000 – 1,032,999	37	168,910 – 182,209
13	1,033,000 – 1,170,999	36	182,210 – 196,839
12	1,171,000 – 1,563,999	35	196,840 – 215,459
11	1,564,000 – 1,976,999	34	215,460 – 232,749
10	1,977,000 – 2,415,999	33	232,750 – 252,699
9	2,416,000 – 3,019,999	32	252,700 – 275,309
8	3,020,000 – 3,882,999	31	275,310 – 299,249
7	3,883,000 – 5,154,999	30	299,250 – 324,519
6	5,155,000 – 7,203,999	29	324,520 – 352,449
5	7,204,000 & over))	28	352,450 – 384,369
84	\$ 4,296 – \$ 4,840	27	384,370 – 417,619
83	4,841 – 5,465	26	417,620 – 454,859
82	5,466 – 6,170	25	454,860 – 494,759
81	6,171 – 6,968	24	494,760 – 538,649
80	6,969 – 7,873	23	538,650 – 586,529
79	7,874 – 8,817	22	586,530 – 638,399
78	8,818 – 9,655	21	638,400 – 694,259
77	9,656 – 10,479	20	694,260 – 756,769
76	10,480 – 11,371	19	756,770 – 823,269
75	11,372 – 12,315	18	823,270 – 897,749
74	12,316 – 13,206	17	897,750 – 977,549
73	13,207 – 14,097	16	977,550 – 1,066,659
72	14,098 – 15,161	15	1,066,660 – 1,210,299
71	15,162 – 16,225	14	1,210,300 – 1,373,889
70	16,226 – 17,422	13	1,373,890 – 1,557,429
69	17,423 – 18,619	12	1,557,430 – 2,080,119
68	18,620 – 20,082	11	2,080,120 – 2,629,409
67	20,083 – 21,545	10	2,629,410 – 3,213,279
66	21,546 – 23,141	9	3,213,280 – 4,016,599
65	23,142 – 24,737		

Size Group Number	Standard Premium Range	Size Group Number	Standard Premium Range
8	4,016,600 - 5,164,389	5	9,581,320 & over
7	5,164,390 - 6,856,149		
6	6,856,150 - 9,581,319		

AMENDATORY SECTION (Amending Order 85-8, filed 2/28/85, effective 7/1/85)

WAC 296-17-91901 TABLE II.

RETROSPECTIVE RATING PLAN A  
 BASIC PREMIUM RATIOS  
 LOSS CONVERSION FACTOR = ((.560)) .692  
 Effective ((for the coverage period beginning July 1, 1985, through June 30,)) January 1, 1986

Maximum Premium Ratio:	1.05	1.10	1.15	1.20	1.25	1.30	1.35	1.40	1.45	1.50	1.60	1.70	1.80	2.00
Size Group														
(84)	.975	.957	.942	.931	.918	.910	.901	.895	.887	.880	.869	.858	.848	.829
83	.973	.954	.938	.924	.912	.902	.894	.886	.879	.872	.860	.848	.838	.817
82	.972	.950	.932	.917	.906	.895	.886	.879	.870	.863	.850	.838	.826	.805
81	.967	.946	.925	.913	.898	.889	.878	.869	.861	.854	.840	.828	.816	.794
80	.966	.940	.921	.906	.891	.880	.870	.861	.853	.845	.830	.818	.805	.782
79	.964	.937	.915	.899	.886	.873	.863	.853	.843	.836	.821	.807	.794	.769
78	.962	.932	.911	.895	.879	.866	.856	.846	.836	.826	.811	.797	.783	.757
77	.957	.929	.905	.888	.873	.861	.848	.839	.829	.819	.802	.786	.772	.746
76	.955	.927	.902	.884	.867	.853	.840	.829	.820	.808	.792	.776	.760	.732
75	.953	.920	.896	.877	.860	.844	.830	.820	.808	.799	.781	.764	.749	.720
74	.948	.917	.892	.869	.852	.837	.824	.811	.802	.789	.771	.753	.737	.708
73	.946	.911	.885	.864	.847	.831	.816	.803	.792	.781	.761	.743	.726	.694
72	.944	.908	.881	.858	.840	.823	.808	.794	.783	.771	.751	.731	.714	.682
71	.938	.901	.874	.850	.831	.814	.799	.785	.773	.761	.739	.721	.701	.669
70	.936	.898	.867	.842	.823	.806	.790	.776	.764	.750	.729	.707	.690	.654
69	.935	.892	.862	.838	.815	.797	.782	.767	.754	.740	.717	.696	.677	.641
68	.928	.888	.855	.829	.806	.788	.771	.756	.744	.730	.707	.684	.664	.628
67	.925	.881	.847	.821	.797	.779	.763	.747	.731	.720	.695	.673	.652	.615
66	.918	.873	.839	.813	.791	.770	.752	.737	.721	.710	.682	.660	.639	.602
65	.916	.870	.835	.808	.783	.762	.744	.728	.712	.699	.671	.648	.626	.588
64	.910	.862	.826	.800	.775	.752	.734	.717	.701	.686	.660	.636	.614	.576
63	.907	.855	.819	.790	.766	.743	.724	.707	.691	.675	.649	.624	.602	.562
62	.899	.851	.810	.783	.756	.733	.714	.696	.680	.665	.637	.610	.588	.548
61	.898	.843	.806	.773	.748	.724	.704	.687	.670	.654	.624	.599	.575	.535
60	.890	.836	.798	.765	.738	.713	.694	.675	.659	.642	.612	.586	.563	.520
59	.888	.833	.790	.756	.730	.705	.684	.666	.646	.629	.600	.572	.548	.507
58	.880	.825	.781	.747	.719	.694	.674	.652	.635	.617	.586	.560	.536	.492
57	.879	.817	.772	.737	.710	.684	.660	.640	.623	.606	.574	.545	.522	.480
56	.871	.813	.763	.729	.700	.674	.650	.631	.611	.592	.563	.533	.508	.466
55	.868	.805	.758	.718	.690	.663	.638	.619	.598	.580	.547	.521	.496	.453
54	.860	.795	.749	.709	.679	.653	.628	.605	.586	.569	.536	.507	.482	.440
53	.851	.786	.739	.699	.669	.642	.617	.594	.574	.554	.524	.494	.470	.427
52	.842	.777	.725	.688	.658	.628	.602	.582	.561	.543	.509	.482	.458	.415
51	.833	.767	.715	.677	.644	.617	.591	.567	.548	.530	.497	.468	.443	.402
50	.830	.758	.706	.667	.633	.605	.580	.556	.536	.516	.483	.455	.431	.389
49	.822	.749	.695	.657	.622	.591	.564	.544	.522	.503	.470	.441	.416	.377
48	.813	.739	.685	.642	.611	.579	.553	.529	.509	.490	.458	.429	.404	.364
47	.803	.729	.674	.631	.596	.567	.541	.517	.494	.476	.443	.416	.390	.351
46	.795	.719	.664	.619	.584	.552	.526	.505	.482	.464	.432	.403	.378	.340
45	.786	.709	.648	.604	.568	.540	.513	.489	.470	.449	.416	.391	.368	.330
44	.775	.693	.637	.593	.556	.524	.498	.477	.454	.436	.405	.379	.357	.320
43	.766	.682	.620	.581	.544	.511	.486	.462	.442	.425	.394	.368	.346	.310
42	.757	.672	.610	.564	.529	.500	.470	.450	.428	.411	.378	.354	.332	.299
41	.747	.661	.600	.554	.517	.485	.458	.434	.414	.397	.366	.341	.320	.284
40	.737	.645	.588	.538	.502	.472	.446	.422	.403	.382	.354	.327	.307	.273
39	.727	.635	.572	.526	.489	.456	.431	.410	.388	.370	.339	.315	.294	.261
38	.717	.624	.561	.514	.473	.445	.418	.394	.376	.358	.327	.302	.282	.250
37	.700	.607	.544	.498	.461	.429	.402	.381	.360	.342	.315	.289	.269	.238
36	.689	.596	.532	.481	.445	.416	.390	.366	.348	.331	.301	.278	.259	.227

Maximum Premium Ratio:	1.05	1.10	1.15	1.20	1.25	1.30	1.35	1.40	1.45	1.50	1.60	1.70	1.80	2.00
35	.671	.578	.514	.469	.432	.399	.375	.354	.333	.316	.288	.265	.246	.216
34	.660	.560	.496	.451	.415	.387	.361	.339	.321	.304	.277	.255	.235	.207
33	.641	.547	.484	.433	.402	.370	.345	.325	.307	.291	.264	.242	.225	.197
32	.622	.528	.466	.421	.385	.358	.333	.311	.293	.278	.252	.231	.214	.188
31	.604	.510	.449	.404	.369	.341	.318	.299	.282	.266	.242	.221	.206	.180
30	.585	.492	.431	.391	.357	.329	.305	.286	.269	.254	.230	.211	.196	.172
29	.567	.474	.417	.374	.339	.313	.290	.272	.256	.244	.221	.202	.188	.166
28	.548	.456	.400	.357	.327	.301	.278	.260	.244	.229	.207	.191	.176	.153
27	.537	.444	.383	.344	.310	.284	.262	.244	.228	.215	.192	.174	.159	.137
26	.519	.427	.371	.328	.298	.268	.248	.229	.214	.200	.177	.160	.145	.123
25	.499	.408	.353	.310	.281	.255	.232	.214	.199	.187	.164	.146	.132	.112
24	.480	.390	.335	.297	.265	.240	.221	.204	.189	.177	.156	.140	.127	.107
23	.461	.370	.317	.280	.252	.228	.209	.193	.178	.168	.148	.134	.121	.103
22	.434	.351	.302	.263	.236	.215	.195	.183	.170	.159	.140	.126	.116	.099
21	.413	.332	.284	.250	.224	.202	.185	.172	.160	.151	.135	.121	.111	.096
20	.395	.313	.267	.237	.209	.190	.173	.162	.150	.140	.125	.113	.104	.090
19	.377	.301	.250	.221	.195	.177	.161	.148	.138	.130	.116	.104	.096	.083
18	.358	.283	.237	.204	.180	.162	.147	.136	.127	.118	.106	.097	.089	.078
17	.339	.265	.220	.191	.168	.151	.136	.126	.117	.109	.098	.089	.082	.073
16	.319	.246	.203	.175	.155	.138	.126	.116	.108	.101	.090	.082	.077	.068
15	.300	.228	.190	.163	.142	.129	.116	.107	.100	.094	.084	.079	.073	.065
14	.290	.216	.173	.153	.135	.122	.111	.102	.096	.090	.082	.077	.071	.064
13	.280	.199	.162	.143	.128	.116	.106	.098	.093	.087	.080	.075	.070	.063
12	.263	.181	.151	.135	.120	.110	.101	.096	.089	.085	.078	.072	.068	.062
11	.251	.161	.137	.125	.113	.104	.097	.091	.085	.082	.075	.070	.067	.061
10	.234	.143	.128	.116	.107	.098	.092	.087	.082	.079	.073	.068	.065	.060
9	.215	.132	.118	.108	.100	.093	.087	.082	.079	.076	.071	.067	.064	.060
8	.195	.121	.110	.101	.094	.087	.082	.079	.076	.073	.068	.065	.062	.059
7	.167	.111	.102	.094	.088	.083	.079	.075	.073	.070	.066	.062	.061	.058
6	.130	.100	.094	.087	.082	.078	.075	.072	.069	.067	.063	.061	.060	.057
5	.098	.092	.086	.080	.077	.074	.070	.068	.066	.064	.061	.060	.058	.056))
84	.975	.955	.942	.929	.918	.910	.901	.895	.887	.881	.869	.858	.848	.829
83	.973	.954	.938	.924	.912	.902	.894	.886	.879	.872	.860	.848	.838	.817
82	.972	.950	.932	.918	.906	.895	.886	.879	.870	.863	.850	.838	.827	.806
81	.967	.946	.925	.913	.899	.889	.878	.869	.862	.854	.840	.828	.816	.795
80	.966	.940	.921	.906	.891	.881	.870	.862	.853	.845	.830	.818	.806	.781
79	.964	.937	.915	.900	.884	.873	.863	.853	.844	.836	.821	.808	.794	.770
78	.958	.932	.911	.895	.880	.866	.856	.845	.836	.827	.811	.797	.783	.757
77	.957	.929	.905	.888	.873	.862	.848	.839	.827	.819	.802	.787	.772	.746
76	.955	.927	.902	.884	.865	.853	.840	.829	.818	.809	.792	.774	.760	.733
75	.954	.920	.896	.877	.860	.845	.830	.820	.809	.799	.781	.764	.749	.720
74	.948	.918	.892	.869	.852	.837	.823	.811	.800	.790	.770	.754	.737	.708
73	.946	.911	.885	.863	.845	.829	.816	.803	.790	.781	.760	.743	.726	.695
72	.944	.908	.878	.858	.840	.824	.809	.794	.783	.772	.750	.732	.714	.682
71	.938	.901	.874	.850	.831	.814	.799	.785	.772	.761	.739	.721	.701	.667
70	.936	.899	.867	.843	.824	.807	.790	.776	.762	.751	.729	.707	.690	.654
69	.935	.892	.859	.838	.815	.797	.782	.767	.753	.740	.717	.697	.678	.642
68	.928	.884	.855	.829	.807	.789	.772	.756	.742	.731	.707	.684	.664	.628
67	.925	.882	.847	.821	.797	.779	.763	.747	.732	.720	.694	.673	.652	.615
66	.918	.873	.839	.813	.789	.770	.753	.737	.721	.710	.682	.661	.640	.601
65	.917	.870	.835	.805	.783	.762	.744	.728	.712	.698	.671	.648	.628	.589
64	.910	.863	.827	.800	.775	.753	.735	.717	.701	.686	.661	.636	.614	.576
63	.907	.855	.819	.790	.766	.743	.724	.707	.691	.676	.649	.623	.603	.562
62	.900	.851	.810	.783	.756	.734	.715	.697	.681	.665	.636	.610	.589	.549
61	.898	.844	.807	.773	.748	.724	.704	.687	.670	.654	.625	.599	.575	.535
60	.890	.836	.798	.765	.738	.714	.695	.674	.657	.641	.612	.585	.562	.520
59	.888	.833	.790	.756	.730	.705	.684	.663	.646	.629	.598	.572	.549	.506
58	.881	.826	.781	.747	.719	.695	.674	.652	.635	.617	.587	.560	.536	.493
57	.879	.817	.772	.737	.710	.684	.661	.641	.624	.607	.574	.546	.522	.480
56	.871	.813	.763	.729	.700	.674	.650	.631	.609	.592	.561	.534	.509	.466
55	.863	.805	.754	.718	.690	.663	.639	.620	.598	.580	.548	.521	.495	.454
54	.860	.795	.745	.709	.680	.653	.628	.606	.587	.570	.536	.507	.482	.440
53	.851	.786	.736	.699	.665	.639	.617	.594	.572	.554	.522	.495	.470	.427
52	.842	.777	.725	.688	.656	.628	.603	.583	.561	.543	.510	.480	.457	.416
51	.833	.767	.716	.678	.645	.617	.591	.568	.549	.531	.498	.468	.444	.402
50	.825	.758	.706	.667	.633	.606	.580	.556	.534	.517	.483	.456	.429	.389
49	.822	.749	.696	.658	.623	.591	.565	.544	.522	.503	.470	.442	.417	.377
48	.813	.739	.685	.643	.608	.579	.553	.530	.510	.489	.457	.429	.405	.364
47	.803	.729	.675	.631	.596	.568	.541	.517	.495	.477	.444	.417	.390	.352

Maximum Premium Ratio:	1.05	1.10	1.15	1.20	1.25	1.30	1.35	1.40	1.45	1.50	1.60	1.70	1.80	2.00
Size Group														
46	.795	.719	.664	.620	.585	.553	.526	.502	.482	.464	.432	.404	.379	.341
45	.786	.709	.648	.605	.569	.540	.514	.490	.467	.449	.417	.391	.369	.331
44	.775	.694	.638	.593	.556	.524	.499	.478	.455	.437	.406	.380	.357	.320
43	.766	.682	.621	.577	.541	.512	.486	.462	.443	.426	.394	.367	.347	.311
42	.757	.672	.610	.565	.530	.497	.471	.450	.428	.411	.379	.354	.333	.298
41	.747	.662	.600	.554	.514	.485	.459	.435	.415	.398	.367	.342	.320	.285
40	.737	.645	.589	.538	.502	.473	.446	.423	.401	.386	.354	.328	.306	.274
39	.727	.635	.572	.527	.490	.457	.431	.408	.389	.371	.340	.316	.295	.262
38	.717	.625	.561	.511	.474	.445	.419	.394	.376	.356	.328	.303	.282	.250
37	.700	.608	.544	.499	.462	.429	.403	.379	.361	.343	.314	.290	.270	.239
36	.689	.596	.533	.481	.445	.417	.390	.367	.349	.332	.301	.279	.258	.227
35	.671	.578	.515	.469	.428	.400	.375	.354	.334	.316	.289	.266	.247	.217
34	.653	.560	.497	.452	.416	.388	.362	.339	.321	.305	.276	.256	.236	.207
33	.642	.542	.484	.434	.399	.371	.346	.326	.306	.290	.264	.243	.225	.198
32	.623	.523	.466	.422	.386	.355	.334	.312	.294	.279	.253	.232	.215	.189
31	.605	.511	.449	.405	.370	.342	.318	.299	.282	.267	.243	.222	.207	.181
30	.586	.493	.431	.388	.357	.330	.306	.285	.268	.255	.230	.212	.197	.174
29	.568	.475	.418	.374	.340	.314	.291	.273	.257	.243	.220	.203	.189	.167
28	.549	.457	.401	.357	.324	.301	.279	.261	.244	.230	.207	.191	.177	.154
27	.537	.444	.384	.345	.311	.285	.262	.244	.229	.216	.193	.176	.160	.138
26	.519	.427	.371	.329	.295	.269	.249	.228	.215	.201	.178	.161	.145	.124
25	.499	.408	.353	.311	.281	.256	.233	.215	.200	.186	.165	.147	.133	.113
24	.480	.390	.335	.298	.265	.241	.222	.205	.189	.176	.157	.141	.128	.108
23	.454	.371	.317	.280	.253	.229	.210	.194	.179	.168	.149	.134	.122	.104
22	.435	.352	.299	.263	.237	.216	.196	.184	.171	.160	.141	.127	.116	.100
21	.408	.333	.285	.251	.225	.203	.186	.171	.161	.152	.134	.122	.112	.097
20	.388	.314	.268	.234	.209	.190	.174	.161	.151	.141	.125	.114	.105	.091
19	.377	.301	.251	.222	.196	.178	.162	.149	.139	.131	.116	.105	.097	.084
18	.358	.283	.238	.205	.181	.163	.148	.137	.127	.119	.106	.098	.090	.079
17	.339	.265	.221	.189	.169	.152	.137	.127	.117	.110	.098	.090	.083	.074
16	.319	.247	.204	.176	.154	.137	.127	.117	.108	.102	.091	.083	.078	.069
15	.300	.229	.190	.164	.143	.128	.117	.108	.101	.095	.086	.079	.074	.066
14	.291	.217	.174	.154	.134	.123	.112	.103	.097	.091	.083	.078	.072	.065
13	.275	.200	.163	.142	.129	.116	.107	.099	.094	.088	.081	.076	.071	.064
12	.263	.182	.152	.135	.121	.111	.102	.096	.089	.086	.079	.073	.069	.063
11	.246	.162	.138	.126	.114	.105	.098	.092	.086	.083	.076	.071	.068	.062
10	.235	.147	.129	.117	.107	.098	.093	.088	.083	.079	.074	.069	.066	.061
9	.216	.133	.119	.109	.101	.094	.088	.083	.079	.077	.072	.068	.065	.061
8	.189	.122	.111	.102	.095	.088	.083	.079	.077	.074	.069	.066	.063	.060
7	.160	.112	.101	.095	.088	.084	.079	.076	.074	.071	.067	.063	.062	.059
6	.131	.101	.095	.088	.083	.079	.076	.073	.070	.068	.064	.062	.061	.058
5	.131	.093	.087	.081	.078	.075	.071	.069	.067	.065	.062	.061	.059	.057

AMENDATORY SECTION (Amending Order 85-8, filed 2/28/85, effective 7/1/85)

WAC 296-17-91902 TABLE III.

RETROSPECTIVE RATING PLAN B  
BASIC PREMIUM RATIOS  
AND LOSS CONVERSION FACTORS

Effective ((for the coverage period beginning July 1, 1985, through June 30,)) January 1, 1986

Maximum Premium Ratio:	1.05	1.10	1.15	1.20	1.25	1.30	1.35	1.40	1.45	1.50	1.60	1.70	1.80	2.00
Size Group														
(84) Basic Premium Ratio	.998	.996	.993	.991	.989	.987	.984	.982	.980	.978	.973	.969	.964	.956
Loss Conversion Factor	.002	.004	.007	.009	.011	.013	.016	.018	.020	.022	.027	.031	.036	.044
83 Basic Premium Ratio	.998	.995	.993	.990	.988	.985	.983	.980	.978	.975	.970	.966	.961	.951
Loss Conversion Factor	.002	.005	.007	.010	.012	.015	.017	.020	.022	.025	.030	.034	.039	.049
82 Basic Premium Ratio	.997	.995	.992	.989	.987	.984	.981	.978	.976	.973	.968	.962	.957	.946
Loss Conversion Factor	.003	.005	.008	.011	.013	.016	.019	.022	.024	.027	.032	.038	.043	.054
81 Basic Premium Ratio	.997	.994	.991	.988	.985	.982	.979	.976	.973	.970	.964	.959	.953	.941

Maximum Premium Ratio:	1.05	1.10	1.15	1.20	1.25	1.30	1.35	1.40	1.45	1.50	1.60	1.70	1.80	2.00	
Size Group															
80	Loss Conversion Factor	.003	.006	.009	.012	.015	.018	.021	.024	.027	.030	.036	.041	.047	.059
	Basic Premium Ratio	.997	.994	.990	.987	.984	.981	.977	.974	.971	.968	.961	.955	.948	.935
	Loss Conversion Factor	.003	.006	.010	.013	.016	.019	.023	.026	.029	.032	.039	.045	.052	.065
79	Basic Premium Ratio	.996	.993	.989	.986	.982	.979	.975	.972	.968	.965	.958	.951	.944	.930
	Loss Conversion Factor	.004	.007	.011	.014	.018	.021	.025	.028	.032	.035	.042	.049	.056	.070
78	Basic Premium Ratio	.996	.992	.988	.984	.980	.976	.973	.969	.965	.961	.953	.945	.937	.922
	Loss Conversion Factor	.004	.008	.012	.016	.020	.024	.027	.031	.035	.039	.047	.055	.063	.078
77	Basic Premium Ratio	.996	.991	.987	.982	.978	.973	.969	.964	.960	.955	.946	.937	.928	.910
	Loss Conversion Factor	.004	.009	.013	.018	.022	.027	.031	.036	.040	.045	.054	.063	.072	.090
76	Basic Premium Ratio	.995	.990	.986	.981	.976	.971	.966	.961	.957	.952	.942	.932	.923	.904
	Loss Conversion Factor	.005	.010	.014	.019	.024	.029	.034	.039	.043	.048	.058	.068	.077	.096
75	Basic Premium Ratio	.995	.990	.984	.979	.974	.969	.964	.958	.953	.948	.938	.927	.917	.896
	Loss Conversion Factor	.005	.010	.016	.021	.026	.031	.036	.042	.047	.052	.062	.073	.083	.104
74	Basic Premium Ratio	.994	.989	.983	.977	.971	.966	.960	.954	.948	.943	.931	.920	.908	.885
	Loss Conversion Factor	.006	.011	.017	.023	.029	.034	.040	.046	.052	.057	.069	.080	.092	.115
73	Basic Premium Ratio	.994	.987	.981	.974	.968	.962	.955	.949	.943	.936	.923	.911	.898	.872
	Loss Conversion Factor	.006	.013	.019	.026	.032	.038	.045	.051	.057	.064	.077	.089	.102	.128
72	Basic Premium Ratio	.993	.986	.979	.972	.965	.958	.951	.944	.936	.929	.915	.901	.887	.859
	Loss Conversion Factor	.007	.014	.021	.028	.035	.042	.049	.056	.064	.071	.085	.099	.113	.141
71	Basic Premium Ratio	.992	.984	.977	.969	.961	.953	.945	.938	.930	.922	.906	.891	.875	.844
	Loss Conversion Factor	.008	.016	.023	.031	.039	.047	.055	.062	.070	.078	.094	.109	.125	.156
70	Basic Premium Ratio	.991	.983	.974	.966	.957	.948	.940	.931	.922	.914	.897	.879	.862	.828
	Loss Conversion Factor	.009	.017	.026	.034	.043	.052	.060	.069	.078	.086	.103	.121	.138	.172
69	Basic Premium Ratio	.991	.981	.972	.962	.953	.944	.934	.925	.915	.906	.887	.869	.850	.812
	Loss Conversion Factor	.009	.019	.028	.038	.047	.056	.066	.075	.085	.094	.113	.131	.150	.188
68	Basic Premium Ratio	.990	.980	.970	.960	.950	.940	.930	.920	.910	.900	.880	.860	.840	.800
	Loss Conversion Factor	.010	.020	.030	.040	.050	.060	.070	.080	.090	.100	.120	.140	.160	.200
67	Basic Premium Ratio	.989	.979	.968	.957	.947	.936	.925	.915	.904	.893	.872	.851	.829	.787
	Loss Conversion Factor	.011	.021	.032	.043	.053	.064	.075	.085	.096	.107	.128	.149	.171	.213
66	Basic Premium Ratio	.988	.977	.965	.954	.942	.931	.919	.908	.896	.885	.862	.839	.816	.770
	Loss Conversion Factor	.012	.023	.035	.046	.058	.069	.081	.092	.104	.115	.138	.161	.184	.230
65	Basic Premium Ratio	.987	.975	.962	.950	.937	.925	.912	.900	.887	.875	.850	.825	.800	.750
	Loss Conversion Factor	.013	.025	.038	.050	.063	.075	.088	.100	.113	.125	.150	.175	.200	.250
64	Basic Premium Ratio	.987	.973	.960	.946	.933	.919	.906	.892	.879	.865	.838	.811	.784	.731
	Loss Conversion Factor	.013	.027	.040	.054	.067	.081	.094	.108	.121	.135	.162	.189	.216	.269
63	Basic Premium Ratio	.985	.971	.956	.942	.927	.913	.898	.884	.869	.855	.826	.797	.767	.709
	Loss Conversion Factor	.015	.029	.044	.058	.073	.087	.102	.116	.131	.145	.174	.203	.233	.291
62	Basic Premium Ratio	.984	.969	.953	.938	.922	.906	.891	.875	.860	.844	.813	.781	.750	.688
	Loss Conversion Factor	.016	.031	.047	.062	.078	.094	.109	.125	.140	.156	.187	.219	.250	.312
61	Basic Premium Ratio	.983	.966	.949	.932	.915	.898	.881	.864	.847	.830	.797	.763	.729	.661
	Loss Conversion Factor	.017	.034	.051	.068	.085	.102	.119	.136	.153	.170	.203	.237	.271	.339
60	Basic Premium Ratio	.982	.963	.945	.927	.908	.890	.872	.853	.835	.817	.780	.743	.707	.634
	Loss Conversion Factor	.018	.037	.055	.073	.092	.110	.128	.147	.165	.183	.220	.257	.293	.366
59	Basic Premium Ratio	.980	.960	.941	.921	.901	.881	.861	.842	.822	.802	.762	.723	.683	.604
	Loss Conversion Factor	.020	.040	.059	.079	.099	.119	.139	.158	.178	.198	.238	.277	.317	.396
58	Basic Premium Ratio	.979	.958	.936	.915	.894	.873	.851	.830	.809	.788	.745	.703	.660	.576
	Loss Conversion Factor	.021	.042	.064	.085	.106	.127	.149	.170	.191	.212	.255	.297	.340	.424
57	Basic Premium Ratio	.977	.954	.931	.909	.886	.863	.840	.817	.794	.771	.726	.680	.634	.543
	Loss Conversion Factor	.023	.046	.069	.091	.114	.137	.160	.183	.206	.229	.274	.320	.366	.457
56	Basic Premium Ratio	.976	.951	.927	.902	.878	.853	.829	.804	.780	.755	.706	.657	.608	.510
	Loss Conversion Factor	.024	.049	.073	.098	.122	.147	.171	.196	.220	.245	.294	.343	.392	.490
55	Basic Premium Ratio	.974	.948	.922	.896	.869	.843	.817	.791	.765	.739	.687	.635	.582	.478
	Loss Conversion Factor	.026	.052	.078	.104	.131	.157	.183	.209	.235	.261	.313	.365	.418	.522
54	Basic Premium Ratio	.972	.944	.916	.888	.860	.831	.803	.775	.747	.719	.663	.607	.550	.438
	Loss Conversion Factor	.028	.056	.084	.112	.140	.169	.197	.225	.253	.281	.337	.393	.450	.562
53	Basic Premium Ratio	.970	.940	.910	.880	.850	.820	.790	.760	.730	.701	.641	.581	.521	.401

Maximum Premium Ratio:	1.05	1.10	1.15	1.20	1.25	1.30	1.35	1.40	1.45	1.50	1.60	1.70	1.80	2.00
Size Group														
Loss Conversion Factor	.030	.060	.090	.120	.150	.180	.210	.240	.270	.299	.359	.419	.479	.599
52 Basic Premium Ratio	.968	.936	.904	.872	.840	.808	.776	.743	.711	.679	.615	.551	.487	.359
Loss Conversion Factor	.032	.064	.096	.128	.160	.192	.224	.257	.289	.321	.385	.449	.513	.641
51 Basic Premium Ratio	.965	.931	.896	.862	.827	.793	.758	.724	.689	.655	.586	.517	.448	.310
Loss Conversion Factor	.035	.069	.104	.138	.173	.207	.242	.276	.311	.345	.414	.483	.552	.690
50 Basic Premium Ratio	.963	.926	.889	.852	.816	.779	.742	.705	.668	.631	.557	.484	.410	.262
Loss Conversion Factor	.037	.074	.111	.148	.184	.221	.258	.295	.332	.369	.443	.516	.590	.738
49 Basic Premium Ratio	.960	.921	.881	.842	.802	.762	.723	.683	.644	.604	.525	.446	.366	.208
Loss Conversion Factor	.040	.079	.119	.158	.198	.238	.277	.317	.356	.396	.475	.554	.634	.792
48 Basic Premium Ratio	.958	.915	.873	.830	.788	.745	.703	.660	.618	.576	.491	.406	.321	.151
Loss Conversion Factor	.042	.085	.127	.170	.212	.255	.297	.340	.382	.424	.509	.594	.679	.849
47 Basic Premium Ratio	.954	.909	.863	.817	.771	.726	.680	.634	.588	.543	.451	.360	.268	.085
Loss Conversion Factor	.046	.091	.137	.183	.229	.274	.320	.366	.412	.457	.549	.640	.732	.915
46 Basic Premium Ratio	.951	.902	.852	.803	.754	.705	.656	.607	.557	.508	.410	.312	.213	.017
Loss Conversion Factor	.049	.098	.148	.197	.246	.295	.344	.393	.443	.492	.590	.688	.787	.983
45 Basic Premium Ratio	.947	.894	.841	.788	.735	.682	.629	.576	.523	.470	.364	.258	.152	.000
Loss Conversion Factor	.053	.106	.159	.212	.265	.318	.371	.424	.477	.530	.636	.742	.848	.975
44 Basic Premium Ratio	.943	.886	.829	.772	.715	.657	.600	.543	.486	.429	.315	.201	.086	.000
Loss Conversion Factor	.057	.114	.171	.228	.285	.343	.400	.457	.514	.571	.685	.799	.914	.944
43 Basic Premium Ratio	.939	.877	.816	.754	.693	.631	.570	.508	.447	.385	.262	.140	.017	.000
Loss Conversion Factor	.061	.123	.184	.246	.307	.369	.430	.492	.553	.615	.738	.860	.983	.917
42 Basic Premium Ratio	.933	.867	.800	.734	.667	.601	.534	.468	.401	.335	.202	.068	.000	.000
Loss Conversion Factor	.067	.133	.200	.266	.333	.399	.466	.532	.599	.665	.798	.932	.973	.892
41 Basic Premium Ratio	.928	.856	.784	.712	.640	.568	.496	.424	.352	.280	.137	.000	.000	.000
Loss Conversion Factor	.072	.144	.216	.288	.360	.432	.504	.576	.648	.720	.863	.997	.942	.868
40 Basic Premium Ratio	.922	.845	.767	.689	.612	.534	.457	.379	.301	.224	.068	.000	.000	.000
Loss Conversion Factor	.078	.155	.233	.311	.388	.466	.543	.621	.699	.776	.932	.964	.912	.843
39 Basic Premium Ratio	.916	.831	.747	.663	.579	.494	.410	.326	.241	.157	.000	.000	.000	.000
Loss Conversion Factor	.084	.169	.253	.337	.421	.506	.590	.674	.759	.843	.993	.933	.886	.823
38 Basic Premium Ratio	.909	.817	.726	.634	.543	.451	.360	.268	.177	.085	.000	.000	.000	.000
Loss Conversion Factor	.091	.183	.274	.366	.457	.549	.640	.732	.823	.915	.961	.903	.862	.803
37 Basic Premium Ratio	.901	.802	.703	.603	.504	.405	.306	.207	.108	.008	.000	.000	.000	.000
Loss Conversion Factor	.099	.198	.297	.397	.496	.595	.694	.793	.892	.992	.930	.877	.838	.785
36 Basic Premium Ratio	.892	.783	.675	.567	.459	.350	.242	.134	.026	.000	.000	.000	.000	.000
Loss Conversion Factor	.108	.217	.325	.433	.541	.650	.758	.866	.974	.967	.902	.854	.819	.768
35 Basic Premium Ratio	.882	.764	.646	.528	.410	.292	.174	.056	.000	.000	.000	.000	.000	.000
Loss Conversion Factor	.118	.236	.354	.472	.590	.708	.826	.944	.971	.933	.874	.830	.798	.754
34 Basic Premium Ratio	.870	.741	.611	.481	.352	.222	.092	.000	.000	.000	.000	.000	.000	.000
Loss Conversion Factor	.130	.259	.389	.519	.648	.778	.908	.984	.939	.901	.850	.810	.781	.741
33 Basic Premium Ratio	.856	.712	.568	.424	.280	.137	.000	.000	.000	.000	.000	.000	.000	.000
Loss Conversion Factor	.144	.288	.432	.576	.720	.863	.998	.947	.907	.875	.825	.790	.764	.727
32 Basic Premium Ratio	.841	.681	.522	.362	.203	.043	.000	.000	.000	.000	.000	.000	.000	.000
Loss Conversion Factor	.159	.319	.478	.638	.797	.957	.959	.914	.878	.850	.805	.774	.749	.715
31 Basic Premium Ratio	.824	.649	.473	.298	.122	.000	.000	.000	.000	.000	.000	.000	.000	.000
Loss Conversion Factor	.176	.351	.527	.702	.878	.978	.926	.886	.855	.828	.786	.758	.736	.706
30 Basic Premium Ratio	.803	.607	.410	.213	.017	.000	.000	.000	.000	.000	.000	.000	.000	.000
Loss Conversion Factor	.197	.393	.590	.787	.983	.944	.896	.860	.831	.807	.770	.743	.723	.696
29 Basic Premium Ratio	.780	.560	.340	.119	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
Loss Conversion Factor	.220	.440	.660	.881	.967	.913	.870	.835	.809	.788	.755	.732	.713	.688
28 Basic Premium Ratio	.754	.508	.262	.017	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
Loss Conversion Factor	.246	.492	.738	.983	.933	.882	.843	.813	.790	.769	.739	.717	.700	.677
27 Basic Premium Ratio	.723	.447	.170	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
Loss Conversion Factor	.277	.553	.830	.971	.903	.856	.820	.792	.770	.751	.721	.701	.684	.662
26 Basic Premium Ratio	.689	.379	.068	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
Loss Conversion Factor	.311	.621	.932	.937	.875	.833	.798	.771	.750	.733	.705	.686	.670	.648
25 Basic Premium Ratio	.646	.292	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000



Maximum Premium Ratio:	1.05	1.10	1.15	1.20	1.25	1.30	1.35	1.40	1.45	1.50	1.60	1.70	1.80	2.00	
Size Group															
24	Loss Conversion Factor	.354	.708	.983	.903	.848	.807	.776	.752	.733	.716	.691	.672	.658	.639
	Basic Premium Ratio	.595	.190	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	Loss Conversion Factor	.405	.810	.943	.871	.820	.784	.758	.736	.719	.704	.681	.664	.652	.634
23	Basic Premium Ratio	.520	.040	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	Loss Conversion Factor	.480	.960	.905	.839	.797	.765	.740	.722	.706	.691	.672	.658	.647	.631
22	Basic Premium Ratio	.426	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	Loss Conversion Factor	.574	.960	.871	.814	.774	.747	.725	.707	.694	.682	.664	.651	.642	.628
21	Basic Premium Ratio	.262	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	Loss Conversion Factor	.738	.916	.839	.788	.754	.730	.711	.696	.682	.673	.657	.645	.637	.623
20	Basic Premium Ratio	.092	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	Loss Conversion Factor	.908	.882	.812	.769	.738	.714	.697	.683	.671	.663	.650	.638	.630	.619
19	Basic Premium Ratio	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	Loss Conversion Factor	.983	.854	.791	.748	.720	.698	.683	.671	.661	.652	.640	.631	.624	.614
18	Basic Premium Ratio	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	Loss Conversion Factor	.954	.829	.768	.731	.704	.685	.670	.660	.651	.643	.633	.624	.618	.610
17	Basic Premium Ratio	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	Loss Conversion Factor	.917	.804	.748	.713	.689	.673	.659	.649	.641	.635	.625	.618	.614	.605
16	Basic Premium Ratio	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	Loss Conversion Factor	.874	.778	.729	.698	.677	.661	.649	.640	.634	.628	.619	.613	.609	.603
15	Basic Premium Ratio	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	Loss Conversion Factor	.845	.757	.710	.683	.664	.651	.641	.633	.627	.622	.614	.611	.606	.601
14	Basic Premium Ratio	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	Loss Conversion Factor	.832	.742	.695	.671	.656	.645	.636	.630	.623	.619	.613	.608	.605	.600
13	Basic Premium Ratio	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	Loss Conversion Factor	.818	.727	.678	.661	.649	.639	.632	.626	.621	.617	.610	.606	.604	.599
12	Basic Premium Ratio	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	Loss Conversion Factor	.802	.709	.666	.653	.642	.634	.627	.622	.618	.614	.609	.604	.603	.598
11	Basic Premium Ratio	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	Loss Conversion Factor	.786	.689	.656	.645	.636	.629	.623	.619	.615	.612	.607	.603	.601	.597
10	Basic Premium Ratio	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	Loss Conversion Factor	.768	.671	.646	.638	.630	.625	.619	.616	.612	.609	.605	.602	.600	.597
9	Basic Premium Ratio	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	Loss Conversion Factor	.750	.648	.639	.632	.625	.620	.616	.613	.610	.607	.603	.601	.599	.596
8	Basic Premium Ratio	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	Loss Conversion Factor	.727	.639	.631	.626	.620	.616	.612	.610	.607	.605	.602	.600	.597	.595
7	Basic Premium Ratio	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	Loss Conversion Factor	.699	.630	.624	.619	.616	.612	.609	.607	.605	.603	.600	.598	.597	.595
6	Basic Premium Ratio	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	Loss Conversion Factor	.670	.623	.619	.614	.611	.608	.606	.604	.602	.601	.599	.597	.596	.594
5	Basic Premium Ratio	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	Loss Conversion Factor	.630	.617	.613	.610	.607	.605	.604	.601	.600	.599	.598	.596	.595	.594))
84	Basic Premium Ratio	.998	.997	.995	.993	.992	.990	.988	.987	.985	.983	.980	.977	.974	.967
	Loss Conversion Factor	.002	.003	.005	.007	.008	.010	.012	.013	.015	.017	.020	.023	.026	.033
83	Basic Premium Ratio	.998	.996	.995	.993	.991	.989	.987	.986	.984	.982	.978	.975	.971	.964
	Loss Conversion Factor	.002	.004	.005	.007	.009	.011	.013	.014	.016	.018	.022	.025	.029	.036
82	Basic Premium Ratio	.998	.996	.994	.992	.990	.988	.986	.984	.982	.980	.977	.973	.969	.961
	Loss Conversion Factor	.002	.004	.006	.008	.010	.012	.014	.016	.018	.020	.023	.027	.031	.039
81	Basic Premium Ratio	.998	.996	.994	.991	.989	.987	.985	.983	.981	.979	.974	.970	.966	.957
	Loss Conversion Factor	.002	.004	.006	.009	.011	.013	.015	.017	.019	.021	.026	.030	.034	.043
80	Basic Premium Ratio	.998	.995	.993	.991	.989	.986	.984	.982	.980	.977	.973	.968	.964	.955
	Loss Conversion Factor	.002	.005	.007	.009	.011	.014	.016	.018	.020	.023	.027	.032	.036	.045
79	Basic Premium Ratio	.998	.995	.993	.990	.988	.986	.983	.981	.978	.976	.971	.966	.961	.952
	Loss Conversion Factor	.002	.005	.007	.010	.012	.014	.017	.019	.022	.024	.029	.034	.039	.048
78	Basic Premium Ratio	.997	.995	.992	.989	.987	.984	.982	.979	.976	.974	.968	.963	.958	.947
	Loss Conversion Factor	.003	.005	.008	.011	.013	.016	.018	.021	.024	.026	.032	.037	.042	.053
77	Basic Premium Ratio	.997	.994	.991	.988	.985	.982	.979	.976	.973	.971	.965	.959	.953	.941

Maximum Premium Ratio:	1.05	1.10	1.15	1.20	1.25	1.30	1.35	1.40	1.45	1.50	1.60	1.70	1.80	2.00
Size Group														
Loss Conversion Factor	.003	.006	.009	.012	.015	.018	.021	.024	.027	.029	.035	.041	.047	.059
76 Basic Premium Ratio	.997	.994	.991	.988	.985	.982	.979	.975	.972	.969	.963	.957	.951	.939
Loss Conversion Factor	.003	.006	.009	.012	.015	.018	.021	.025	.028	.031	.037	.043	.049	.061
75 Basic Premium Ratio	.997	.994	.990	.987	.984	.981	.978	.975	.971	.968	.962	.956	.949	.937
Loss Conversion Factor	.003	.006	.010	.013	.016	.019	.022	.025	.029	.032	.038	.044	.051	.063
74 Basic Premium Ratio	.997	.993	.990	.986	.983	.979	.976	.972	.969	.965	.959	.952	.945	.931
Loss Conversion Factor	.003	.007	.010	.014	.017	.021	.024	.028	.031	.035	.041	.048	.055	.069
73 Basic Premium Ratio	.996	.993	.989	.985	.981	.978	.974	.970	.966	.963	.955	.948	.940	.925
Loss Conversion Factor	.004	.007	.011	.015	.019	.022	.026	.030	.034	.037	.045	.052	.060	.075
72 Basic Premium Ratio	.996	.992	.988	.983	.979	.975	.971	.967	.963	.959	.950	.942	.934	.917
Loss Conversion Factor	.004	.008	.012	.017	.021	.025	.029	.033	.037	.041	.050	.058	.066	.083
71 Basic Premium Ratio	.995	.991	.986	.982	.977	.972	.968	.963	.958	.954	.945	.935	.926	.908
Loss Conversion Factor	.005	.009	.014	.018	.023	.028	.032	.037	.042	.046	.055	.065	.074	.092
70 Basic Premium Ratio	.995	.990	.985	.980	.974	.969	.964	.959	.954	.949	.939	.928	.918	.898
Loss Conversion Factor	.005	.010	.015	.020	.026	.031	.036	.041	.046	.051	.061	.072	.082	.102
69 Basic Premium Ratio	.994	.989	.983	.978	.972	.967	.961	.956	.950	.945	.933	.922	.911	.889
Loss Conversion Factor	.006	.011	.017	.022	.028	.033	.039	.044	.050	.055	.067	.078	.089	.111
68 Basic Premium Ratio	.994	.988	.982	.977	.971	.965	.959	.953	.947	.941	.930	.918	.906	.883
Loss Conversion Factor	.006	.012	.018	.023	.029	.035	.041	.047	.053	.059	.070	.082	.094	.117
67 Basic Premium Ratio	.994	.988	.981	.975	.969	.963	.957	.950	.944	.938	.926	.913	.901	.876
Loss Conversion Factor	.006	.012	.019	.025	.031	.037	.043	.050	.056	.062	.074	.087	.099	.124
66 Basic Premium Ratio	.993	.987	.980	.973	.966	.960	.953	.946	.939	.933	.919	.906	.892	.865
Loss Conversion Factor	.007	.013	.020	.027	.034	.040	.047	.054	.061	.067	.081	.094	.108	.135
65 Basic Premium Ratio	.993	.985	.978	.971	.964	.956	.949	.942	.935	.927	.913	.898	.884	.855
Loss Conversion Factor	.007	.015	.022	.029	.036	.044	.051	.058	.065	.073	.087	.102	.116	.145
64 Basic Premium Ratio	.992	.984	.977	.969	.961	.953	.946	.938	.930	.922	.907	.891	.875	.844
Loss Conversion Factor	.008	.016	.023	.031	.039	.047	.054	.062	.070	.078	.093	.109	.125	.156
63 Basic Premium Ratio	.992	.983	.975	.967	.959	.950	.942	.934	.925	.917	.900	.884	.867	.834
Loss Conversion Factor	.008	.017	.025	.033	.041	.050	.058	.066	.075	.083	.100	.116	.133	.166
62 Basic Premium Ratio	.991	.982	.973	.964	.956	.947	.938	.929	.920	.911	.893	.876	.858	.822
Loss Conversion Factor	.009	.018	.027	.036	.044	.053	.062	.071	.080	.089	.107	.124	.142	.178
61 Basic Premium Ratio	.990	.981	.971	.962	.952	.943	.933	.923	.914	.904	.885	.866	.847	.808
Loss Conversion Factor	.010	.019	.029	.038	.048	.057	.067	.077	.086	.096	.115	.134	.153	.192
60 Basic Premium Ratio	.990	.979	.969	.958	.948	.937	.927	.917	.906	.896	.875	.854	.833	.791
Loss Conversion Factor	.010	.021	.031	.042	.052	.063	.073	.083	.094	.104	.125	.146	.167	.209
59 Basic Premium Ratio	.989	.977	.966	.955	.943	.932	.920	.909	.898	.886	.864	.841	.818	.773
Loss Conversion Factor	.011	.023	.034	.045	.057	.068	.080	.091	.102	.114	.136	.159	.182	.227
58 Basic Premium Ratio	.988	.975	.963	.951	.938	.926	.914	.901	.889	.877	.852	.827	.803	.753
Loss Conversion Factor	.012	.025	.037	.049	.062	.074	.086	.099	.111	.123	.148	.173	.197	.247
57 Basic Premium Ratio	.987	.973	.960	.946	.933	.919	.906	.893	.879	.866	.839	.812	.785	.732
Loss Conversion Factor	.013	.027	.040	.054	.067	.081	.094	.107	.121	.134	.161	.188	.215	.268
56 Basic Premium Ratio	.986	.971	.957	.942	.928	.913	.899	.884	.870	.855	.826	.797	.768	.710
Loss Conversion Factor	.014	.029	.043	.058	.072	.087	.101	.116	.130	.145	.174	.203	.232	.290
55 Basic Premium Ratio	.984	.969	.953	.938	.922	.906	.891	.875	.860	.844	.813	.782	.750	.688
Loss Conversion Factor	.016	.031	.047	.062	.078	.094	.109	.125	.140	.156	.187	.218	.250	.312
54 Basic Premium Ratio	.983	.967	.950	.933	.917	.900	.883	.867	.850	.833	.800	.767	.733	.667
Loss Conversion Factor	.017	.033	.050	.067	.083	.100	.117	.133	.150	.167	.200	.233	.267	.333
53 Basic Premium Ratio	.982	.964	.947	.929	.911	.893	.876	.858	.840	.822	.787	.751	.717	.646
Loss Conversion Factor	.018	.036	.053	.071	.089	.107	.124	.142	.160	.178	.213	.249	.283	.354
52 Basic Premium Ratio	.981	.962	.943	.924	.905	.887	.868	.849	.830	.811	.773	.735	.697	.622
Loss Conversion Factor	.019	.038	.057	.076	.095	.113	.132	.151	.170	.189	.227	.265	.303	.378
51 Basic Premium Ratio	.980	.960	.940	.919	.899	.879	.859	.839	.819	.798	.758	.718	.677	.597
Loss Conversion Factor	.020	.040	.060	.081	.101	.121	.141	.161	.181	.202	.242	.282	.323	.403
50 Basic Premium Ratio	.978	.957	.935	.913	.891	.870	.848	.826	.804	.783	.739	.696	.652	.565
Loss Conversion Factor	.022	.043	.065	.087	.109	.130	.152	.174	.196	.217	.261	.304	.348	.435
49 Basic Premium Ratio	.977	.954	.930	.907	.884	.861	.837	.814	.791	.768	.721	.675	.628	.535

Maximum Premium Ratio:	1.05	1.10	1.15	1.20	1.25	1.30	1.35	1.40	1.45	1.50	1.60	1.70	1.80	2.00
Size Group														
Loss Conversion Factor	.023	.046	.070	.093	.116	.139	.163	.186	.209	.232	.279	.326	.372	.465
48 Basic Premium Ratio	.975	.950	.926	.901	.876	.851	.826	.801	.777	.752	.702	.652	.603	.503
Loss Conversion Factor	.025	.050	.074	.099	.124	.149	.174	.199	.223	.248	.298	.348	.397	.497
47 Basic Premium Ratio	.973	.947	.920	.893	.867	.840	.814	.787	.760	.734	.680	.627	.574	.467
Loss Conversion Factor	.027	.053	.080	.107	.133	.160	.186	.213	.240	.266	.320	.373	.426	.533
46 Basic Premium Ratio	.972	.943	.915	.887	.859	.830	.802	.774	.745	.717	.660	.604	.547	.434
Loss Conversion Factor	.028	.057	.085	.113	.141	.170	.198	.226	.255	.283	.340	.396	.453	.566
45 Basic Premium Ratio	.970	.940	.910	.880	.850	.820	.790	.760	.730	.700	.640	.579	.519	.399
Loss Conversion Factor	.030	.060	.090	.120	.150	.180	.210	.240	.270	.300	.360	.421	.481	.601
44 Basic Premium Ratio	.960	.936	.904	.872	.840	.808	.776	.744	.712	.680	.616	.552	.488	.360
Loss Conversion Factor	.032	.064	.096	.128	.160	.192	.224	.256	.288	.320	.384	.448	.512	.640
43 Basic Premium Ratio	.966	.932	.898	.864	.829	.795	.761	.727	.693	.659	.591	.522	.454	.318
Loss Conversion Factor	.034	.068	.102	.136	.171	.205	.239	.273	.307	.341	.409	.478	.546	.682
42 Basic Premium Ratio	.963	.926	.889	.853	.816	.779	.742	.705	.668	.631	.558	.484	.410	.263
Loss Conversion Factor	.037	.074	.111	.147	.184	.221	.258	.295	.332	.369	.442	.516	.590	.737
41 Basic Premium Ratio	.960	.920	.880	.840	.799	.759	.719	.679	.639	.599	.519	.438	.358	.198
Loss Conversion Factor	.040	.080	.120	.160	.201	.241	.281	.321	.361	.401	.481	.562	.642	.802
40 Basic Premium Ratio	.957	.913	.870	.826	.783	.739	.696	.652	.609	.565	.479	.392	.305	.131
Loss Conversion Factor	.043	.087	.130	.174	.217	.261	.304	.348	.391	.435	.521	.608	.695	.869
39 Basic Premium Ratio	.953	.906	.859	.812	.765	.717	.670	.623	.576	.529	.435	.341	.246	.058
Loss Conversion Factor	.047	.094	.141	.188	.235	.283	.330	.377	.424	.471	.565	.659	.754	.942
38 Basic Premium Ratio	.949	.898	.847	.796	.745	.694	.643	.592	.541	.490	.387	.285	.183	.000
Loss Conversion Factor	.051	.102	.153	.204	.255	.306	.357	.408	.459	.510	.613	.715	.817	.993
37 Basic Premium Ratio	.944	.889	.833	.777	.721	.666	.610	.554	.498	.443	.331	.220	.108	.000
Loss Conversion Factor	.056	.111	.167	.223	.279	.334	.390	.446	.502	.557	.669	.780	.892	.971
36 Basic Premium Ratio	.940	.880	.820	.761	.701	.641	.581	.521	.461	.402	.282	.162	.043	.000
Loss Conversion Factor	.060	.120	.180	.239	.299	.359	.419	.479	.539	.598	.718	.838	.957	.951
35 Basic Premium Ratio	.935	.870	.804	.739	.674	.609	.544	.479	.413	.348	.218	.087	.000	.000
Loss Conversion Factor	.065	.130	.196	.261	.326	.391	.456	.521	.587	.652	.782	.913	.988	.933
34 Basic Premium Ratio	.929	.858	.787	.717	.646	.575	.504	.433	.362	.291	.150	.008	.000	.000
Loss Conversion Factor	.071	.142	.213	.283	.354	.425	.496	.567	.638	.709	.850	.992	.968	.916
33 Basic Premium Ratio	.922	.845	.767	.689	.612	.534	.456	.379	.301	.223	.068	.000	.000	.000
Loss Conversion Factor	.078	.155	.233	.311	.388	.466	.544	.621	.699	.777	.932	.977	.945	.900
32 Basic Premium Ratio	.916	.832	.747	.663	.579	.495	.410	.326	.242	.158	.000	.000	.000	.000
Loss Conversion Factor	.084	.168	.253	.337	.421	.505	.590	.674	.758	.842	.997	.958	.927	.885
31 Basic Premium Ratio	.908	.816	.724	.632	.540	.448	.356	.264	.172	.080	.000	.000	.000	.000
Loss Conversion Factor	.092	.184	.276	.368	.460	.552	.644	.736	.828	.920	.972	.937	.911	.873
30 Basic Premium Ratio	.900	.799	.699	.598	.498	.397	.297	.196	.096	.000	.000	.000	.000	.000
Loss Conversion Factor	.100	.201	.301	.402	.502	.603	.703	.804	.904	.999	.953	.920	.895	.862
29 Basic Premium Ratio	.889	.779	.668	.558	.447	.336	.226	.115	.005	.000	.000	.000	.000	.000
Loss Conversion Factor	.111	.221	.332	.442	.553	.664	.774	.885	.995	.974	.934	.906	.882	.851
28 Basic Premium Ratio	.878	.757	.635	.513	.392	.270	.148	.027	.000	.000	.000	.000	.000	.000
Loss Conversion Factor	.122	.243	.365	.487	.608	.730	.852	.973	.977	.952	.915	.887	.865	.838
27 Basic Premium Ratio	.865	.730	.594	.459	.324	.189	.054	.000	.000	.000	.000	.000	.000	.000
Loss Conversion Factor	.135	.270	.406	.541	.676	.811	.946	.981	.952	.929	.893	.866	.847	.819
26 Basic Premium Ratio	.849	.699	.548	.398	.247	.097	.000	.000	.000	.000	.000	.000	.000	.000
Loss Conversion Factor	.151	.301	.452	.602	.753	.903	.988	.954	.929	.906	.873	.849	.829	.802
25 Basic Premium Ratio	.832	.664	.497	.329	.161	.000	.000	.000	.000	.000	.000	.000	.000	.000
Loss Conversion Factor	.168	.336	.503	.671	.839	.999	.961	.930	.906	.885	.855	.832	.814	.790
24 Basic Premium Ratio	.812	.624	.436	.247	.059	.000	.000	.000	.000	.000	.000	.000	.000	.000
Loss Conversion Factor	.188	.376	.564	.753	.941	.971	.938	.911	.889	.874	.843	.822	.807	.785
23 Basic Premium Ratio	.788	.576	.363	.151	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
Loss Conversion Factor	.212	.424	.637	.849	.986	.947	.915	.892	.873	.856	.832	.814	.800	.781
22 Basic Premium Ratio	.757	.513	.270	.027	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
Loss Conversion Factor	.243	.487	.730	.973	.958	.924	.898	.875	.858	.844	.822	.806	.793	.777
21 Basic Premium Ratio	.719	.438	.158	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000

Maximum Premium Ratio:	1.05	1.10	1.15	1.20	1.25	1.30	1.35	1.40	1.45	1.50	1.60	1.70	1.80	2.00
Size Group														
Loss Conversion Factor	.281	.562	.842	.976	.933	.904	.880	.861	.844	.832	.813	.799	.788	.771
20 Basic Premium Ratio	.674	.348	.022	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
Loss Conversion Factor	.326	.652	.978	.952	.913	.884	.862	.846	.831	.820	.803	.790	.780	.766
19 Basic Premium Ratio	.622	.245	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
Loss Conversion Factor	.378	.755	.979	.926	.891	.865	.845	.831	.818	.807	.792	.780	.772	.760
18 Basic Premium Ratio	.562	.124	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
Loss Conversion Factor	.438	.876	.951	.904	.871	.849	.830	.816	.805	.796	.782	.772	.764	.755
17 Basic Premium Ratio	.479	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
Loss Conversion Factor	.521	.995	.926	.883	.853	.832	.816	.803	.794	.786	.773	.765	.759	.750
16 Basic Premium Ratio	.374	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
Loss Conversion Factor	.626	.962	.902	.863	.837	.818	.803	.793	.784	.777	.767	.759	.753	.746
15 Basic Premium Ratio	.226	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
Loss Conversion Factor	.774	.943	.879	.844	.822	.806	.793	.783	.775	.770	.760	.755	.749	.743
14 Basic Premium Ratio	.148	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
Loss Conversion Factor	.852	.918	.859	.830	.812	.798	.787	.779	.771	.766	.757	.752	.748	.742
13 Basic Premium Ratio	.058	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
Loss Conversion Factor	.942	.899	.839	.818	.803	.791	.782	.775	.767	.764	.755	.750	.746	.741
12 Basic Premium Ratio	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
Loss Conversion Factor	.992	.877	.825	.808	.795	.784	.776	.770	.764	.760	.753	.748	.745	.740
11 Basic Premium Ratio	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
Loss Conversion Factor	.972	.861	.811	.798	.787	.778	.771	.766	.761	.757	.751	.747	.743	.739
10 Basic Premium Ratio	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
Loss Conversion Factor	.950	.831	.799	.789	.780	.773	.766	.761	.757	.754	.749	.745	.742	.738
9 Basic Premium Ratio	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
Loss Conversion Factor	.930	.802	.791	.782	.773	.767	.762	.758	.754	.752	.747	.743	.741	.737
8 Basic Premium Ratio	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
Loss Conversion Factor	.899	.791	.781	.774	.767	.762	.758	.754	.751	.749	.744	.742	.740	.736
7 Basic Premium Ratio	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
Loss Conversion Factor	.865	.780	.773	.767	.762	.757	.754	.751	.748	.747	.743	.740	.739	.736
6 Basic Premium Ratio	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
Loss Conversion Factor	.829	.773	.766	.760	.757	.752	.750	.747	.745	.744	.741	.739	.737	.735
5 Basic Premium Ratio	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
Loss Conversion Factor	.779	.763	.758	.755	.751	.749	.747	.744	.742	.741	.738	.737	.736	.735

**NEW SECTION**

WAC 296-17-91903 TABLE IV.

RETROSPECTIVE RATING PLAN A1  
 MINIMUM PREMIUM RATIOS  
 BASIC PREMIUM RATIO = .052  
 LOSS CONVERSION FACTOR = .692  
 Effective January 1, 1986

Maximum Premium Ratio:	1.05	1.10	1.15	1.20	1.25	1.30	1.35	1.40	1.45	1.50	1.60	1.70	1.80	2.00
Size Group														
84	.996	.990	.986	.982	.978	.973	.969	.966	.961	.957	.949	.941	.933	.919
83	.996	.989	.985	.981	.976	.971	.967	.963	.958	.954	.945	.936	.928	.913
82	.995	.989	.984	.979	.974	.969	.964	.960	.955	.950	.941	.932	.924	.908
81	.995	.988	.983	.978	.973	.966	.962	.957	.952	.947	.937	.927	.919	.902
80	.995	.987	.981	.976	.971	.964	.959	.955	.949	.944	.934	.923	.914	.896
79	.994	.986	.980	.975	.969	.962	.957	.952	.946	.940	.930	.919	.909	.891
78	.994	.985	.979	.973	.967	.960	.954	.949	.943	.937	.926	.914	.904	.885
77	.993	.984	.978	.972	.965	.958	.952	.946	.940	.933	.922	.910	.900	.880

Maximum Premium Ratio:	1.05	1.10	1.15	1.20	1.25	1.30	1.35	1.40	1.45	1.50	1.60	1.70	1.80	2.00
Size Group 76	.993	.984	.977	.970	.964	.956	.949	.943	.937	.930	.918	.905	.895	.874
75	.993	.983	.976	.969	.962	.953	.947	.941	.934	.914	.906	.901	.890	.868
74	.992	.982	.975	.967	.960	.951	.944	.938	.931	.923	.910	.896	.885	.863
73	.992	.981	.973	.966	.958	.949	.942	.935	.928	.920	.906	.892	.880	.857
72	.991	.980	.972	.965	.956	.947	.939	.932	.925	.916	.902	.888	.876	.851
71	.991	.980	.971	.963	.955	.945	.937	.929	.922	.913	.899	.883	.871	.846
70	.991	.979	.970	.962	.953	.942	.934	.927	.919	.910	.895	.879	.866	.840
69	.990	.978	.969	.960	.951	.940	.932	.924	.916	.906	.891	.874	.861	.834
68	.990	.977	.968	.959	.949	.938	.929	.921	.913	.903	.887	.870	.856	.829
67	.989	.976	.967	.957	.948	.936	.927	.918	.910	.899	.883	.866	.851	.823
66	.989	.976	.966	.956	.946	.934	.924	.915	.907	.896	.879	.861	.847	.817
65	.989	.975	.964	.954	.944	.932	.921	.913	.903	.893	.875	.857	.842	.812
64	.988	.974	.963	.953	.942	.929	.919	.910	.900	.889	.871	.852	.837	.806
63	.988	.973	.962	.951	.940	.927	.916	.907	.897	.886	.867	.848	.832	.801
62	.987	.972	.961	.950	.939	.925	.914	.904	.894	.882	.864	.844	.827	.795
61	.987	.971	.960	.948	.937	.923	.911	.901	.891	.879	.860	.839	.823	.789
60	.987	.971	.959	.947	.935	.921	.909	.899	.888	.875	.856	.835	.818	.784
59	.986	.970	.958	.945	.933	.918	.906	.896	.885	.872	.852	.830	.813	.778
58	.986	.969	.957	.944	.931	.916	.904	.893	.882	.869	.848	.826	.808	.772
57	.985	.968	.955	.942	.930	.914	.901	.890	.879	.865	.844	.821	.803	.767
56	.985	.967	.954	.941	.928	.912	.899	.887	.876	.862	.840	.817	.798	.761
55	.985	.967	.953	.940	.926	.910	.896	.885	.873	.859	.836	.813	.794	.757
54	.984	.966	.952	.938	.924	.908	.894	.882	.870	.856	.834	.810	.791	.753
53	.984	.965	.951	.937	.922	.905	.892	.880	.867	.853	.831	.807	.787	.750
52	.983	.964	.950	.935	.921	.903	.890	.878	.864	.851	.828	.804	.784	.746
51	.983	.963	.949	.934	.919	.901	.888	.875	.862	.848	.825	.801	.781	.742
50	.983	.963	.948	.932	.917	.899	.886	.873	.859	.845	.822	.798	.778	.739
49	.982	.962	.946	.931	.915	.897	.883	.871	.857	.843	.819	.795	.774	.735
48	.982	.961	.945	.929	.913	.895	.881	.868	.855	.840	.816	.792	.771	.732
47	.981	.960	.944	.928	.912	.894	.879	.866	.852	.837	.813	.789	.768	.728
46	.981	.959	.943	.926	.910	.892	.877	.863	.850	.835	.810	.786	.765	.725
45	.981	.958	.942	.925	.909	.890	.875	.861	.847	.832	.807	.783	.761	.721
44	.980	.958	.941	.923	.907	.888	.873	.859	.845	.829	.804	.780	.758	.718
43	.980	.957	.940	.922	.905	.886	.871	.856	.843	.827	.801	.777	.755	.714
42	.980	.956	.939	.921	.904	.884	.869	.854	.840	.824	.798	.774	.752	.710
41	.979	.956	.937	.919	.902	.882	.867	.852	.838	.821	.796	.771	.748	.707
40	.979	.955	.936	.918	.901	.881	.865	.849	.835	.819	.793	.768	.745	.703
39	.979	.954	.935	.916	.899	.879	.863	.847	.833	.816	.790	.765	.742	.700
38	.978	.954	.934	.915	.897	.877	.860	.845	.831	.813	.787	.762	.739	.696
37	.978	.953	.933	.914	.896	.875	.858	.842	.828	.811	.784	.759	.735	.693
36	.978	.952	.932	.912	.894	.873	.856	.840	.826	.808	.781	.756	.732	.689
35	.978	.951	.930	.911	.892	.871	.854	.838	.824	.806	.779	.754	.730	.687
34	.977	.950	.929	.909	.891	.870	.852	.836	.822	.804	.777	.752	.728	.686
33	.977	.950	.928	.908	.889	.868	.850	.834	.820	.802	.775	.750	.726	.684
32	.976	.949	.927	.906	.887	.866	.848	.832	.818	.799	.772	.748	.724	.682
31	.976	.948	.926	.905	.886	.865	.847	.830	.816	.797	.770	.746	.722	.681
30	.975	.947	.925	.904	.884	.863	.845	.828	.814	.795	.768	.744	.719	.679
29	.975	.946	.924	.902	.882	.861	.843	.826	.812	.793	.766	.742	.717	.677
28	.974	.946	.923	.901	.881	.859	.841	.824	.810	.791	.764	.740	.715	.675
27	.974	.945	.922	.899	.879	.858	.839	.822	.808	.789	.762	.738	.713	.674
26	.974	.944	.921	.898	.878	.856	.837	.821	.806	.787	.760	.736	.711	.672
25	.973	.943	.919	.897	.876	.854	.835	.819	.803	.784	.757	.733	.709	.670
24	.973	.942	.918	.895	.874	.853	.833	.817	.801	.782	.755	.731	.707	.669
23	.972	.942	.917	.894	.873	.851	.831	.815	.799	.780	.753	.729	.705	.667
22	.972	.941	.916	.892	.871	.849	.829	.813	.797	.778	.751	.727	.703	.665
21	.971	.940	.915	.891	.869	.848	.828	.811	.795	.776	.749	.725	.701	.664
20	.971	.939	.914	.890	.868	.846	.826	.809	.793	.774	.747	.723	.698	.662
19	.970	.938	.913	.888	.866	.844	.824	.807	.791	.771	.744	.721	.696	.660
18	.970	.938	.912	.887	.864	.842	.822	.805	.789	.769	.742	.719	.694	.658
17	.969	.937	.911	.885	.863	.841	.820	.803	.787	.767	.740	.717	.692	.657
16	.969	.936	.910	.884	.861	.839	.818	.801	.785	.765	.738	.715	.690	.655
15	.969	.936	.910	.884	.861	.839	.818	.801	.785	.765	.738	.715	.690	.655
14	.969	.936	.910	.884	.861	.839	.818	.801	.785	.765	.738	.715	.690	.655
13	.969	.936	.910	.884	.861	.839	.818	.801	.785	.765	.738	.715	.690	.655
12	.969	.936	.910	.884	.861	.839	.818	.801	.785	.765	.738	.715	.690	.655
11	.969	.936	.910	.884	.861	.839	.818	.801	.785	.765	.738	.715	.690	.655
10	.969	.936	.910	.884	.861	.839	.818	.801	.785	.765	.738	.715	.690	.655
9	.969	.936	.910	.884	.861	.839	.818	.801	.785	.765	.738	.715	.690	.655
8	.969	.936	.910	.884	.861	.839	.818	.801	.785	.765	.738	.715	.690	.655

Maximum Premium Ratio:	1.05	1.10	1.15	1.20	1.25	1.30	1.35	1.40	1.45	1.50	1.60	1.70	1.80	2.00
Size Group														
7	.969	.936	.910	.884	.861	.839	.818	.801	.785	.765	.738	.715	.690	.655
6	.969	.936	.910	.884	.861	.839	.818	.801	.785	.765	.738	.715	.690	.655
5	.969	.936	.910	.884	.861	.839	.818	.801	.785	.765	.738	.715	.690	.655

**NEW SECTION**

**WAC 296-17-91904 TABLE V.**

**RETROSPECTIVE RATING PLAN A2  
MINIMUM PREMIUM RATIOS  
AND BASIC PREMIUM RATIOS  
LOSS CONVERSION FACTOR = .692  
Effective January 1, 1986**

Maximum Premium Ratio:	1.05	1.10	1.15	1.20	1.25	1.30	1.35	1.40	1.45	1.50	1.60	1.70	1.80	2.00	
Size Group															
84	Basic Premium Ratio	.514	.504	.497	.491	.485	.481	.477	.474	.470	.467	.461	.455	.450	.441
	Minimum Premium Ratio	.994	.986	.981	.975	.969	.964	.960	.955	.951	.944	.936	.927	.918	.902
83	Basic Premium Ratio	.513	.503	.495	.488	.482	.477	.473	.469	.466	.462	.456	.450	.445	.435
	Minimum Premium Ratio	.993	.985	.979	.973	.967	.962	.957	.951	.947	.940	.931	.921	.912	.894
82	Basic Premium Ratio	.512	.501	.492	.485	.479	.474	.469	.466	.461	.458	.451	.445	.440	.429
	Minimum Premium Ratio	.993	.984	.978	.971	.964	.959	.953	.947	.943	.936	.926	.916	.906	.887
81	Basic Premium Ratio	.510	.499	.489	.483	.476	.471	.465	.461	.457	.453	.446	.440	.434	.424
	Minimum Premium Ratio	.992	.983	.976	.969	.962	.956	.950	.944	.939	.931	.921	.910	.899	.880
80	Basic Premium Ratio	.509	.496	.487	.479	.472	.467	.461	.457	.453	.449	.441	.435	.429	.417
	Minimum Premium Ratio	.991	.982	.975	.967	.959	.953	.947	.940	.935	.927	.916	.904	.893	.873
79	Basic Premium Ratio	.508	.495	.484	.476	.468	.463	.458	.453	.448	.444	.437	.430	.423	.411
	Minimum Premium Ratio	.990	.981	.973	.965	.957	.950	.943	.936	.930	.923	.911	.898	.887	.865
78	Basic Premium Ratio	.505	.492	.482	.474	.466	.459	.454	.449	.444	.440	.432	.425	.418	.405
	Minimum Premium Ratio	.990	.980	.972	.963	.955	.947	.940	.933	.926	.919	.906	.893	.881	.858
77	Basic Premium Ratio	.505	.491	.479	.470	.463	.457	.450	.446	.440	.436	.427	.420	.412	.399
	Minimum Premium Ratio	.989	.979	.970	.960	.952	.944	.936	.929	.922	.914	.901	.887	.875	.851
76	Basic Premium Ratio	.504	.490	.477	.468	.459	.453	.446	.441	.435	.431	.422	.413	.406	.393
	Minimum Premium Ratio	.988	.978	.969	.958	.950	.941	.933	.926	.918	.910	.896	.881	.869	.844
75	Basic Premium Ratio	.503	.486	.474	.465	.456	.449	.441	.436	.431	.426	.417	.408	.401	.386
	Minimum Premium Ratio	.988	.977	.967	.956	.947	.938	.929	.922	.914	.906	.891	.876	.865	.836
74	Basic Premium Ratio	.500	.485	.472	.461	.452	.445	.438	.432	.426	.421	.411	.403	.395	.380
	Minimum Premium Ratio	.987	.976	.966	.954	.945	.935	.926	.918	.910	.901	.886	.870	.856	.829
73	Basic Premium Ratio	.499	.482	.469	.458	.449	.441	.434	.428	.421	.417	.406	.398	.389	.374
	Minimum Premium Ratio	.986	.975	.964	.952	.942	.933	.923	.915	.906	.897	.881	.864	.850	.822
72	Basic Premium Ratio	.498	.480	.465	.455	.446	.438	.431	.423	.418	.412	.401	.392	.383	.367
	Minimum Premium Ratio	.985	.974	.963	.950	.940	.930	.919	.911	.901	.893	.875	.858	.844	.814
71	Basic Premium Ratio	.495	.477	.463	.451	.442	.433	.426	.419	.412	.407	.396	.387	.377	.360
	Minimum Premium Ratio	.985	.972	.961	.948	.937	.927	.915	.907	.896	.888	.869	.852	.837	.806
70	Basic Premium Ratio	.494	.476	.460	.448	.438	.430	.421	.414	.407	.402	.391	.380	.371	.353
	Minimum Premium Ratio	.984	.971	.959	.945	.934	.923	.911	.903	.891	.882	.863	.845	.830	.799
69	Basic Premium Ratio	.494	.472	.456	.445	.434	.425	.417	.410	.403	.396	.385	.375	.365	.347
	Minimum Premium Ratio	.983	.969	.956	.943	.931	.919	.907	.898	.886	.877	.857	.839	.823	.791
68	Basic Premium Ratio	.490	.468	.454	.441	.430	.421	.412	.404	.397	.392	.380	.368	.358	.340
	Minimum Premium Ratio	.983	.968	.954	.940	.928	.916	.903	.893	.881	.872	.851	.833	.816	.783
67	Basic Premium Ratio	.489	.467	.450	.437	.425	.416	.408	.400	.392	.386	.373	.363	.352	.334
	Minimum Premium Ratio	.982	.966	.952	.937	.924	.912	.899	.889	.876	.866	.845	.826	.809	.775

Maximum Premium Ratio:		1.05	1.10	1.15	1.20	1.25	1.30	1.35	1.40	1.45	1.50	1.60	1.70	1.80	2.00
66	Basic Premium Ratio	.485	.463	.446	.433	.421	.412	.403	.395	.387	.381	.367	.357	.346	.327
	Minimum Premium Ratio	.981	.965	.950	.934	.921	.908	.895	.884	.871	.861	.840	.820	.802	.767
65	Basic Premium Ratio	.485	.461	.444	.429	.418	.407	.398	.390	.382	.375	.362	.350	.340	.321
	Minimum Premium Ratio	.980	.963	.948	.931	.918	.904	.891	.879	.866	.856	.834	.814	.795	.759
64	Basic Premium Ratio	.481	.458	.440	.426	.414	.403	.394	.385	.377	.369	.357	.344	.333	.314
	Minimum Premium Ratio	.979	.961	.946	.928	.915	.900	.887	.874	.861	.850	.828	.807	.788	.751
63	Basic Premium Ratio	.480	.454	.436	.421	.409	.398	.388	.380	.372	.364	.351	.338	.328	.307
	Minimum Premium Ratio	.979	.960	.943	.926	.912	.896	.883	.870	.856	.845	.822	.801	.781	.744
62	Basic Premium Ratio	.476	.452	.431	.418	.404	.393	.384	.375	.367	.359	.344	.331	.321	.301
	Minimum Premium Ratio	.978	.958	.941	.923	.908	.893	.879	.865	.851	.840	.816	.795	.774	.736
61	Basic Premium Ratio	.475	.448	.430	.413	.400	.388	.378	.370	.361	.353	.339	.326	.314	.294
	Minimum Premium Ratio	.977	.957	.939	.920	.905	.889	.875	.860	.846	.834	.810	.788	.767	.728
60	Basic Premium Ratio	.471	.444	.425	.409	.395	.383	.374	.363	.355	.347	.332	.319	.307	.286
	Minimum Premium Ratio	.976	.955	.937	.917	.902	.885	.871	.856	.841	.829	.804	.782	.760	.720
59	Basic Premium Ratio	.470	.443	.421	.404	.391	.379	.368	.358	.349	.341	.325	.312	.301	.279
	Minimum Premium Ratio	.975	.954	.935	.914	.899	.881	.867	.851	.836	.823	.798	.775	.753	.712
58	Basic Premium Ratio	.467	.439	.417	.400	.386	.374	.363	.352	.344	.335	.320	.306	.294	.273
	Minimum Premium Ratio	.974	.952	.933	.911	.895	.877	.863	.846	.831	.818	.793	.769	.746	.704
57	Basic Premium Ratio	.466	.435	.412	.395	.381	.368	.357	.347	.338	.330	.313	.299	.287	.266
	Minimum Premium Ratio	.973	.951	.930	.908	.892	.873	.859	.842	.826	.813	.787	.763	.739	.696
56	Basic Premium Ratio	.462	.433	.408	.391	.376	.363	.351	.342	.331	.322	.307	.293	.281	.259
	Minimum Premium Ratio	.972	.949	.928	.905	.888	.869	.855	.837	.821	.807	.781	.756	.732	.689
55	Basic Premium Ratio	.458	.429	.403	.385	.371	.358	.346	.336	.325	.316	.300	.287	.274	.253
	Minimum Premium Ratio	.972	.947	.925	.903	.885	.866	.851	.832	.816	.802	.775	.750	.725	.681
54	Basic Premium Ratio	.456	.424	.399	.381	.366	.353	.340	.329	.320	.311	.294	.280	.267	.246
	Minimum Premium Ratio	.971	.946	.923	.900	.881	.862	.847	.827	.811	.797	.769	.744	.718	.676
53	Basic Premium Ratio	.452	.419	.394	.376	.359	.346	.335	.323	.312	.303	.287	.274	.261	.240
	Minimum Premium Ratio	.969	.944	.920	.897	.878	.858	.843	.823	.807	.792	.764	.739	.713	.671
52	Basic Premium Ratio	.447	.415	.389	.370	.354	.340	.328	.318	.307	.298	.281	.266	.255	.234
	Minimum Premium Ratio	.968	.942	.918	.894	.874	.855	.839	.818	.803	.787	.759	.734	.708	.666
51	Basic Premium Ratio	.443	.410	.384	.365	.349	.335	.322	.310	.301	.292	.275	.260	.248	.227
	Minimum Premium Ratio	.966	.940	.915	.891	.871	.851	.834	.814	.798	.783	.755	.729	.704	.662
50	Basic Premium Ratio	.439	.405	.379	.360	.343	.329	.316	.304	.293	.285	.268	.254	.241	.221
	Minimum Premium Ratio	.965	.938	.913	.888	.867	.847	.830	.810	.794	.778	.750	.724	.699	.657
49	Basic Premium Ratio	.437	.401	.374	.355	.338	.322	.309	.298	.287	.278	.261	.247	.235	.215
	Minimum Premium Ratio	.964	.935	.910	.885	.863	.844	.826	.805	.790	.774	.745	.719	.694	.652
48	Basic Premium Ratio	.433	.396	.369	.348	.330	.316	.303	.291	.281	.271	.255	.241	.229	.208
	Minimum Premium Ratio	.962	.933	.908	.883	.860	.840	.822	.801	.786	.770	.741	.714	.689	.647
47	Basic Premium Ratio	.428	.391	.364	.342	.324	.310	.297	.285	.274	.265	.248	.235	.221	.202
	Minimum Premium Ratio	.961	.931	.905	.880	.856	.837	.818	.797	.781	.765	.736	.710	.684	.642
46	Basic Premium Ratio	.424	.386	.358	.336	.319	.303	.289	.277	.267	.258	.242	.228	.216	.197
	Minimum Premium Ratio	.959	.929	.903	.877	.853	.833	.814	.793	.777	.761	.732	.705	.680	.637
45	Basic Premium Ratio	.419	.381	.350	.329	.311	.296	.283	.271	.260	.251	.235	.222	.211	.192
	Minimum Premium Ratio	.958	.927	.900	.874	.849	.829	.810	.789	.773	.756	.727	.700	.675	.632
44	Basic Premium Ratio	.414	.373	.345	.323	.304	.288	.276	.265	.254	.245	.229	.216	.205	.186
	Minimum Premium Ratio	.957	.925	.898	.871	.846	.826	.806	.785	.768	.752	.723	.695	.670	.627
43	Basic Premium Ratio	.409	.367	.337	.315	.297	.282	.269	.257	.248	.239	.223	.210	.200	.182
	Minimum Premium Ratio	.955	.923	.896	.868	.842	.822	.802	.780	.764	.748	.718	.690	.665	.622
42	Basic Premium Ratio	.405	.362	.331	.309	.291	.275	.262	.251	.240	.232	.216	.203	.193	.175
	Minimum Premium Ratio	.954	.921	.893	.865	.839	.819	.798	.776	.760	.743	.714	.685	.661	.617
41	Basic Premium Ratio	.400	.357	.326	.303	.283	.269	.256	.244	.234	.225	.210	.197	.186	.169
	Minimum Premium Ratio	.952	.919	.891	.863	.835	.815	.794	.772	.756	.739	.709	.680	.656	.612
40	Basic Premium Ratio	.395	.349	.321	.295	.277	.263	.249	.238	.227	.219	.203	.190	.179	.163
	Minimum Premium Ratio	.951	.916	.888	.860	.832	.812	.790	.768	.751	.734	.705	.676	.651	.607
39	Basic Premium Ratio	.390	.344	.312	.290	.271	.255	.242	.230	.221	.212	.196	.184	.174	.157
	Minimum Premium Ratio	.950	.914	.886	.857	.828	.808	.786	.764	.747	.730	.700	.671	.646	.603

Maximum Premium Ratio:		1.05	1.10	1.15	1.20	1.25	1.30	1.35	1.40	1.45	1.50	1.60	1.70	1.80	2.00
38	Basic Premium Ratio	.385	.339	.307	.282	.263	.249	.236	.223	.214	.204	.190	.178	.167	.151
	Minimum Premium Ratio	.948	.912	.883	.854	.825	.804	.782	.760	.743	.726	.695	.666	.641	.598
37	Basic Premium Ratio	.376	.330	.298	.276	.257	.241	.228	.216	.207	.198	.183	.171	.161	.146
	Minimum Premium Ratio	.947	.910	.881	.851	.821	.801	.778	.755	.738	.721	.691	.661	.637	.593
36	Basic Premium Ratio	.371	.324	.293	.267	.249	.235	.221	.210	.201	.192	.177	.166	.155	.140
	Minimum Premium Ratio	.945	.908	.879	.848	.819	.797	.775	.751	.736	.717	.686	.658	.632	.588
35	Basic Premium Ratio	.362	.315	.284	.261	.240	.226	.214	.203	.193	.184	.171	.159	.150	.135
	Minimum Premium Ratio	.945	.906	.878	.847	.818	.796	.774	.750	.735	.716	.685	.658	.631	.587
34	Basic Premium Ratio	.353	.306	.275	.252	.234	.220	.207	.196	.187	.179	.164	.154	.144	.130
	Minimum Premium Ratio	.944	.904	.876	.846	.817	.795	.773	.749	.734	.715	.684	.657	.631	.588
33	Basic Premium Ratio	.347	.297	.268	.243	.226	.212	.199	.189	.179	.171	.158	.148	.139	.125
	Minimum Premium Ratio	.944	.904	.875	.844	.816	.794	.772	.748	.733	.715	.684	.657	.631	.588
32	Basic Premium Ratio	.338	.288	.259	.237	.219	.204	.193	.182	.173	.166	.153	.142	.134	.121
	Minimum Premium Ratio	.943	.903	.874	.843	.815	.793	.771	.747	.732	.714	.684	.657	.632	.589
31	Basic Premium Ratio	.329	.282	.251	.229	.211	.197	.185	.176	.167	.160	.148	.137	.130	.117
	Minimum Premium Ratio	.943	.903	.873	.842	.814	.792	.769	.746	.731	.714	.683	.656	.632	.590
30	Basic Premium Ratio	.319	.273	.242	.220	.205	.191	.179	.169	.160	.154	.141	.132	.125	.113
	Minimum Premium Ratio	.942	.902	.872	.840	.813	.791	.768	.745	.730	.713	.683	.656	.632	.591
29	Basic Premium Ratio	.310	.264	.235	.213	.196	.183	.172	.163	.155	.148	.136	.128	.121	.110
	Minimum Premium Ratio	.942	.902	.870	.839	.812	.790	.767	.744	.729	.713	.683	.656	.632	.591
28	Basic Premium Ratio	.301	.255	.227	.205	.188	.177	.166	.157	.148	.141	.130	.122	.115	.103
	Minimum Premium Ratio	.941	.901	.869	.838	.811	.789	.766	.743	.728	.712	.682	.655	.632	.592
27	Basic Premium Ratio	.295	.248	.218	.199	.182	.169	.157	.148	.141	.134	.123	.114	.106	.095
	Minimum Premium Ratio	.941	.900	.868	.837	.810	.788	.765	.742	.727	.712	.682	.655	.632	.592
26	Basic Premium Ratio	.286	.240	.212	.191	.174	.161	.151	.140	.134	.127	.115	.107	.099	.088
	Minimum Premium Ratio	.940	.900	.867	.835	.809	.787	.764	.741	.726	.712	.682	.655	.632	.593
25	Basic Premium Ratio	.276	.230	.203	.182	.167	.154	.143	.134	.126	.119	.109	.100	.093	.083
	Minimum Premium Ratio	.940	.899	.866	.834	.808	.786	.763	.740	.725	.711	.682	.654	.632	.594
24	Basic Premium Ratio	.266	.221	.194	.175	.159	.147	.137	.129	.121	.114	.105	.097	.090	.080
	Minimum Premium Ratio	.939	.899	.865	.833	.807	.785	.762	.739	.724	.711	.681	.654	.632	.595
23	Basic Premium Ratio	.253	.212	.185	.166	.153	.141	.131	.123	.116	.110	.101	.093	.087	.078
	Minimum Premium Ratio	.939	.898	.863	.831	.806	.784	.761	.738	.723	.710	.681	.654	.633	.596
22	Basic Premium Ratio	.244	.202	.176	.158	.145	.134	.124	.118	.112	.106	.097	.090	.084	.076
	Minimum Premium Ratio	.939	.898	.862	.830	.805	.783	.760	.737	.722	.710	.681	.653	.633	.596
21	Basic Premium Ratio	.230	.193	.169	.152	.139	.128	.119	.112	.107	.102	.093	.087	.082	.075
	Minimum Premium Ratio	.935	.897	.861	.829	.804	.782	.759	.736	.721	.709	.680	.653	.633	.597
20	Basic Premium Ratio	.220	.183	.160	.143	.131	.121	.113	.107	.102	.097	.089	.083	.079	.072
	Minimum Premium Ratio	.930	.896	.860	.828	.803	.781	.758	.735	.720	.709	.680	.653	.633	.598
19	Basic Premium Ratio	.215	.177	.152	.137	.124	.115	.107	.101	.096	.092	.084	.079	.075	.068
	Minimum Premium Ratio	.924	.891	.859	.826	.802	.780	.757	.734	.719	.708	.680	.652	.633	.599
18	Basic Premium Ratio	.205	.168	.145	.129	.117	.108	.100	.095	.090	.086	.079	.075	.071	.066
	Minimum Premium Ratio	.919	.887	.858	.825	.801	.779	.756	.733	.718	.708	.679	.652	.633	.599
17	Basic Premium Ratio	.196	.159	.137	.121	.111	.102	.095	.090	.085	.081	.075	.071	.068	.063
	Minimum Premium Ratio	.913	.882	.853	.824	.800	.778	.755	.732	.717	.708	.679	.652	.633	.599
16	Basic Premium Ratio	.186	.150	.128	.114	.103	.095	.090	.085	.080	.077	.072	.068	.065	.061
	Minimum Premium Ratio	.908	.877	.849	.822	.799	.777	.754	.731	.716	.707	.679	.651	.633	.599
15	Basic Premium Ratio	.176	.141	.121	.108	.098	.090	.085	.080	.077	.074	.069	.066	.063	.059
	Minimum Premium Ratio	.902	.872	.845	.820	.798	.776	.753	.730	.715	.707	.678	.651	.633	.599
14	Basic Premium Ratio	.172	.135	.113	.103	.093	.088	.082	.078	.075	.072	.068	.065	.062	.059
	Minimum Premium Ratio	.897	.868	.841	.817	.795	.774	.752	.729	.714	.706	.678	.651	.634	.598
13	Basic Premium Ratio	.164	.126	.108	.097	.091	.084	.080	.076	.073	.070	.067	.064	.062	.058
	Minimum Premium Ratio	.892	.863	.837	.813	.791	.771	.751	.728	.713	.706	.678	.650	.634	.598
12	Basic Premium Ratio	.158	.117	.102	.094	.087	.082	.077	.074	.071	.069	.066	.063	.061	.058
	Minimum Premium Ratio	.886	.858	.833	.810	.788	.769	.749	.727	.712	.705	.677	.650	.633	.597
11	Basic Premium Ratio	.149	.107	.095	.089	.083	.079	.075	.072	.069	.068	.064	.062	.060	.057
	Minimum Premium Ratio	.881	.853	.829	.806	.785	.766	.748	.726	.711	.705	.676	.650	.632	.597



Maximum Premium Ratio:		1.05	1.10	1.15	1.20	1.25	1.30	1.35	1.40	1.45	1.50	1.60	1.70	1.80	2.00
10	Basic Premium Ratio	.144	.100	.091	.085	.080	.075	.073	.070	.068	.066	.063	.061	.059	.057
	Minimum Premium Ratio	.875	.849	.825	.802	.782	.763	.746	.725	.710	.704	.675	.650	.632	.597
9	Basic Premium Ratio	.134	.093	.086	.081	.077	.073	.070	.068	.066	.065	.062	.060	.059	.057
	Minimum Premium Ratio	.870	.844	.820	.799	.779	.761	.744	.724	.709	.704	.674	.649	.631	.596
8	Basic Premium Ratio	.121	.087	.082	.077	.074	.070	.068	.066	.065	.063	.061	.059	.058	.056
	Minimum Premium Ratio	.864	.839	.816	.795	.776	.758	.741	.723	.708	.704	.673	.649	.630	.596
7	Basic Premium Ratio	.106	.082	.077	.074	.070	.068	.066	.064	.063	.062	.060	.058	.057	.056
	Minimum Premium Ratio	.859	.834	.812	.792	.773	.755	.739	.722	.707	.703	.671	.649	.630	.596
6	Basic Premium Ratio	.092	.077	.074	.070	.068	.066	.064	.063	.061	.060	.058	.057	.057	.055
	Minimum Premium Ratio	.853	.830	.808	.788	.770	.753	.737	.721	.706	.695	.670	.648	.629	.595
5	Basic Premium Ratio	.092	.073	.070	.067	.065	.064	.062	.061	.060	.059	.057	.057	.056	.055
	Minimum Premium Ratio	.848	.825	.804	.785	.767	.750	.734	.720	.705	.693	.669	.648	.629	.595

**NEW SECTION**

WAC 296-17-91905 TABLE VI.

RETROSPECTIVE RATING PLAN A3  
 MINIMUM PREMIUM RATIOS  
 AND BASIC PREMIUM RATIOS  
 LOSS CONVERSION FACTOR = .692  
 Effective January 1, 1986

Maximum Premium Ratio:		1.05	1.10	1.15	1.20	1.25	1.30	1.35	1.40	1.45	1.50	1.60	1.70	1.80	2.00
84	Basic Premium Ratio	.820	.813	.793	.783	.777	.766	.759	.732	.736	.727	.722	.706	.694	.673
	Minimum Premium Ratio	.986	.973	.964	.956	.948	.942	.935	.931	.924	.919	.909	.900	.891	.874
83	Basic Premium Ratio	.820	.812	.790	.780	.772	.760	.753	.728	.730	.721	.715	.698	.685	.663
	Minimum Premium Ratio	.985	.972	.962	.953	.944	.937	.931	.925	.919	.913	.903	.892	.883	.865
82	Basic Premium Ratio	.820	.810	.788	.776	.767	.755	.747	.724	.724	.715	.707	.690	.677	.653
	Minimum Premium Ratio	.984	.970	.958	.949	.940	.932	.925	.920	.913	.907	.896	.885	.876	.857
81	Basic Premium Ratio	.820	.808	.786	.772	.763	.750	.742	.720	.718	.709	.699	.683	.668	.643
	Minimum Premium Ratio	.981	.967	.954	.946	.936	.928	.920	.913	.907	.901	.889	.878	.868	.849
80	Basic Premium Ratio	.820	.806	.783	.768	.758	.745	.736	.716	.712	.703	.692	.675	.659	.633
	Minimum Premium Ratio	.981	.964	.951	.941	.931	.923	.915	.909	.901	.895	.882	.871	.860	.839
79	Basic Premium Ratio	.820	.804	.781	.765	.753	.739	.730	.712	.706	.697	.684	.667	.651	.622
	Minimum Premium Ratio	.979	.962	.948	.938	.927	.918	.910	.903	.895	.888	.876	.864	.852	.831
78	Basic Premium Ratio	.820	.803	.779	.761	.749	.734	.725	.708	.700	.691	.677	.659	.642	.612
	Minimum Premium Ratio	.976	.959	.945	.934	.924	.913	.905	.897	.890	.882	.869	.856	.844	.821
77	Basic Premium Ratio	.820	.801	.776	.757	.744	.729	.719	.704	.694	.684	.669	.641	.633	.602
	Minimum Premium Ratio	.975	.957	.942	.930	.919	.910	.900	.893	.884	.876	.862	.849	.836	.813
76	Basic Premium Ratio	.820	.799	.774	.754	.740	.724	.713	.700	.688	.678	.661	.644	.625	.592
	Minimum Premium Ratio	.974	.956	.940	.927	.915	.905	.895	.886	.878	.870	.855	.840	.828	.804
75	Basic Premium Ratio	.820	.797	.772	.750	.735	.718	.707	.696	.682	.672	.654	.636	.616	.582
	Minimum Premium Ratio	.974	.952	.936	.923	.911	.899	.889	.881	.872	.863	.848	.833	.820	.794
74	Basic Premium Ratio	.820	.795	.769	.746	.730	.713	.702	.692	.676	.666	.646	.628	.607	.572
	Minimum Premium Ratio	.970	.950	.934	.918	.906	.894	.884	.875	.866	.857	.840	.825	.811	.786
73	Basic Premium Ratio	.820	.794	.767	.743	.726	.708	.696	.688	.670	.660	.638	.620	.599	.562
	Minimum Premium Ratio	.969	.946	.929	.915	.902	.889	.879	.869	.859	.851	.833	.818	.803	.776
72	Basic Premium Ratio	.820	.792	.765	.739	.721	.703	.690	.684	.664	.654	.631	.613	.590	.552
	Minimum Premium Ratio	.968	.944	.925	.912	.898	.886	.874	.863	.854	.844	.826	.810	.795	.767
71	Basic Premium Ratio	.820	.790	.759	.734	.715	.697	.682	.674	.655	.645	.620	.602	.578	.540
	Minimum Premium Ratio	.965	.941	.923	.907	.893	.880	.868	.857	.847	.837	.819	.802	.786	.757
70	Basic Premium Ratio	.820	.788	.752	.729	.709	.690	.674	.665	.647	.636	.609	.591	.567	.529

Maximum Premium Ratio:		1.05	1.10	1.15	1.20	1.25	1.30	1.35	1.40	1.45	1.50	1.60	1.70	1.80	2.00
Size Group															
	Minimum Premium Ratio	.964	.939	.919	.903	.889	.875	.862	.852	.841	.831	.812	.793	.778	.747
69	Basic Premium Ratio	.820	.785	.746	.723	.703	.684	.666	.655	.638	.626	.598	.579	.555	.517
	Minimum Premium Ratio	.963	.935	.914	.899	.883	.869	.857	.846	.835	.823	.804	.786	.770	.738
68	Basic Premium Ratio	.820	.783	.739	.718	.697	.677	.658	.645	.629	.617	.587	.568	.543	.505
	Minimum Premium Ratio	.959	.931	.912	.894	.878	.864	.851	.839	.828	.817	.797	.777	.760	.729
67	Basic Premium Ratio	.820	.779	.736	.712	.690	.670	.651	.636	.621	.608	.577	.558	.533	.495
	Minimum Premium Ratio	.957	.929	.907	.889	.873	.858	.845	.833	.821	.810	.789	.770	.752	.719
66	Basic Premium Ratio	.820	.776	.732	.707	.682	.663	.643	.628	.613	.599	.568	.548	.523	.485
	Minimum Premium Ratio	.954	.925	.903	.885	.868	.853	.839	.826	.814	.803	.781	.761	.744	.709
65	Basic Premium Ratio	.820	.772	.729	.701	.675	.655	.636	.619	.604	.590	.558	.537	.513	.475
	Minimum Premium Ratio	.953	.923	.900	.880	.864	.847	.833	.821	.808	.796	.773	.753	.735	.701
64	Basic Premium Ratio	.820	.768	.725	.695	.667	.648	.628	.610	.596	.581	.548	.527	.503	.465
	Minimum Premium Ratio	.949	.919	.895	.877	.859	.841	.827	.814	.801	.788	.766	.744	.726	.691
63	Basic Premium Ratio	.820	.764	.719	.690	.661	.641	.620	.601	.586	.571	.538	.517	.492	.454
	Minimum Premium Ratio	.948	.914	.891	.871	.853	.835	.820	.807	.794	.781	.758	.736	.718	.682
62	Basic Premium Ratio	.820	.759	.714	.684	.656	.634	.612	.592	.576	.562	.529	.507	.482	.444
	Minimum Premium Ratio	.944	.912	.886	.867	.848	.830	.815	.801	.788	.774	.750	.727	.708	.672
61	Basic Premium Ratio	.820	.755	.708	.679	.650	.627	.603	.582	.566	.552	.519	.496	.471	.433
	Minimum Premium Ratio	.943	.908	.884	.861	.843	.824	.808	.794	.781	.767	.743	.719	.699	.662
60	Basic Premium Ratio	.820	.750	.702	.673	.644	.620	.595	.573	.556	.542	.509	.486	.460	.422
	Minimum Premium Ratio	.939	.904	.879	.856	.837	.818	.802	.787	.773	.758	.734	.710	.690	.652
59	Basic Premium Ratio	.813	.743	.696	.664	.635	.611	.586	.564	.546	.532	.499	.475	.449	.411
	Minimum Premium Ratio	.937	.902	.874	.851	.832	.812	.795	.780	.766	.751	.725	.701	.681	.642
58	Basic Premium Ratio	.806	.737	.690	.655	.626	.602	.577	.555	.537	.522	.489	.464	.439	.401
	Minimum Premium Ratio	.934	.898	.869	.846	.825	.806	.789	.773	.759	.743	.718	.693	.672	.633
57	Basic Premium Ratio	.798	.730	.684	.645	.617	.593	.568	.545	.527	.511	.479	.452	.428	.390
	Minimum Premium Ratio	.932	.893	.864	.840	.820	.799	.781	.766	.752	.736	.709	.684	.663	.624
56	Basic Premium Ratio	.791	.723	.678	.636	.608	.584	.559	.536	.517	.501	.469	.441	.417	.379
	Minimum Premium Ratio	.928	.890	.859	.835	.814	.793	.775	.759	.743	.727	.701	.676	.654	.614
55	Basic Premium Ratio	.788	.717	.672	.629	.600	.575	.550	.526	.507	.491	.459	.432	.408	.370
	Minimum Premium Ratio	.924	.886	.854	.829	.808	.787	.768	.753	.736	.720	.692	.667	.645	.606
54	Basic Premium Ratio	.785	.710	.665	.623	.592	.566	.541	.517	.498	.481	.449	.423	.398	.361
	Minimum Premium Ratio	.922	.881	.849	.824	.802	.781	.761	.744	.729	.713	.685	.659	.637	.597
53	Basic Premium Ratio	.782	.704	.659	.616	.584	.556	.532	.507	.488	.470	.439	.413	.389	.352
	Minimum Premium Ratio	.918	.876	.844	.818	.794	.772	.755	.737	.720	.704	.677	.651	.629	.589
52	Basic Premium Ratio	.779	.697	.652	.609	.576	.547	.523	.497	.478	.460	.429	.404	.379	.343
	Minimum Premium Ratio	.913	.871	.838	.812	.789	.766	.747	.731	.713	.697	.669	.642	.621	.581
51	Basic Premium Ratio	.774	.691	.644	.600	.566	.537	.513	.487	.467	.450	.419	.394	.369	.333
	Minimum Premium Ratio	.908	.865	.833	.806	.782	.759	.740	.722	.706	.690	.662	.635	.613	.572
50	Basic Premium Ratio	.769	.685	.636	.591	.556	.527	.502	.477	.457	.440	.408	.383	.359	.323
	Minimum Premium Ratio	.904	.861	.826	.800	.775	.753	.733	.715	.697	.681	.653	.627	.604	.564
49	Basic Premium Ratio	.763	.678	.627	.582	.546	.517	.492	.466	.446	.429	.398	.373	.349	.312
	Minimum Premium Ratio	.902	.856	.821	.795	.769	.744	.724	.708	.690	.673	.645	.619	.596	.556
48	Basic Premium Ratio	.758	.672	.619	.573	.536	.507	.481	.456	.435	.419	.387	.362	.339	.302
	Minimum Premium Ratio	.898	.850	.815	.786	.761	.737	.717	.699	.683	.665	.637	.611	.588	.548
47	Basic Premium Ratio	.749	.663	.607	.562	.525	.496	.470	.445	.424	.408	.377	.353	.330	.295
	Minimum Premium Ratio	.892	.845	.810	.780	.754	.731	.710	.692	.674	.657	.629	.603	.579	.540
46	Basic Premium Ratio	.740	.654	.595	.550	.513	.485	.459	.434	.414	.398	.367	.343	.321	.287
	Minimum Premium Ratio	.888	.839	.804	.773	.748	.723	.702	.683	.666	.650	.621	.595	.572	.533
45	Basic Premium Ratio	.731	.645	.583	.539	.502	.474	.448	.422	.403	.387	.357	.334	.312	.280
	Minimum Premium Ratio	.884	.834	.795	.765	.739	.715	.695	.676	.657	.641	.612	.587	.565	.526
44	Basic Premium Ratio	.722	.636	.571	.527	.490	.463	.437	.411	.392	.376	.347	.324	.303	.272
	Minimum Premium Ratio	.878	.826	.790	.758	.732	.706	.686	.669	.650	.633	.605	.580	.558	.519
43	Basic Premium Ratio	.714	.626	.561	.517	.479	.451	.426	.401	.382	.365	.337	.314	.293	.263
	Minimum Premium Ratio	.873	.820	.781	.750	.723	.699	.679	.659	.643	.627	.598	.572	.551	.513
42	Basic Premium Ratio	.705	.615	.551	.507	.467	.440	.414	.390	.371	.355	.327	.304	.284	.253

Maximum Premium Ratio:		1.05	1.10	1.15	1.20	1.25	1.30	1.35	1.40	1.45	1.50	1.60	1.70	1.80	2.00
Size Group															
	Minimum Premium Ratio	.869	.814	.775	.743	.717	.691	.670	.652	.634	.618	.589	.564	.543	.504
41	Basic Premium Ratio	.697	.605	.540	.496	.456	.428	.403	.380	.361	.344	.316	.294	.274	.244
	Minimum Premium Ratio	.863	.809	.769	.737	.708	.684	.663	.644	.627	.610	.582	.557	.534	.496
40	Basic Premium Ratio	.688	.594	.530	.486	.444	.416	.391	.369	.350	.333	.306	.284	.264	.234
	Minimum Premium Ratio	.858	.800	.763	.728	.702	.677	.656	.636	.618	.603	.574	.548	.526	.489
39	Basic Premium Ratio	.677	.583	.519	.475	.434	.406	.380	.359	.340	.323	.296	.274	.255	.226
	Minimum Premium Ratio	.853	.795	.754	.722	.695	.668	.647	.628	.611	.594	.565	.541	.519	.481
38	Basic Premium Ratio	.666	.573	.508	.464	.424	.395	.370	.348	.329	.313	.286	.264	.246	.218
	Minimum Premium Ratio	.848	.790	.748	.713	.686	.661	.640	.620	.604	.585	.558	.533	.511	.473
37	Basic Premium Ratio	.654	.562	.497	.453	.413	.385	.359	.338	.319	.302	.276	.254	.237	.209
	Minimum Premium Ratio	.839	.781	.739	.707	.679	.652	.631	.611	.595	.577	.549	.525	.503	.466
36	Basic Premium Ratio	.643	.551	.486	.442	.403	.374	.348	.327	.308	.292	.266	.244	.228	.201
	Minimum Premium Ratio	.834	.774	.733	.697	.670	.645	.623	.604	.588	.570	.541	.518	.495	.458
35	Basic Premium Ratio	.631	.538	.473	.429	.392	.363	.338	.317	.299	.283	.257	.236	.220	.194
	Minimum Premium Ratio	.825	.765	.723	.690	.660	.636	.615	.596	.579	.561	.534	.510	.489	.452
34	Basic Premium Ratio	.618	.525	.461	.417	.380	.352	.328	.307	.289	.274	.249	.228	.212	.187
	Minimum Premium Ratio	.815	.755	.713	.681	.654	.629	.607	.588	.572	.555	.527	.504	.482	.447
33	Basic Premium Ratio	.606	.511	.448	.404	.369	.341	.317	.297	.280	.264	.240	.220	.203	.179
	Minimum Premium Ratio	.810	.746	.706	.671	.644	.620	.598	.580	.563	.546	.520	.497	.476	.441
32	Basic Premium Ratio	.593	.498	.435	.391	.357	.330	.307	.287	.270	.255	.231	.212	.195	.172
	Minimum Premium Ratio	.800	.736	.697	.664	.637	.611	.591	.572	.556	.539	.513	.490	.470	.436
31	Basic Premium Ratio	.578	.484	.422	.379	.345	.319	.296	.277	.260	.246	.222	.204	.188	.166
	Minimum Premium Ratio	.791	.730	.688	.655	.628	.604	.583	.565	.549	.532	.507	.484	.465	.431
30	Basic Premium Ratio	.563	.470	.409	.367	.333	.308	.285	.266	.251	.237	.214	.196	.181	.159
	Minimum Premium Ratio	.781	.720	.678	.646	.621	.597	.576	.557	.541	.525	.499	.478	.458	.427
29	Basic Premium Ratio	.548	.455	.396	.354	.321	.296	.274	.256	.241	.227	.205	.187	.174	.153
	Minimum Premium Ratio	.772	.711	.671	.638	.611	.588	.567	.550	.535	.518	.493	.473	.453	.422
28	Basic Premium Ratio	.533	.441	.383	.342	.309	.285	.263	.245	.231	.218	.196	.179	.167	.146
	Minimum Premium Ratio	.762	.702	.662	.629	.603	.580	.560	.543	.527	.511	.486	.466	.446	.415
27	Basic Premium Ratio	.519	.427	.369	.329	.297	.273	.251	.233	.219	.206	.185	.168	.156	.136
	Minimum Premium Ratio	.756	.695	.653	.622	.595	.572	.551	.533	.519	.503	.478	.457	.437	.406
26	Basic Premium Ratio	.504	.413	.355	.315	.284	.260	.239	.222	.208	.195	.174	.158	.145	.124
	Minimum Premium Ratio	.747	.686	.646	.614	.587	.563	.543	.525	.511	.494	.469	.449	.428	.398
25	Basic Premium Ratio	.490	.398	.341	.302	.272	.248	.227	.210	.196	.183	.162	.147	.133	.113
	Minimum Premium Ratio	.736	.676	.636	.604	.579	.555	.534	.517	.502	.485	.461	.440	.421	.392
24	Basic Premium Ratio	.475	.384	.327	.288	.259	.235	.215	.198	.184	.171	.151	.136	.123	.104
	Minimum Premium Ratio	.727	.666	.627	.597	.570	.547	.528	.511	.495	.479	.456	.436	.418	.389
23	Basic Premium Ratio	.454	.367	.312	.275	.247	.224	.205	.189	.176	.164	.145	.130	.119	.101
	Minimum Premium Ratio	.713	.657	.617	.587	.563	.540	.521	.505	.489	.474	.451	.432	.414	.386
22	Basic Premium Ratio	.434	.349	.298	.262	.235	.213	.195	.180	.167	.156	.138	.125	.114	.097
	Minimum Premium Ratio	.704	.647	.608	.578	.554	.533	.513	.499	.484	.469	.446	.427	.410	.383
21	Basic Premium Ratio	.408	.332	.283	.248	.222	.201	.184	.171	.159	.149	.132	.119	.110	.094
	Minimum Premium Ratio	.690	.637	.600	.571	.547	.526	.507	.491	.478	.464	.442	.424	.407	.381
20	Basic Premium Ratio	.388	.314	.268	.234	.209	.190	.174	.161	.150	.141	.125	.113	.105	.090
	Minimum Premium Ratio	.680	.627	.591	.562	.539	.518	.500	.485	.472	.458	.436	.419	.402	.377
19	Basic Premium Ratio	.374	.298	.251	.220	.196	.177	.162	.149	.139	.131	.116	.105	.097	.084
	Minimum Premium Ratio	.674	.620	.582	.555	.531	.511	.493	.478	.465	.451	.430	.413	.397	.372
18	Basic Premium Ratio	.355	.281	.237	.205	.181	.163	.148	.137	.127	.119	.106	.098	.090	.079
	Minimum Premium Ratio	.664	.611	.575	.546	.523	.503	.485	.471	.458	.444	.424	.409	.392	.369
17	Basic Premium Ratio	.337	.265	.221	.189	.169	.151	.137	.127	.117	.110	.098	.090	.083	.074
	Minimum Premium Ratio	.654	.601	.566	.537	.516	.497	.479	.465	.452	.439	.419	.404	.388	.366
16	Basic Premium Ratio	.318	.247	.204	.176	.154	.137	.127	.117	.108	.102	.091	.083	.078	.069
	Minimum Premium Ratio	.644	.592	.557	.530	.508	.488	.473	.459	.447	.434	.415	.399	.384	.362
15	Basic Premium Ratio	.300	.229	.190	.164	.143	.128	.117	.108	.101	.095	.086	.079	.074	.066
	Minimum Premium Ratio	.635	.583	.550	.524	.502	.484	.468	.455	.443	.430	.412	.397	.382	.361
14	Basic Premium Ratio	.291	.216	.174	.154	.134	.123	.112	.103	.097	.091	.083	.078	.072	.065

Maximum Premium Ratio:	1.05	1.10	1.15	1.20	1.25	1.30	1.35	1.40	1.45	1.50	1.60	1.70	1.80	2.00
Size Group														
Minimum Premium Ratio	.630	.577	.542	.519	.498	.481	.465	.452	.441	.428	.411	.397	.381	.360
13 Basic Premium Ratio	.275	.199	.163	.142	.129	.116	.107	.099	.094	.088	.081	.076	.071	.064
Minimum Premium Ratio	.622	.568	.537	.513	.495	.478	.463	.450	.440	.427	.410	.396	.381	.360
12 Basic Premium Ratio	.263	.182	.151	.134	.121	.110	.102	.096	.089	.086	.078	.073	.069	.063
Minimum Premium Ratio	.616	.559	.531	.510	.491	.475	.460	.449	.437	.426	.409	.394	.380	.359
11 Basic Premium Ratio	.246	.162	.138	.126	.114	.105	.098	.092	.086	.083	.076	.071	.068	.062
Minimum Premium Ratio	.608	.549	.524	.505	.488	.472	.458	.447	.436	.424	.407	.393	.379	.359
10 Basic Premium Ratio	.229	.147	.129	.117	.107	.098	.093	.088	.083	.079	.074	.069	.066	.061
Minimum Premium Ratio	.602	.542	.520	.501	.484	.469	.456	.445	.434	.422	.406	.392	.378	.358
9 Basic Premium Ratio	.211	.133	.119	.109	.101	.094	.088	.083	.079	.077	.071	.068	.065	.061
Minimum Premium Ratio	.593	.535	.515	.497	.481	.467	.453	.442	.432	.421	.405	.392	.378	.358
8 Basic Premium Ratio	.189	.122	.111	.102	.095	.088	.083	.079	.077	.074	.069	.066	.063	.060
Minimum Premium Ratio	.579	.529	.511	.493	.478	.464	.451	.440	.431	.420	.404	.391	.377	.358
7 Basic Premium Ratio	.160	.112	.101	.095	.088	.083	.079	.076	.074	.071	.067	.063	.062	.059
Minimum Premium Ratio	.565	.524	.506	.490	.475	.462	.449	.439	.430	.418	.403	.389	.376	.357
6 Basic Premium Ratio	.130	.101	.095	.088	.083	.079	.075	.072	.070	.068	.064	.062	.060	.058
Minimum Premium Ratio	.550	.519	.503	.486	.472	.459	.447	.437	.428	.417	.401	.389	.376	.357
5 Basic Premium Ratio	.099	.092	.087	.081	.078	.074	.071	.069	.067	.065	.062	.060	.059	.057
Minimum Premium Ratio	.550	.515	.499	.483	.470	.457	.445	.435	.426	.415	.400	.388	.375	.356

**WSR 86-06-019**  
**RULES OF COURT**  
**STATE SUPREME COURT**  
 [February 18, 1986]

James M. Dolliver

Robert F. Utter

James A. Andersen

Robert F. Brachtenbach

Keith M. Callow

Fred H. Dore

Wm. C. Goodloe

Vernon R. Pearson

B. Durham

In the Matter of the Adoption  
 of RLD 5.5(a) and AMENDMENTS  
 to: RLD 2.4, 5.1, 5.7 and 6.7

NO. 25700-A-376  
 ORDER

The Board of Governors of the Washington State Bar Association having recommended the adoption of RLD 5.5(a). and amendments to RLD 2.4, 5.1, 5.7 and 6.7, and the proposed Rules and Amendments having been published for comment in 104 Wn.2d Advance Sheet No. 9, and the Court having considered the proposed Rule, Amendments and comment submitted thereto, and having determined that the proposed Rule and Amendments will aid in the prompt and orderly administration of justice; Now, therefore, it is hereby

**ORDERED:**

(a) That the Rule and Amendments as attached hereto are adopted.

(b) That pursuant to GR 9(i) the Rule and Amendments will be expeditiously published in the Washington Reports Advance Sheets and shall become effective on the date of publication.

DATED at Olympia, Washington, this 18th day of February, 1986.

**RULE 5.5A**  
**ADMONITION**

(a) Grounds. An admonition may be issued by a Review Committee when investigation of a complaint shows misconduct involving inattention, neglect or lack of competence in handling a matter.

(b) Effect. An admonition shall be admissible in evidence in subsequent discipline or disability proceedings involving the lawyer. File materials relating to an investigation concluded with an admonition shall be subject to destruction as provided in rule 12.8(b).

(c) Protest. A lawyer wishing to protest the issuance of an admonition must file a notice to that effect with the Association within 30 days of service of the admonition. Upon receipt of a timely protest, the admonition is rescinded, and the complaint shall be considered to have been ordered to hearing by the Review Committee issuing the admonition.

(d) Action on Board review. After a hearing on the protest relating to the issuance of the admonition, and upon appeal pursuant to rule 6.1(b), the Board may dismiss, issue an admonition, or impose sanctions pursuant to rule 5.1.

(e) Admonition not public. An admonition shall not be a public matter, unless admitted into evidence in a

public disciplinary proceeding, or issued by the Board after a hearing under section (d).

#### RULE 2.4

##### REVIEW COMMITTEES

- (a) Unchanged.
- (b) Unchanged.
- (c) Unchanged.
- (d) Authority of Review Committees. Each review committee shall have the power and authority to:
  - (1) Review reports on investigations of alleged acts of misconduct by a lawyer, and upon such review order a hearing on the alleged misconduct, issue an admonition, dismiss the matter, issue an advisory letter, or direct such further investigation as may appear appropriate.
  - (2) Unchanged.
  - (3) Unchanged.
  - (4) Unchanged.
  - (5) Unchanged.
  - (6) Unchanged.
  - (7) Unchanged.
- (e) Unchanged.
- (f) Unchanged.

#### RULE 5.1

##### SANCTIONS

Upon a finding that a lawyer has committed an act of misconduct, one or more of the following sanctions, or an admonition pursuant to rule 5.5A, may be imposed:

- (a) Disbarment;
- (b) Suspension from the practice of law for an appropriate fixed period of time not exceeding 2 years;
- (c) Reprimand;
- (d) Censure;
- (e) Cumulative disciplinary suspension pursuant to rule 5.4.

#### RULE 5.7

##### COSTS AND EXPENSES

- (a) Assessment. In all cases in which a sanction or admonition is imposed upon a lawyer following a hearing and a finding of misconduct, costs and expenses as herein defined may be assessed against the lawyer in favor of the Association.
- (b) Unchanged.
- (c) Unchanged.
- (d) Association to File Statement of Costs and Expenses. When the decision of a hearing officer or panel imposing a sanction becomes final without Board review, or when a decision of the Board imposing a sanction or an admonition is served on the respondent lawyer after Board review, the Association shall have 10 days in which to file a statement of costs and expenses in the office of the Association.
  - (1) Unchanged.
  - (2) Unchanged.
  - (e) Unchanged.
  - (f) Unchanged.
  - (g) Unchanged.
  - (h) Unchanged.
  - (i) Unchanged.

(j) Unchanged.

#### RULE 6.7

##### DECISION OF BOARD

- (a) Unchanged.
- (b) Participation ~~by Hearing Officer~~. A member of the Board who sat as hearing officer or as a member of a hearing panel, or who sat as a member of a Review Committee which issued a lawyer an admonition on a matter, shall not be present during the review of that matter by the Board.
- (c) Unchanged.
- (d) Unchanged.
- (e) Unchanged.
- (f) Unchanged.
- (g) Unchanged.

#### **WSR 86-06-020**

##### ADOPTED RULES

#### **PARKS AND RECREATION COMMISSION**

[Order 91—Filed February 25, 1986]

Be it resolved by the Washington State Parks and Recreation Commission, acting at Olympia, Washington, that it does adopt the annexed rules relating to WAC 352-32-010; camping, WAC 352-32-030; picnicking, WAC 352-32-040; park periods, WAC 352-32-050; park capacities, WAC 352-32-053; peace and quiet, WAC 352-32-056; swimming, WAC 352-32-080; games, WAC 352-32-090; firearms and/or weapons, WAC 352-32-120; and consumption of alcohol, WAC 352-32-210.

This action is taken pursuant to Notice No. WSR 86-02-062 filed with the code reviser on December 31, 1985. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 34.04.040(2).

This rule is promulgated pursuant to RCW 43.51.040 and 43.51.060 and is intended to administratively implement that statute.

The undersigned hereby declares that the agency has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW), and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.

APPROVED AND ADOPTED February 21, 1986.

By Thomas M. Ryan  
Chairman

AMENDATORY SECTION (Amending Order 50, filed 4/14/81)

✓ WAC 352-32-010 DEFINITIONS. Whenever used in this chapter the following terms shall be defined as herein indicated:

- (1) "Commission" shall mean the Washington state parks and recreation commission.
- (2) "Director" shall mean the director of the Washington state parks and recreation commission.

(3) "Ranger" shall mean a duly appointed Washington state parks ranger who is vested with police powers under RCW 43.51.170 (~~and WAC 352-32-020~~), and shall include the park manager in charge of any state park area.

(4) "Person" shall mean all natural persons, firms, partnerships, corporations, clubs, and all associations or combinations of persons whenever acting for themselves or by an agent, servant, or employee.

(5) "Recreation vehicle" shall mean a vehicle/trailer unit, van, pickup truck with camper, motor home, converted bus, or any similar type vehicle which contains sleeping and/or housekeeping accommodations.

(6) "Standard campsite" shall mean a designated camping site which is served by nearby domestic water, sink waste, garbage disposal and flush comfort station. Each campsite includes a camp stove and picnic table.

(7) "Utility campsite" shall mean a standard campsite with the addition of one or all of the following utility hookups: Domestic water, sewer and electricity.

(8) "Primitive campsite" shall mean a campsite not provided with flush comfort station nearby and which may not have any of the amenities of a standard campsite.

(9) "Camping" shall mean erecting a tent or shelter or arranging bedding, or both, (~~for the purpose of, or in such a way as will permit remaining overnight,~~) or parking a recreation vehicle or other vehicle for the purpose of remaining overnight.

(10) "Group camping areas" are designated areas usually primitive with minimal utilities and site amenities and are for the use of organized groups. Facilities and extent of development vary from park to park.

(11) "Emergency area" is an area in (~~a park which can be used for camping but is not part of the designated overnight camping area~~) the park separate from the designated overnight camping area, which may be used for camping between the hours of 9 p.m. and 8 a.m. when no alternative camping facilities are available within reasonable driving distances.

(12) "State park area" shall mean any area under the ownership, management, or control of the commission, including trust lands which have been withdrawn from sale or lease by order of the commissioner of public lands and the management of which has been transferred to the commission, and specifically including all those areas defined in WAC 352-16-020. State park areas do not include the seashore conservation area as defined in RCW 43.51.655 and as regulated under chapter 352-36 WAC.

(13) "Environmental learning centers (ELC)" shall mean those designated specialized facilities (formerly called resident group camps) designed to promote outdoor camping experiences and environmental education by groups in a residential setting. A group can be formalized group or an organized collection of families wishing to camp or use the ELC. ELCs are located at Camp Wooten, Columbia County; Brooks Memorial State Park, Klickitat County; Sun Lakes State Park, Grant County; Deception Pass State Park, Island and Skagit Counties; Fort Flagler State Park, Jefferson County; Millersylvania State Park, Thurston County; Moran

State Park, San Juan County; Fields' Spring State Park, Asotin County; and Sequim Bay State Park, Clallam County.

(14) "Camping unit" shall mean a group of people (one or more persons) that is organized, equipped and capable of sustaining its own camping activity.

(15) "Residence" shall mean the long-term habitation of facilities at a given state park for purposes whose primary character is not recreational. "Residence" is characterized by one or both of the following patterns:

(a) Camping at a given park for more than twenty days within a thirty-day time period May 1 through September 30; or thirty days within a sixty-day time period October 1 through April 30. As provided in WAC 352-32-030(6), continuous occupancy of facilities by the same camping unit shall be limited to ten consecutive nights May 1 through September 30 and fifteen consecutive nights October 1 through April 30 in one park, after which the camping unit must vacate the overnight park facilities for three consecutive nights. The time period shall begin on the date for which the first night's fee is paid.

(b) The designation of the park facility as a permanent or temporary address on official documents or applications submitted to public or private agencies or institutions.

(16) "Motorcycle" means every motor vehicle having a saddle for the use of the rider and designed to travel on not more than three wheels in contact with the ground, but excluding a farm tractor and a moped.

(17) "Upland" shall mean all lands lying above mean high water.

#### AMENDATORY SECTION (Amending Resolution No. 67, filed 4/15/83)

✓ WAC 352-32-030 CAMPING. (1) Camping facilities of the state parks within the Washington state parks and recreation commission system are designed and administered specifically to provide recreational opportunities for park visitors. Use of park facilities for purposes which are of a nonrecreational nature, such as long-term residency at park facilities, obstructs opportunities for recreational use, and is inconsistent with the purposes for which those facilities were designed.

No person or camping unit may use any state park facility for residence purposes, as defined (WAC 352-32-010(15)).

(2) No person shall camp in any state park area except in areas specifically designated and/or marked for that purpose or as directed by a ranger.

~~((2))~~ (3) Occupants shall vacate camping facilities by removing their personal property therefrom prior to 3:00 p.m., (or other appropriate, established time in parks where camping is reserved) if the applicable camping fee has not been paid or if the time limit for occupancy of the campsite has expired or the site is reserved by another party. Remaining in a campsite beyond the established checkout time shall subject the occupant to the payment of an additional camping fee.

~~((3))~~ No tent camper shall be allowed to occupy a designated utility campsite except as directed by a ranger. (4) Use of utility campsites by tent campers shall

be subject to payment of the utility campsite fee except when ~~((directed))~~ otherwise specified by a ranger ~~((to occupy a utility campsite))~~.

~~((4))~~ (5) A campsite is considered occupied when it is being used for purposes of camping by a person or persons who have paid the camping fee within the applicable time limits or when it has been reserved through the appropriate procedures of the reservation system. No person shall take or attempt to take possession of a campsite when it is being occupied by another party, or when informed by a ranger that such site is occupied, or when the site is posted with a "reserved" sign. In the case of a reserved site, a person holding a valid reservation for that specific site may occupy it according to the rules relating to the reservation system for that park. In order to afford the public the greatest possible use of the state park system on a fair and equal basis, campsites in those parks not on the state park reservation system will be available on a first-come, first-serve basis. No person shall hold or attempt to hold campsite(s), for another camping unit for present or future camping dates. Any site occupied by a camping unit must be actively utilized for camping purposes.

~~((5))~~ (6) In order to afford the general public the greatest possible use of the state park system, on a fair and equal basis, and to prevent residential use, continuous occupancy of facilities by the same ((person)) camping unit shall be limited to ten consecutive nights in one park, after which the camping unit must vacate the site for three consecutive nights, May 1 through September 30, not to exceed twenty days in a thirty-day time period; and fifteen consecutive nights in one park, after which the camping unit must vacate the site for three consecutive nights, October 1 through April 30, not to exceed thirty days in a sixty-day time period. This limitation shall not apply to those individuals who meet the qualifications of WAC 352-32-280 and 352-32-285.

~~((6))~~ (7) Only one camping unit with a maximum of eight people shall be permitted at a campsite, unless otherwise authorized by a ranger. The number of vehicles occupying a campsite shall be limited to one car or one recreational vehicle: PROVIDED, That one additional vehicle without built-in sleeping accommodations may occupy a designated campsite when in the judgment of a ranger the constructed facilities so warrant. The number of tents allowed at each campsite shall be limited to the number that will fit on the designated or developed tent pad as determined by a ranger.

~~((7))~~ (8) Persons traveling by bicycles, motor bikes or other similar modes of transportation and utilizing campsites shall be limited to ~~((six))~~ eight persons per site, provided no more than four motorcycles shall occupy a campsite.

~~((8))~~ (9) All persons camping in organized groups shall use designated group camp areas unless otherwise directed by a ranger and shall pay the applicable group camping fee.

A group can be any formalized group or an organized collection of families wishing to camp together.

Group camping areas may be reserved in advance through contact with the local ranger. Any group must

have a leader who has reached the age of majority who will be required to read and sign a "Group use permit and regulation form."

~~((9))~~ (10) Emergency camping areas set aside in certain state parks may be used only when all designated campsites are full but may not be used prior to 9:00 p.m. Persons using emergency areas must pay the standard campsite fee and must vacate the site by 8:00 the following morning.

#### AMENDATORY SECTION (Amending Order 9, filed 11/24/70)

✓ WAC 352-32-040 PICNICKING. Picnicking is permitted only in designated and marked picnicking areas, or in such other places within a state park area as ~~((may from time to time be))~~ designated by a ranger.

#### AMENDATORY SECTION (Amending Order 45, filed 4/4/80)

✓ WAC 352-32-050 PARK PERIODS. ~~((+))~~ The director shall establish for each state park area, according to existing conditions, times, and periods when it will be open or closed to the public. Such times and periods shall be posted at the entrance to the state park area affected and at the park office. No person shall enter or be present in a state park area after closing time except when camping, in a designated campsite or camping area, who has paid the applicable camping fee; as a state parks employee; or as a guest of a state parks employee.

~~((2))~~ The director may establish for each state park area according to facilities, design, and/or staffing levels, the number of individuals and/or vehicles allowed in any state park area or structure at any given time or period. No person shall enter in any state park area or facility or bring in or cause to be brought in any vehicle and/or persons which would exceed the capacity as established by the director and when the individual is informed either by signs or by park staff that such capacity has been met and the park is full.)

#### NEW SECTION

✓ WAC 352-32-053 PARK CAPACITIES. The director may establish for each state park area according to facilities, design, and/or staffing levels, the number of individuals and/or vehicles allowed in any state park area or structure at any given time or period. No person shall enter in any state park area or facility or bring in or cause to be brought in any vehicle and/or persons which would exceed the capacity as established by the director and when the individual is informed either by signs or by park staff that such capacity has been met and the park is full.

#### NEW SECTION

✓ WAC 352-32-056 PEACE AND QUIET. To insure peace and quiet for visitors:

(1) No person shall conduct themselves so that park users are disturbed in their sleeping quarters or in campgrounds or park employees in their sleeping quarters between the quiet hours of 11:00 p.m. and 6:30 a.m.

(2) No person shall, at any time, use sound-emitting electronic equipment including electrical speakers, radios, phonographs, televisions, or other such equipment, at a volume which emits sound beyond the immediate individual camp or picnic site that may disturb other park users without specific permission of the area ranger.

(3) Engine driven electric generators may be operated only between the hours of 8:00 a.m. and 9:00 p.m.

AMENDATORY SECTION (Amending Order 10, filed 8/3/71)

✓ WAC 352-32-080 SWIMMING. (1) Swimming areas in state park areas are marked with buoys, log booms, or other markers, clearly designating the boundaries of such areas. (~~Swimming shall be permitted only within these areas.~~)

(2) Any person swimming outside the boundaries of a designated swimming area, or in any area not designated for swimming, or in any area, whether designated for swimming or not, where no lifeguard is present, shall do so at his or her own risk.

(3) All persons using any designated swimming area shall obey all posted beach rules and/or the instructions of lifeguards, rangers, or other state parks employees.

(4) No person shall swim (~~or sunbathe~~) in any designated boat launching area.

(5) No person shall give or transmit a false signal or false alarm of drowning in any manner.

(6) Use of inflated mattresses, rubber rafts, rubber boats, inner tubes, or other objects, except U.S. Coast Guard approved life jackets, in state park areas for the purpose of buoyancy while swimming or playing in any designated swimming area is prohibited. Concessionaires are not permitted to rent or sell such floating devices within state parks without written approval of the commission.

AMENDATORY SECTION (Amending Order 9, filed 11/24/70)

✓ WAC 352-32-090 GAMES (~~ON BEACHES~~). ~~Playing games (and general horseplay on crowded swimming beaches is prohibited. At times large uncrowded beach areas can safely permit some games. Such games will be permitted only with the consent of a ranger) in a manner and/or location which subjects people or personal property, the park resource or facilities to risk of injury or damage shall be prohibited.~~

AMENDATORY SECTION (Amending Order 9, filed 11/24/70)

✓ WAC 352-32-120 FIREARMS AND/OR WEAPONS. No person shall possess a firearm with a cartridge in any portion of the mechanism(;) within any upland state park area, nor shall any person discharge or propel across, in, or into any upland state park area as defined in WAC 352-32-010(17), a firearm, bow and arrow, spear, spear gun, harpoon, or air or gas weapon, or any device capable of injuring or killing any person or animal, or damaging or destroying any public or private property, except where the commission for

good cause has authorized a special recreational activity upon finding that it is not inconsistent with state parks use.

AMENDATORY SECTION (Amending Order 55, filed 11/24/81)

✓ WAC 352-32-210 CONSUMPTION OF ALCOHOL IN STATE PARK AREAS. (1) Opening, possessing alcoholic beverage in an open container, or consuming any alcoholic beverages in any state park area shall be prohibited except in the following designated areas and under the following circumstances:

(a) In designated campgrounds, by registered campers or their guests;

(b) In designated picnic areas, which shall include those sites within state park areas where picnic tables, benches, fireplaces, and/or outdoor kitchens are available, even though not signed as designated picnic areas; and

(c) In any building operated and maintained under a concession agreement, wherein the concessionaire has been licensed to sell alcoholic beverages by the Washington state liquor control board, and where the dispensation of such alcoholic beverages by such concessionaire has been approved by the commission.

(2) Dispensing alcoholic beverages from kegs or containers larger than two gallons is prohibited in state park areas except when authorized in writing (group use permit) by the park manager.

(3) The provisions of this rule shall not apply to any part of the Seashore Conservation Area, as designated and established by RCW 43.51.655.

~~((3))~~ (4) Opening, consuming, or storing alcoholic beverages in Fort Simcoe State Park shall be prohibited.

**WSR 86-06-021**  
**PROPOSED RULES**  
**LIQUOR CONTROL BOARD**  
 [Filed February 26, 1986]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Washington State Liquor Control Board intends to adopt, amend, or repeal rules concerning Prohibited practices—Contracts—Gifts—Rebates, etc., amending WAC 314-12-140;

that the agency will at 9:30 a.m., Wednesday, April 9, 1986, in the Offices of the Liquor Control Board, 5th Floor, Capital Plaza Building, 1025 East Union Avenue, Olympia, WA 98504, conduct a public hearing on the proposed rules.

The adoption, amendment, or repeal of the rules will take place immediately following the hearing.

The authority under which these rules are proposed is RCW 66.08.030 (2)(1).

The specific statute these rules are intended to implement is RCW 66.28.010.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before April 9, 1986.



Dated: February 25, 1986

By: L. H. Pedersen

Chairman

### STATEMENT OF PURPOSE

Title: WAC 314-12-140 Prohibited practices—Contracts—Gifts—Rebates, etc.

Description of Purpose: Would essentially make it a violation of WAC 314-12-140 for a retail liquor licensee to purchase beer or wine after having written a bad check for beer or wine until that check has been made good in cash.

Statutory Authority: RCW 66.08.030 (2)(1).

Statutes Implemented by the Rule: RCW 66.28.010.

Summary of Rule: The present rule prohibits certain practices and relationships between manufacturers, wholesalers or importers and retailers, which proscriptions implement and give definition to RCW 66.28.010, commonly referred to as the "tied-house" law. The proposed amendment adds a specific sanction in furtherance of the current regulatory requirement that beer and wine sold by manufacturers, wholesalers or importers, to retail licensees shall be for cash (WAC 314-20-090 and 314-24-170). This is accomplished by precluding (by making it a violation) the retail licensee from making beer and/or wine purchases after said licensee has issued a bad check for the purchase of beer or wine (NSF or no account) and after the licensee has received notice of its dishonor, until the bad check is made good.

Reason Supporting Proposed Action: Will provide for more reasonable compliance with the requirements of RCW 66.28.010 and the board's rules (WAC 314-12-140, 314-20-090 and 314-24-170). Presently the burden of propriety with respect to bad checks issued by the retailer (as creating, in the absence of prompt payment of the dishonored check, an extension of credit) is upon the distributor. The obligation of compliance with state law and board regulation should be borne by all parties to the transaction, and therefore, failure to perform (making dishonored check good) by the retail licensee within a reasonable time should subject that licensee to fine, suspension or revocation.

Agency Personnel Involved: In addition to the board, the following agency personnel have responsibility for drafting, implementing and enforcing this rule: Jan Britt, Supervisor, Manufacturers/Importers/Wholesalers Division, Capital Plaza Building, Olympia, WA 98504, phone (206) 753-6282; Ray Hensel, Supervisor, License Division, Capital Plaza Building, Olympia, WA 98504, phone (206) 753-6259; and Gary Gilbert, Chief, Enforcement Division, Capital Plaza Building, Olympia, WA 98504, phone (206) 753-6270.

Person or Organization Proposing Rule: Washington Beer and Wine Wholesalers Association, Inc.

Agency Comments: None.

Necessity of Rule: Not required by federal law or federal or state court action.

Small Business Economic Impact Statement: There will be no negative cost impact for these rule changes.

AMENDATORY SECTION (Amending Order 167, Resolution No. 176, filed 1/23/86)

WAC 314-12-140 PROHIBITED PRACTICES—CONTRACTS—GIFTS—REBATES, ETC. (1) No contract shall be made or entered into whereby any retail licensee agrees to handle any particular brand or brands of liquor to the exclusion of any other brand or brands of liquor.

(2) No contract shall be made or entered into for the future delivery of liquor to any retail licensee: PROVIDED, That this regulation shall not be construed as prohibiting the placing and accepting of orders for the purchase and delivery of liquor which are made in accordance with the usual and common business practice and which are otherwise in compliance with the regulations.

(3) No manufacturer, wholesaler, or importer, or his employee, shall directly or indirectly solicit, give or offer to, or receive from any retail licensee, any employee thereof, or an applicant for a license, any gifts, discounts, loans of money, premiums, rebates, free liquor of any kind, treats or services of any nature whatsoever; nor shall any retail licensee, employee thereof, or an applicant for a license, directly or indirectly, solicit, receive from, or give or offer to any manufacturer, wholesaler or importer, or his employee, any gifts, discounts, loans of money, premiums, rebates, free liquor of any kind, treats or services of any nature whatsoever, except such services as are authorized in this regulation. It shall be a violation of this section for:

(a) Any retail licensee who has paid for beer or wine with a check which was dishonored upon presentation to thereafter refuse to make good on the check by immediate payment in cash.

(b) Any retail licensee to purchase beer and/or wine from any source after having received notice that a previous check given in payment for beer and/or wine has been dishonored until that dishonored check has been made good in cash.

(4) Pursuant to RCW 66.28.010 a manufacturer, wholesaler, importer, or his licensed agent may perform the following services for a retailer:

(a) Build, rotate, and restock displays, utilizing filled cases, filled bottles or filled cans of his own brands only, from stock or inventory owned by the retailer.

(b) Rotate, rearrange or replenish bottles or cans of his own brands on shelves or in the refrigerators, but is prohibited from rearranging or moving displays of his products in such a manner as to cover up, hide or reduce the space of display of the products of any other manufacturer, wholesaler or importer.

(c) Provide price cards and may also price goods of his own brands.

(d) Provide point of sale advertising material and brand signs.

(e) Such services may be rendered only upon the specific approval of the retail licensee. Displays and advertising material installed or supplied for use on a retailer's premises must be in conformity with the board's advertising rules as set forth in chapter 314-52 WAC.

(f) No manufacturer, wholesaler, importer, or any employee thereof, shall move or handle in any manner any products other than his own brands on the premises of any retail licensee.

(5) No manufacturer, wholesaler, importer, or employee thereof shall, directly or indirectly, give, furnish, rent or lend to, or receive from, any retail licensee any equipment, fixtures, supplies or property of any kind, nor shall any retail licensee, directly or indirectly, receive, lease or borrow from, or give or offer to, any manufacturer, wholesaler or importer any equipment, fixtures, supplies or property of any kind. Sales authorized in this regulation shall be made on a cash on delivery basis only.

(6) No manufacturer or wholesaler or employee thereof shall sell to any retail licensee or solicit from any such licensee any order for any liquor tied in with, or contingent upon, the retailer's purchase of some other beverage, alcoholic or otherwise, or any other merchandise, property or service.

(7) In selling equipment, fixtures, supplies or commodities other than liquor, no manufacturer, wholesaler or importer shall grant to retail licensees, nor shall such licensees accept, more favorable prices than those extended to nonlicensed retailers. The price thereof shall be in conformity with the open market price in the locality where sold. In no event shall credit be extended to any retail licensee.

(8) Any manufacturer, wholesaler or importer who sells what is commonly referred to as heavy equipment and fixtures, such as counters, back bars, stools, chairs, tables, sinks, refrigerators or cooling boxes and similar articles, shall immediately after making any such sales have on file and available for inspection in accordance with WAC

314-20-050 a copy of the invoice covering each such sale, which invoice shall contain a complete description of the articles sold, the purchase price of each unit sold together with the total amount of the sale, transportation costs and services rendered in connection with the installation of such articles. Such invoice shall list the date of such sale and affirm that full cash payment for such articles was received from the retailer as provided in subsection (5) of this regulation.

(9) If the board finds in any instance that any licensee has violated this regulation, then all licenses involved shall be held equally responsible for such violation.

NOTE: WAC 314-12-140 is not intended to be a relaxation in any respect of section 90 of the Liquor Act (RCW 66.28.010). As a word of caution to persons desiring to avail themselves of the opportunity to sell to retail licensees fixtures, equipment and supplies subject to the conditions and restrictions provided in section 90 of the act and the foregoing regulation, notice is hereby given that, if at any time such privilege is abused or experience proves that as a matter of policy it should be further curtailed or eliminated completely, the board will be free to impose added restrictions or to limit all manufacturers and wholesalers solely to the sale of liquor when dealing with retail licensees. WAC 314-12-140 shall not be considered as granting any vested right to any person, and persons who engage in the business of selling to retail licensees property or merchandise of any nature voluntarily assume the risk of being divested of that privilege and they will undertake such business subject to this understanding. The board also cautions that certain trade practices are prohibited by rulings issued under the Federal Alcohol Administration Act by the United States Bureau of Alcohol, Tobacco and Firearms, and WAC 314-12-140 is not intended to conflict with such rulings or other requirements of federal law or regulations.

**WSR 86-06-022**  
**NOTICE OF OBJECTION**  
**JOINT ADMINISTRATIVE**  
**RULES REVIEW COMMITTEE**  
[Filed February 26, 1986]

By majority vote on February 19, 1986, the Joint Administrative Rules Review Committee found that WAC 458-30-145(5) has not been modified, amended, withdrawn, or repealed by the Department of Revenue to conform with the intent of the Legislature as expressed in RCW 84.34.020. This notice is filed pursuant to RCW 34.04.230.

Under subsection (5) of WAC 458-30-145, the site for a farm owner's residence is not eligible for open space valuation. This rule is contrary to the statutory definition of "farm and agricultural land" in RCW 84.34.020(2) which provides that such land includes "the land on which appurtenances necessary to the production, preparation or sale of the agricultural products exist in conjunction with the lands producing such products." A farm owner's residence is "necessary" and therefore the site should be included in the open space parcel.

**WSR 86-06-023**  
**ATTORNEY GENERAL OPINION**  
**Cite as: AGO 1986 No. 5**  
[February 25, 1986]

FUNDS—INDUSTRIAL INSURANCE—PENSION—SCHOOL  
FUNDS—TRUSTS—CONSTITUTIONALITY OF INVESTMENT

**IN SECURITIES LENDING AGREEMENTS AND REVERSE  
REPURCHASE AGREEMENTS**

The permanent common school fund, public pension and retirement funds, and the industrial insurance trust funds may be invested in securities lending agreements and reverse repurchase agreements pursuant to amendments to the Washington Constitution which allow such funds to be invested as authorized by law.

Requested by:

Honorable Robert V. Graham  
State Auditor  
Legislative Building  
Olympia, WA 98504

**WSR 86-06-024**  
**ADOPTED RULES**  
**DEPARTMENT OF COMMUNITY DEVELOPMENT**  
[Order 85-18—Filed February 27, 1986]

I, Richard Thompson, director of the Department of Community Development, do promulgate and adopt at the Ninth and Columbia Building, Mailstop GH-51, Olympia, Washington 98504-4151, the annexed rules relating to the management and publication of records regarding municipal bond issuances in Washington state.

This action is taken pursuant to Notice No. WSR 86-02-026 filed with the code reviser on December 26, 1985. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 34.04.040(2).

This rule is promulgated pursuant to RCW 43.63A-.155 which directs that the Department of Community Development has authority to implement the provisions of an act relating to indebtedness.

The undersigned hereby declares that the agency has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW) and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.

APPROVED AND ADOPTED February 20, 1986.

By Richard Thompson  
Director

**Chapter 365-130 WAC**  
**BOND USERS CLEARINGHOUSE**

- WAC
- 365-130-010 Purpose of the bond users clearinghouse.
- 365-130-020 Definitions.
- 365-130-030 Collection of municipal bond information.
- 365-130-040 Publication of municipal bond information.

**NEW SECTION**

✓ WAC 365-130-010 PURPOSE OF THE BOND USERS CLEARINGHOUSE. In accordance with chapter 39.44 RCW, RCW 43.63A.155, and chapter

130, Laws of 1985, the department of community development will maintain records of bonds issued by local governments in the state of Washington. The purpose of the bond users clearinghouse is to collect information which identifies the amount, type, and cost of municipal bonds being issued. The bond users clearinghouse will serve as an information source for local governments regarding the municipal bond market and as a public record of municipal bond issues.

#### NEW SECTION

✓WAC 365-130-020 DEFINITIONS. (1) "Local government" means any county, city, town, special purpose district, political subdivision, municipal corporation, or quasi-municipal corporation, including any public corporation created by such an entity.

(2) "Bond" means any agreement which may or may not be represented by a physical instrument, including notes, warrants, or certificates of indebtedness, that evidences an indebtedness of a state or a local government or a fund thereof, where the state or local government agrees to pay a specified amount of money, with or without interest, at a designated time or times to either registered owners or bearers, and also including any other indebtedness that may be issued by the state or local government to fund private activities or purposes where the indebtedness is of a nonrecourse nature payable from private sources, except obligations subject to chapter 39.84 RCW.

#### NEW SECTION

✓WAC 365-130-030 COLLECTION OF MUNICIPAL BOND INFORMATION. (1) The department of community development will supply to local governments and state agencies a form for reporting bond issue information. Information to be reported will be based on the requirements of RCW 39.44.210, 39.44.230, and chapter 130, Laws of 1985, and will include the names of the principals involved in the bond issue, in conjunction with the purpose of the bond users clearinghouse, as stated in WAC 365-130-010. Copies of the bond covenants and the official statement may also be required.

(2) Local governments, except those for whom the state fiscal agency acts as the bond registrar, must return the completed form and any other pertinent documents requested, including a copy of the bond covenants, to the department of community development within thirty days of the bond issuance.

(3) When the state fiscal agency acts as the bond registrar for a local government, the state fiscal agency will return the completed form and pertinent documents to the department of community development within thirty days of the bond issuance.

(4) State agencies issuing bonds are requested to voluntarily submit the completed form or the equivalent information to the department of community development within thirty days of the bond issuance.

#### NEW SECTION

✓WAC 365-130-040 PUBLICATION OF MUNICIPAL BOND INFORMATION. The department of

community development will publish summaries of bond issues at least annually. Bond users clearinghouse summaries will be available to local governments, the legislature, state agencies, and the general public upon request.

#### WSR 86-06-025

#### EMERGENCY RULES

#### DEPARTMENT OF FISHERIES

[Order 86-06—Filed February 27, 1986]

I, William R. Wilkerson, director of the Department of Fisheries, do promulgate and adopt at Olympia, Washington, the annexed rules relating to commercial fishing regulations.

I, William R. Wilkerson, find that an emergency exists and that this order is necessary for the preservation of the public health, safety, or general welfare and that observance of the requirements of notice and opportunity to present views on the proposed action would be contrary to public interest. A statement of the facts constituting the emergency is a harvestable surplus of adult Pacific whiting is available.

These rules are therefore adopted as emergency rules to take effect upon filing with the code reviser.

This rule is promulgated pursuant to RCW 75.08.080 and is intended to administratively implement that statute.

The undersigned hereby declares that the agency has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW) and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.

APPROVED AND ADOPTED February 26, 1986.

By Russell W. Cahill  
for William R. Wilkerson  
Director

#### NEW SECTION

WAC 220-48-01500V PACIFIC WHITING TRAWL OPENING. Notwithstanding the provisions of WAC 220-48-015, WAC 220-48-017 and WAC 220-48-019, effective immediately until further notice:

(1) It is unlawful to take, fish for or possess Pacific whiting taken with bottom trawl, beam trawl, pelagic trawl or roller trawl from Puget Sound Marine Fish-Shellfish Management and Catch Reporting Area 24C.

(2) It is unlawful to take or fish for Pacific whiting taken with bottom trawl, beam trawl, pelagic trawl or roller trawl from Puget Sound Marine Fish-Shellfish Management and Catch Reporting Areas 24B or 26A except from 8:00 a.m. to 2:00 p.m. on March 3, 1986 and unlawful to possess Pacific whiting taken from Puget Sound Marine Fish-Shellfish Management and Catch Reporting Areas 24B or 26A except when taken legally as provided for in this section.

#### REPEALER

The following section of the Washington Administrative Code is repealed:

*WAC 220-48-01500U PACIFIC WHITING  
TRAWL OPENING. (86-03)*

**WSR 86-06-026**  
**EMERGENCY RULES**  
**DEPARTMENT OF FISHERIES**  
[Order 86-07—Filed February 27, 1986]

I, William R. Wilkerson, director of the Department of Fisheries, do promulgate and adopt at Olympia, Washington, the annexed rules relating to personal use rules.

I, William R. Wilkerson, find that an emergency exists and that this order is necessary for the preservation of the public health, safety, or general welfare and that observance of the requirements of notice and opportunity to present views on the proposed action would be contrary to public interest. A statement of the facts constituting the emergency is harvestable numbers of clams are available, and this temporary regulation will allow harvest until the permanent regulation takes effect.

These rules are therefore adopted as emergency rules to take effect upon filing with the code reviser.

This rule is promulgated pursuant to RCW 75.08.080 and is intended to administratively implement that statute.

The undersigned hereby declares that the agency has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW) and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.

APPROVED AND ADOPTED February 27, 1986.

By Russell W. Cahill  
for William R. Wilkerson  
Director

NEW SECTION

*WAC 220-56-35000B HARDSHELL CLAMS—AREAS. Notwithstanding the provisions of WAC 220-56-350, effective immediately until further notice it is lawful to dig for and possess clams taken for personal use the entire year from public tidelands at Shine tidelands and Fry Cove.*

**WSR 86-06-027**  
**WITHDRAWAL OF PROPOSED RULES**  
**DEPARTMENT OF GAME**  
[Filed February 27, 1986]

The Department of Game hereby withdraws proposed WAC 232-28-211, 1986 Hunting season rules and unit descriptions.

The CR-1 was filed February 19, 1986, Notice No. WSR 86-05-050.

Jack L. Smith, Chief  
Wildlife Management Division

**WSR 86-06-028**  
**ADOPTED RULES**  
**DEPARTMENT OF GAME**  
**(Game Commission)**  
[Order 269—Filed February 27, 1986]

Be it resolved by the State Game Commission, acting at the Westwater Inn, Evergreen Park Drive S.W., Olympia, Washington 98502, that it does adopt the annexed rules relating to:

New	WAC 232-28-708	1986 Spring bear and turkey seasons.
Rep	WAC 232-28-707	1985 Spring bear and turkey seasons.

This action is taken pursuant to Notice No. WSR 85-23-068 filed with the code reviser on November 20, 1985. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 34.04.040(2).

This rule is promulgated pursuant to RCW 77.12.040 and is intended to administratively implement that statute.

The undersigned hereby declares that the agency has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW), and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.

APPROVED AND ADOPTED January 6, 1986.

By Archie U. Mills  
Chairman, Game Commission

NEW SECTION

✓ WAC 232-28-708 1986 SPRING BEAR AND TURKEY SEASONS.

**Reviser's note:** The text and accompanying pamphlet comprising the 1986 Spring bear and turkey seasons adopted by the Department of Game have been omitted from publication in the Register under the authority of RCW 34.04.050(3) as being unduly cumbersome to publish. Copies of the rules may be obtained from the main office of the Department of Game, 600 North Capitol Way, Olympia, Washington 98504, and are available in pamphlet form from the department, its six regional offices, and at numerous drug and sporting goods stores throughout the state.

REPEALER

The following section of the Washington Administrative Code is hereby repealed:

✓ WAC 232-28-707 1985 SPRING BEAR AND TURKEY SEASONS

**WSR 86-06-029**  
**EMERGENCY RULES**  
**DEPARTMENT OF GAME**  
**(Game Commission)**  
[Order 298—Filed February 27, 1986]

Be it resolved by the State Game Commission, acting at Olympia, Washington, conference call, that it does adopt the annexed rules relating to amendment to 1986 Washington game fish seasons and catch limits—Lewis River, North Fork, WAC 232-28-61508.

We, the State Game Commission, find that an emergency exists and that this order is necessary for the preservation of the public health, safety, or general welfare and that observance of the requirements of notice and opportunity to present views on the proposed action would be contrary to public interest. A statement of the facts constituting the emergency is the prohibition on internal combustion engines was intended to be implemented in conjunction with construction of a new boat launching ramp in the area. The launching ramp project has been delayed due to uncertainty over the exact siting of a new hatchery. The motor prohibition should be delayed until such time as the launch ramp is actually constructed.

These rules are therefore adopted as emergency rules to take effect upon filing with the code reviser.

This rule is promulgated pursuant to RCW 77.12.040 and is intended to administratively implement that statute.

The undersigned hereby declares that the agency has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW), and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.

APPROVED AND ADOPTED February 26, 1986.  
By Archie U. Mills  
Chairman, Game Commission

NEW SECTION

*WAC 232-28-61508 AMENDMENT TO 1986 WASHINGTON GAME FISH SEASONS AND CATCH LIMITS—LEWIS RIVER, NORTH FORK. Notwithstanding the provisions of WAC 232-28-615, the seasons and special regulations for the area described below of the Lewis River, North Fork, will be as follows.*

*LEWIS RIVER, North Fork, 98:  
From mouth of Colvin Creek to 1400' below spillway of Ariel Dam. Jan. 1-Sep. 30 and Dec. 16-Dec. 31 TROUT—min. lgth. 12".*

*Seasons and special regulations for other areas of the Lewis River, North Fork remain unchanged, and are as shown in the 1986 Washington Game Fish Seasons and Catch Limits on page 32.*

**WSR 86-06-030  
ADOPTED RULES  
DEPARTMENT OF  
SOCIAL AND HEALTH SERVICES  
(Health)**

[Order 2344—Filed February 28, 1986]

I, Lee D. Bomberger, acting director of the Division of Administration and Personnel, do promulgate and adopt at Olympia, Washington, the annexed rules relating to certificate of need, amending chapter 248-19 WAC.

This action is taken pursuant to Notice No. WSR 85-24-001 filed with the code reviser on November 21,

1985. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 34.04.040(2).

This rule is promulgated pursuant to RCW 70.38.135 which directs that the Department of Social and Health Services has authority to implement the provisions of chapter 70.38 RCW.

The undersigned hereby declares that the agency has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW) and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.

APPROVED AND ADOPTED February 27, 1986.  
By Lee D. Bomberger, Acting Director  
Division of Administration and Personnel

AMENDATORY SECTION (Amending Order 210, filed 4/9/81, effective 5/20/81)

~~WAC 248-19-210 PURPOSE OF CERTIFICATE OF NEED PROGRAM. The purpose of the certificate of need program ((is to ensure the obligation of capital expenditures, the development and offering of institutional health services, and the acquisition of major medical equipment are consistent with the public policy of the state of Washington, set forth)) has been established by the legislature in RCW 70.38.015.~~

~~((<sup>a</sup>(1) That planning for promoting, maintaining, and assuring a high level of health for all citizens of the state, and for the provision of health services, health manpower, health facilities, and other resources is essential to the health, safety, and welfare of the people of the state. Such planning is necessary on both a state-wide and regional basis and must maintain responsiveness to changing health and social needs and conditions. The marshaling of all health resources to assure the quality and availability of health services to every person must be the goal of such planning, which must likewise assure optimum efficiency, effectiveness, equity, coordination, and economy in development and implementation to reach that goal . . . . .~~

~~(2) That the development and offering of new institutional health services should be accomplished in a manner which is orderly, timely, economical, and consistent with the effective development of necessary and adequate means of providing quality health care for persons to be served by such facilities without unnecessary duplication or fragmentation of such facilities;~~

~~(3) That the development of health resources, including the construction, modernization, and conversion of health facilities, should be accomplished in a planned, orderly fashion, consistent with identified priorities;~~

~~(4) That the development and maintenance of adequate health care information and statistics essential to effective health planning and resources development be accomplished; and~~

~~(5) That the strengthening of competitive forces in the health services industry, wherever competition and consumer choice can constructively serve to advance the purposes of quality assurance, cost effectiveness, and access, should be implemented.<sup>a</sup>))~~

AMENDATORY SECTION (Amending Order 2082, filed 3/14/84)

✓ WAC 248-19-220 DEFINITIONS. For the purposes of chapter 248-19 WAC, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise.

(1) "Acute care facilities" means hospitals and ambulatory surgical facilities.

(2) "Advisory review agencies" means the appropriate regional health council and, in the case of hospital projects, the hospital commission.

(3) "Affected persons" means the applicant, the regional health ((systems agency)) council for the health service area where the proposed project is to be located, regional health ((systems agencies)) council serving contiguous health service areas, health care facilities and health maintenance organizations located in the health service area where the project is proposed to be located providing services similar to the services under review, health care facilities and health maintenance organizations, which, prior to receipt by the department of the proposal being reviewed, have formally indicated an intention to provide similar services in the future, third-party payers reimbursing health care facilities for services in the health service area where the project is proposed to be located, any agency establishing rates for health care facilities or health maintenance organizations located in the health service area where the project is proposed to be located, any person residing within the geographic area served or to be served by the applicant, and any person regularly using health care facilities within that geographic area.

((3)) (4) "Ambulatory care facility" means any place, building, institution, or distinct part thereof not a health care facility as defined in this section and operated for the purpose of providing health services to individuals without providing such services with board and room on a continuous twenty-four-hour basis. The term "ambulatory care facility" includes the offices of private physicians, whether for individual or group practice.

((4)) (5) "Ambulatory surgical facility" means a facility, not a part of a hospital, providing surgical treatment to patients not requiring inpatient care in a hospital. This term does not include a facility in the offices of private physicians or dentists, whether for individual or group practice, if the privilege of using such facility is not extended to physicians or dentists outside the individual or group practice.

((5)) (6) "Applicant," except as used in WAC 248-19-390, means any person proposing to engage in any undertaking subject to review under the provisions of chapter 70.38 RCW and ((Title XV of the Public Health Service Act as amended by P.L. 96-79)) federal law.

"Applicant," as used in WAC 248-19-390, means any person or individual with a ten percent or greater financial interest in a partnership or corporation or other comparable legal entity engaging in any undertaking subject to review under the provisions of chapter 70.38 RCW and ((Title XV of the Public Health Service Act as amended by P.L. 96-79)) federal law.

((6)) (7) "Annual implementation plan" means a description of objectives which will achieve goals of the regional health ((systems)) plan and specific priorities among the objectives. The annual implementation plan is for a one-year period and must be reviewed and amended as necessary on an annual basis.

((7)) (8) "Board" means the Washington state board of health.

((8)) (9) "Capital expenditure" means an expenditure, including a force account expenditure (i.e., an expenditure for a construction project undertaken by a facility as its own contractor), which, under generally accepted accounting principles, is not properly chargeable as an expense of operation or maintenance. Where a person makes an acquisition under lease or comparable arrangement, or through donation, which would have required certificate of need review if the acquisition had been made by purchase, such acquisition shall be deemed a capital expenditure. Capital expenditures include donations of equipment or facilities to a health care facility, which if acquired directly by such facility, would be subject to review under the provisions of this chapter and transfer of equipment or facilities for less than fair market value if a transfer of the equipment or facilities at fair market value would be subject to such review.

((9)) (10) "Certificate of need" means a written authorization by the secretary's designee for a person to implement a proposal for one or more undertakings.

((10)) (11) "Certificate of need ((unit)) program" means that organizational ((unit)) program of the department responsible for the management of the certificate of need program.

((11)) (12) "Commencement of ((construction)) the project" means whichever of the following occurs first: In the case of a construction project, giving notice to proceed with construction to a contractor for a construction project; beginning site preparation or development; excavating or starting the foundation for a construction project; or beginning alterations, modification, improvement, extension, or expansion of an existing building. In the case of major medical equipment, installation. In the case of other projects, initiating a new institutional health service.

((12)) (13) "Construction" means the erection, building, alteration, remodeling, modernization, improvement, extension, or expansion of a physical plant of a health care facility, or the conversion of a building or portion thereof to a health care facility.

((13)) (14) "Council" means the state health coordinating council established under the provisions of chapter 70.38 RCW and ((Title XV of the Public Health Service Act as amended by P.L. 96-79)) federal law.

((14)) (15) "Days," except when called "working days," means calendar days counted by beginning with the day after the date of the act, event, or occurrence from which the designated period of time begins to run. If the last day of the period so counted should fall on a Saturday, Sunday, or legal holiday observed by the state of Washington, a designated period shall run until the

end of the first working day following the Saturday, Sunday, or legal holiday.

"Working days" exclude all Saturdays and Sundays, January 1st, February 12th, the third Monday in February, the last Monday of May, July 4th, the first Monday in September, November 11th, the fourth Thursday in November, the day immediately following Thanksgiving day, and December 25th. Working days are counted by beginning with the first working day after the date of the act, event, or occurrence from which a designated period of time begins to run.

~~((15))~~ (16) "Department" means the Washington state department of social and health services.

(17) "Ex parte contact" means any oral or written communication between any person in the certificate of need program or any person involved in the decision respecting an application for or the withdrawal of a certificate of need and the applicant for or holder of a certificate of need, a person acting on behalf of the applicant or holder, or any person with an interest regarding issuance or withdrawal of a certificate of need.

~~((16))~~ (18) "Expenditure minimum" means one ~~((hundred fifty thousand))~~ million dollars for the twelve-month period beginning with ~~((October 1979))~~ July 24, 1983, ~~((and for each twelve-month period thereafter the figure in effect for the preceding twelve-month period adjusted to reflect the change in the preceding twelve-month period, in an index established by rules and regulations by the department for the purpose of making such adjustment))~~ adjusted annually by the department according to the provisions of chapter 248-156 WAC, or a lesser amount as required by federal law as necessary to the receipt of federal funds by the state.

(19) "Federal law" means P.L. 93-641 as amended or its successor.

~~((17))~~ (20) "Health care facility" means hospitals, psychiatric hospitals, tuberculosis hospitals, nursing homes, both skilled nursing facilities and intermediate care facilities, kidney disease treatment centers including freestanding ~~((hemodialysis))~~ dialysis units, ambulatory surgical facilities, rehabilitation facilities, hospices and home health agencies, and includes such facilities when owned and operated by the state or a political subdivision or instrumentality of the state and such other facilities as required by ~~((Title XV of the Public Health Service Act as amended by P.L. 93-641))~~ federal law and implementing regulations, but does not include Christian Science sanatoriums operated or listed and certified by the First Church of Christ Scientist, Boston, Massachusetts. In addition, the term does not include any nonprofit hospital:

(a) Operated exclusively to provide health care services for children;

(b) Which does not charge fees for such services;

(c) Whose rate reviews are waived by the state hospital commission; and

(d) If not contrary to federal law as necessary to the receipt of federal funds by the state.

~~((18))~~ (21) "Health maintenance organization" means a public or private organization, organized under the laws of the state, which:

(a) Is a qualified health maintenance organization under Title XIII, Section 1310(d) of the Public Health Service Act; or

(b)(i) Provides or otherwise makes available to enrolled participants health care services, including at least the following basic health care services: Usual physician services, hospitalization, laboratory, x-ray, emergency and preventive services, and out-of-area coverage;

(ii) Is compensated (except for copayments) for the provision of the basic health care services listed in subsection ~~((18)(b)(i))~~ (21)(b)(i) of this section to enrolled participants by a payment which is paid on a periodic basis without regard to the date the health care services are provided and which is fixed without regard to the frequency, extent, or kind of health service actually provided; and

(iii) Provides physicians' services primarily:

(A) Directly through physicians who are either employees or partners of such organization, or

(B) Through arrangements with individual physicians or one or more groups of physicians (organized on a group practice or individual practice basis).

(22) "Health service area" means a geographic region appropriate for effective health planning including a broad range of health services and a population of at least four hundred fifty thousand persons and is the basic subdivision for regional health councils.

~~((19))~~ (23) "Health services" means clinically related (i.e., preventive, diagnostic, curative, rehabilitative, or palliative) services and includes alcoholism, drug abuse, and mental health services.

~~((20))~~ (24) "Health systems agency" means a ~~((public regional planning body or a private nonprofit corporation organized and operated in a manner consistent with the laws of the state of Washington and P.L. 93-641 and capable of performing each of the functions described in RCW 70.38.085, and is capable as determined by the secretary of the United States Department of Health and Human Services, upon recommendation of the governor or the council, of performing each of the functions described in the federal law, Title XV of the Public Health Service Act as amended by P.L. 96-79.~~

"Appropriate health systems agency" means the health systems agency for the health service area where a particular project is to be located regional health council as defined in subsection (43) of this section. This term is defined in RCW 70.38.025.

~~((21))~~ (25) "Health systems plan" means a ~~((plan established by a health systems agency which is a detailed statement of goals and resources required to reach those goals as described in the federal law, Title XV of the Public Health Service Act as amended by P.L. 96-79))~~ regional health plan as defined in subsection (44) of this section. This term is defined in RCW 70.38.025.

~~((22))~~ (26) "Home health agency" means ~~((any))~~ an entity ~~((which is or is to be certified as a provider of home health services in the Medicaid or Medicare program))~~ providing home health services as defined in subsection (27) of this section.

(27) "Home health services" means the provision of nursing services along with at least one other therapeutic service<sup>1</sup> or with a supervised home health aide service to



ill or disabled persons in their residences, as approved by a physician. The term does not include:

(a) Therapeutic services not in conjunction with nursing services, and nursing services not in conjunction with therapeutic services.

(b) A registry or referral service for nurses not acting in conjunction with therapists or others, or for therapists or others not acting in conjunction with nurses.

(c) Essentially nonhealth services, such as chore services, homemaking services, sitting services, and social services.

(d) The services provided by a hospice as defined in subsection (28) of this section.

~~((23))~~ (28) "Hospice" means any public or private entity, center, institution, or distinct part or parts thereof certified or to be certified as a hospice provider in the Medicare program or licensed or certified by the state of Washington to provide hospice services or providing a coordinated program of home and inpatient services for the terminally ill. Services provided by a hospice are primarily palliative and supportive rather than curative in nature, including bereavement care to the family after the patient's death, and provided by an interdisciplinary team. The services are designed to meet the physiological, psychological, social, and spiritual needs of the patient and his or her family.

~~((24))~~ (29) "Hospital" means any institution, place, building or agency or distinct part thereof which qualifies or is required to qualify for a license under chapter 70.41 RCW, or any state-owned and operated institution primarily engaged in providing to inpatients, by or under the supervision of physicians, diagnostic services and therapeutic services for medical diagnosis, treatment and care of injured, disabled, or sick persons, or rehabilitation services of injured, disabled, or sick persons. Such term includes tuberculosis hospitals but does not include psychiatric hospitals.

~~((25))~~ (30) "Hospital commission" means the Washington state hospital commission established pursuant to chapter 70.39 RCW.

~~((26))~~ (31) "Inpatient" means a person receiving health care services with board and room in a health care facility on a continuous twenty-four-hour-a-day basis.

~~((27))~~ (32) "Institutional health services" means health services provided in or through health care facilities and entailing "annual ~~((direct))~~ operating costs" of at least ~~((seventy-five))~~ five hundred thousand dollars for the twelve-month period beginning with ~~((October 1979, and for each twelve-month period thereafter the figure in effect for the preceding twelve-month period adjusted to reflect the change in the preceding twelve-month period in an index established by rules and regulations by the department))~~ July 24, 1983, and adjusted annually by the department according to the provisions of chapter 248-156 WAC, or a lesser amount as required by federal law and established by the department by rule; the "annual operating costs" are to include all additional costs that will be incurred as a result of the initiation of the service. This would include all direct costs and any incremental increases in ancillary and support services.

~~((28))~~ (33) "Intermediate care facility" means any institution or distinct part thereof certified as an intermediate care facility for participation in the Medicaid (Title XIX of the Social Security Act) program.

~~((29))~~ (34) "Kidney disease treatment center" means any place, institution, building or agency or a distinct part thereof equipped and operated to provide services, including dialysis ~~((services))~~ and/or kidney transplantation, to persons who have end-stage renal disease.

~~((30))~~ "Long-range health facility plan" means a document prepared by each hospital containing a description of the hospital's plans for substantial changes in the facilities and services for three years.

~~((31))~~ (35) "Major medical equipment" means a single unit of medical equipment or a single system of components used for the provision of medical and other health services and costing in excess of one ~~((hundred fifty thousand))~~ million dollars, ~~((except that))~~ adjusted by the department according to the provisions of chapter 248-156 WAC, or a lesser amount as required by federal law and established by the department by rule. Such term does not include dental equipment or medical equipment acquired by or on behalf of a clinical laboratory to provide clinical laboratory services if the clinical laboratory is independent of a physician's office and a hospital, and the clinical laboratory has been determined under Title XVIII of the Social Security Act to meet the requirements of paragraphs (10) and (11) of section 1861(s) of such act. If the equipment is acquired for less than fair market value, the term "cost" includes the fair market value.

~~((32))~~ (36) "May" means ~~((permissive or discretionary))~~ an act is permitted, but not required.

~~((33))~~ (37) "Nursing home" means any home, place, institution, building or agency or distinct part thereof operating or maintaining facilities providing convalescent or chronic care, or both, for a period in excess of twenty-four consecutive hours for three or more patients not related by blood or marriage to the operator, who, by reason of illness or infirmity, are unable properly to care for themselves. Convalescent and chronic care may include, but not be limited to, any or all procedures commonly employed in waiting on the sick, such as administration of medicines, preparation of special diets, giving of bedside nursing care, application of dressings and bandages, and carrying out of treatment prescribed by a duly licensed practitioner of the healing arts. The term "nursing home" includes any such entity owned and operated by the state or licensed or required to be licensed under the provisions of chapter 18.51 RCW and any other intermediate care facility or skilled nursing facility as these terms are defined in this section. The term "nursing home" does not include: General hospitals or other places providing care and treatment for the acutely ill and maintaining and operating facilities for major surgery or obstetrics or both; psychiatric hospitals as defined in this section; private establishments, other than private psychiatric hospitals, licensed or required to be licensed under the provisions of chapter 71.12 RCW; boarding homes licensed under the provisions of chapter 18.20 RCW; or any place or institution



operated to provide only board, room, and laundry to persons not in need of medical or nursing treatment or supervision.

~~((34))~~ (38) "Obligation," when used in relation to a capital expenditure, means the following has been incurred by or on behalf of a health care facility:

(a) An enforceable contract has been entered into by a health care facility or by a person proposing such capital expenditure on behalf of the health care facility for the construction, acquisition, lease, or financing of a capital asset; or

(b) A formal internal commitment of funds by a health care facility for a force account expenditure constituting a capital expenditure; or

(c) In the case of donated property, the date on which the gift is completed in accordance with state law.

~~((35))~~ (39) "Offer," when used in connection with health services, means the health facility provides or holds itself out as capable of providing or as having the means for the provision of one or more specific health services.

~~((36))~~ (40) "Person" means an individual, a trust or estate, a partnership, a corporation (including associations, joint stock companies, and insurance companies), the state, or a political subdivision or instrumentality of the state, including a municipal corporation or a hospital district.

~~((37))~~ (41) "Predevelopment expenditures" means capital expenditures, the total of which exceeds the expenditure minimum, made for architectural designs, plans, drawings, or specifications in preparation for the acquisition or construction of physical plant facilities. "Predevelopment expenditures" exclude any obligation of a capital expenditure for the acquisition or construction of physical plant facilities and any activity which may be considered the "commencement of ~~((construction))~~ the project" as this term is defined in this section.

~~((38))~~ (42) "Project" means any and all undertakings which may be or are proposed in a single certificate of need application or for which a single certificate of need is issued.

~~((39))~~ (43) "Psychiatric hospital" means any institution or distinct part thereof primarily engaged in providing to inpatients, by or under the supervision of a physician, psychiatric services for the diagnosis and treatment of mentally ill persons and licensed or required to be licensed under the provisions of chapter 71.12 RCW, or is owned and operated by the state or by a political subdivision or instrumentality of the state.

(44) "Regional health council" means a public or private nonprofit corporation organized in a manner consistent with the laws of the state and capable of performing each of the functions described in RCW 70.38.085. This term includes health systems agencies.

(45) "Regional health plan" means a document providing at least a statement of health goals and priorities for the health service area. In addition, the plan sets forth the number, type, and distribution of health facilities, services, and manpower needed within the health service area to meet the goals of the plan. The regional health plan is produced by the regional health council.

~~((40))~~ (46) "Rehabilitation facility" means an inpatient facility operated for the primary purpose of assisting in the rehabilitation of disabled persons through an integrated program of medical and other health services provided under competent professional supervision.

~~((41))~~ (47) "Secretary" means the secretary of the Washington state department of social and health services or his or her designee.

~~((42))~~ (48) "Shall" means compliance is mandatory.

~~((43))~~ (49) "Skilled nursing facility" means any institution or distinct part thereof certified as a skilled nursing facility for participation in the Medicare (Title XVIII) or Medicaid (Title XIX) program.

~~((44))~~ (50) "State health plan" means a document, described in Title XV of the Public Health Service Act, developed by the department and the council in accordance with RCW 70.38.065.

~~((45))~~ (51) "State Health Planning and Resources Development Act" means chapter 70.38 RCW.

~~((46))~~ (52) "Undertaking" means any action which, according to the provisions of chapter 248-19 WAC, is subject to the requirements for a certificate of need or an exemption from the requirements for a certificate of need.

NOTE:

<sup>1</sup>Therapeutic services include medical social services, home health aide services, physical therapy services, speech therapy services, occupational therapy services, and respiratory therapy services.

AMENDATORY SECTION (Amending Order 2082, filed 3/14/84)

✓WAC 248-19-230 APPLICABILITY OF CHAPTER 248-19 WAC. (1) The following undertakings shall be subject to the provisions of chapter 248-19 WAC, with the exceptions provided for in this section.<sup>1</sup>

(a) The construction, development, or other establishment of a new health care facility.

(b) Any capital expenditure by or on behalf of a health care facility which substantially ~~((changing))~~ changes the ~~((health))~~ services of the facility.

~~((Substantial changes in services shall be limited to the following:~~

~~(i) The establishment of health services not offered on a regular basis within the twelve-month period prior to the time such services are offered or the termination of such services;~~

~~(ii) The introduction of a new technology for diagnosis or treatment;~~

~~(iii) A change in the level of service; or~~

~~(iv) The offering of any of the following health services at a new location not formerly part of the health care facility's campus. Specific substantial changes in services are as follows:~~

~~Alcoholism/substance abuse~~

~~Burn unit~~

~~Cardiac catheterization~~

~~Chronic renal dialysis~~

~~Kidney lithotripsy~~

~~CT-computed tomography~~

~~NMR-nuclear magnetic resonance~~

~~PET-positron emission tomography~~

~~Emergency services including regular outpatient emergency services staffed by physicians at a health care facility, and the provision of ambulance services, including air ambulance, licensed under chapter 18.73 RCW.~~

~~Inpatient psychiatric services  
Neonatal special care=level III  
Obstetrics=level I  
Obstetrics=level II  
Obstetrics=level III  
Organ transplants, including only heart, liver, kidney, bone marrow, brain, and lung transplants  
Open heart surgery  
Pediatrics=level I  
Pediatrics=level II  
Pediatrics=level III  
Radiation therapy=megavoltage, orthovoltage  
Rehabilitation=level I  
Rehabilitation=level II  
Rehabilitation=level III~~

~~Change in the number of dialysis stations in a health care facility, and~~

~~Change from mobile to fixed base CT scanning.~~

~~The department may, periodically and on an emergency basis, revise and update specific substantial changes in services)) (i) The specific services subject to review under this subsection are limited to:~~

~~(A) Air ambulance services licensed under chapter 18.73 RCW including a change between fixed wing and rotor aircraft. This includes, but is not limited to, acquisition of aircraft or construction of landing facilities.~~

~~(B) Land ambulance services licensed under chapter 18.73 RCW.~~

~~(C) Brain electrical activity mapping.~~

~~(D) Burn services meaning a portion of an acute care facility equipped, organized, and assigned the function of the complete care, including rehabilitation, of persons suffering from a burn injury.~~

~~(E) Cardiac catheterization.~~

~~(F) Extracorporeal shock wave lithotripsy/extracorporeal pressure wave lithotripsy.~~

~~(G) Inpatient psychiatric services.~~

~~(H) Level II inpatient rehabilitation service. Patients treated in a level II service should have moderate to severe impairment in two or more functional areas. Disability is frequently permanent and requires adjustments in lifestyle through intervention of at least two rehabilitation disciplines. Patients are treated in a separate unit, wing, or section staffed by nurses with specialized training and/or experience in rehabilitation. Care is provided by a rehabilitation team consisting of at least a rehabilitation nurse and physical, occupational, and speech therapists and headed by either a physiatrist or a physician with specialized training and/or experience in rehabilitation medicine. These services must have access to social, psychological, and/or prosthetic-orthotic services.~~

~~(I) Level III inpatient rehabilitation service. Level III rehabilitation services are those services for persons with usually nonreversible, multiple functional impairments of a moderate-to-severe complexity resulting in major changes in patient's lifestyle and require intervention by several rehabilitation disciplines. Services are provided~~

~~by a multidisciplinary team, including those listed in subsection (1)(b)(i)(H) of this section and vocational counseling and managed by a physiatrist. The service is provided in a dedicated unit with a separate nurses station staffed by nurses with specialized training and/or experience in rehabilitation nursing. While the service may specialize (i.e., spinal cord injury, severe head trauma, etc.), it is able to treat all persons within the designated diagnostic specialization regardless of level of severity or complexity of the impairments.~~

~~(J) Basic inpatient pediatric services. These are services for uncomplicated pediatric cases and for pediatric cases requiring specialized equipment and personnel with specialty, but not subspecialty, skills and training. These services are not provided in a separate unit, but are in designated pediatric beds distinct from medical/surgical beds.~~

~~(K) Specialized inpatient pediatric services. These are services for complex pediatric cases requiring specialized equipment as well as specialty and subspecialty personnel. These services are provided in dedicated pediatric units with a separate nurses' station.~~

~~(L) Magnetic resonance imaging/nuclear magnetic resonance.~~

~~(M) Intensive care neonatal services.~~

~~(N) Level I obstetrics services. This level provides services primarily for uncomplicated services.~~

~~(O) Level II obstetrics services when a hospital does not already provide level I obstetrics services. A level II service provides a full range of maternal and neonatal services for uncomplicated patients. Level II units will also provide a full range of services for the majority of complicated obstetrical problems and certain neonatal illnesses. They will have a highly trained multidisciplinary staff.~~

~~(P) Level III obstetrics services. Level III obstetrics services are provided to those few women and infants requiring full intensive care services for the most serious type of maternal-fetal and neonatal illnesses and abnormalities. Such a service provides the coordination of care, communications, transfer, and transportation for a given region experiencing eight thousand to twelve thousand deliveries yearly. Level III services provide leadership in preparatory and continuing education in prenatal and perinatal care and may be involved in clinical and basic research.~~

~~(Q) Open-heart surgery.~~

~~(R) Heart transplantation service.~~

~~(S) Liver transplantation service.~~

~~(T) Solid organ transplantation other than heart and liver transplantation.~~

~~(U) Positron emission tomography.~~

~~(V) Megavoltage radiation therapy.~~

~~(W) End-stage renal dialysis.~~

~~(ii) The services listed in subsection (1)(b)(i) of this section are subject to review under any one of the following circumstances:~~

~~(A) The service was not offered on a regular basis within the twelve-month period prior to the time the service is proposed to be offered.~~

~~(B) An existing service is proposed to be terminated.~~

(C) A service is proposed to be offered at another health care facility, whether or not the service is currently offered at one or more existing sites, or an end-stage renal dialysis service is proposed to be offered at a new site.

(D) An increase in the number of rooms, suites, or stations used for cardiac catheterization, open-heart surgery, and end-stage renal dialysis.

(E) A change from a mobile to a fixed base service.

(F) The establishment of a new or different landing site for an air ambulance service.

(iii) The department shall review and periodically revise and update these coverage provisions. This shall be done through the adoption of rules and may be done on an emergency basis.

(c) Any capital expenditure by or on behalf of a health care facility exceeding the expenditure minimum as defined by WAC 248-19-220 ~~((+6))~~(18). The costs of any studies, surveys, designs, plans, working drawings, specifications, and other activities (including staff effort and consulting and other services which under generally accepted accounting principles are not properly chargeable as an expense of operation and maintenance) essential to the acquisition, improvement, expansion, or replacement of any plant or equipment with respect to which such expenditure is made shall be included in determining the amount of the expenditure. Functional programming and general long-range planning activities, including marketing surveys and feasibility studies, are not to be included when determining whether an expenditure exceeds the expenditure minimum.

(d) A change in bed capacity of a licensed health care facility which increases the total number of licensed beds or redistributes beds among facility and service categories of acute care, skilled nursing, intermediate care, and boarding home care if the bed redistribution is to be effective for a period in excess of six months.

(e) The obligation of any capital expenditure by or on behalf of a health care facility not required to be licensed for a change in bed capacity which increases the total number of beds, or redistributes beds among various categories, by more than ten beds or more than ten percent of total bed capacity as ~~((defined))~~ determined by the department, whichever is less, over a two-year period.

(f) Acquisition of major medical equipment:

(i) If the equipment will be owned by or located in an inpatient health care facility; or

(ii) If the equipment is not to be owned by or located in a health care facility and the department finds, consistent with WAC 248-19-403, that:

(A) The equipment will be used to provide services for inpatients of a hospital on other than a temporary basis in the case of a natural disaster, a major accident, or equipment failure; or

(B) The person acquiring such equipment did not notify the department of the intent to acquire such equipment at least thirty days before entering into contractual arrangements<sup>2</sup> for such acquisition.

(g) The sale, purchase, or lease of part or all of an existing hospital as defined in RCW 70.39.020. The acquisition of an existing health care facility other than a

hospital which the department has determined, in accordance with the provisions of subsection (2) of this section, is subject to review(;;).

(h) Any new institutional health services which are offered by or on behalf of a health care facility and which were not offered on a regular basis by or on behalf of such health care facility within the twelve-month period prior to the time such services would be offered.

(i) Any expenditure by or on behalf of a health care facility in excess of the expenditure minimum made in preparation for any undertaking under this subsection and any arrangement or commitment made for financing such undertaking. Expenditures of preparation shall include expenditures for architectural designs, plans, working drawings and specifications.

(j) The obligation of any capital expenditure by or on behalf of a health care facility which decreases the total number of licensed beds or relocates beds from one physical facility or site to another by ten beds or ten percent, whichever is less, in any two-year period.

(k) Any acquisition by donation, lease, transfer, or comparable arrangement, by or on behalf of a health care facility, if the acquisition would otherwise be reviewable under chapter 248-19 WAC if made by purchase.

(2) The following provisions apply to the acquisition of existing health care facilities other than hospitals. At least thirty days before any person acquires or enters into a contract<sup>2</sup> to acquire an existing health care facility, the person shall provide written notification to the department and the appropriate regional health ~~((systems agency))~~ council, and in the case of a hospital, the hospital commission, of the person's intent to acquire the facility.

(a) Written notification of intent, to be considered valid, shall be made in a form and manner acceptable to the secretary's designee and shall include:

(i) The name and address of the health care facility to be acquired;

(ii) The name and address of the person intending to acquire the health care facility;

(iii) A description of the means by which the health care facility would be acquired, including the total capital expenditures associated with the acquisition, and the intended date of incurring the contractual obligation to acquire the health care facility;

(iv) The name and address of the person from whom the facility is to be acquired; and

(v) A description of any changes in institutional health services or bed capacity proposed by the person acquiring the health care facility.

(b) A certificate of need shall be required for the obligation of a capital expenditure to acquire by purchase, or under lease or comparable arrangement, an existing health care facility if:

(i) A written notification of intent to acquire an existing health care facility is not provided in accordance with WAC 248-19-230(2), or

(ii) The department finds within fifteen working days after receipt of a written notification to acquire a health care facility that the services or bed capacity of the facility will be changed in being acquired.

(c) Within fifteen working days after receipt of a written notification of intent, the department shall send written notice to the person intending to acquire the health care facility, indicating:

(i) Whether the written notification constitutes a valid notification, as prescribed in subsection (2)(a) of this section and, if such notification is valid,

(ii) Whether such acquisition is subject to certificate of need review.

(d) If the department fails to make a determination within thirty days after receipt of a valid notice, the health care facility may be acquired without a certificate of need.

(3) With respect to ambulatory care facilities and inpatient health care facilities controlled (directly or indirectly) by a health maintenance organization or combination of health maintenance organizations, the provisions of chapter 248-19 WAC shall apply only to the offering of inpatient institutional health services, the acquisition of major medical equipment, and the obligation of capital expenditures for the offering of inpatient institutional health services, and then only to the extent that such offering, acquisition, or obligation is not exempt under the provisions of WAC 248-19-405.

(4) The extension, on ~~((more than an infrequent))~~ a regular and ongoing basis, of the services of a home health agency or a hospice to a population residing in a county not previously regularly included in the service area of that home health agency or hospice during the preceding twelve months constitutes extension of home health services or hospice services beyond a defined geographic area and shall be considered the development or establishment of a new home health agency or hospice.

(5) Any change in the number of dialysis stations in a kidney disease treatment center shall be considered to be a change in bed capacity of a health care facility.

(6) No person shall engage in any undertaking subject to certificate of need review under the provisions of this chapter unless a certificate of need authorizing such undertaking has been issued and remains valid or an exemption has been granted in accordance with the provisions of this chapter.

~~((7))~~ (7) No person may divide a project in order to avoid review requirements under any of the thresholds specified in this section.

~~((7))~~ (8) The department may issue certificates of need permitting predevelopment expenditures only, without authorizing any subsequent undertaking with respect to which such predevelopment expenditures are made.

~~((8))~~ (9) A certificate of need application, the review of which had begun but upon which final action had not been taken prior to ~~((January 1, 1981))~~ July 24, 1983, shall be reviewed and final action taken based on chapter 70.38 RCW and chapter 248-19 WAC as in effect prior to ~~((January 1, 1981))~~ July 24, 1983.

~~((9))~~ Certificates of need issued prior to January 1, 1981, shall not be terminated and the periods of validity of such certificates of need shall not be modified under the provisions of chapter 248-19 WAC which become effective January 1, 1981.

~~(10) A project for which certificate of need review was waived under the provisions of WAC 248-19-230(8) as in effect January 1, 1980, to January 1, 1981, shall have been completed by January 1, 1981, or, in the case of a construction project, commencement of construction shall have occurred by January 1982. If this requirement is not met, the project shall become subject to the requirements for a certificate of need.~~

~~(11) A proposed change in a project associated with a capital expenditure for which a certificate of need has been issued shall be subject to certificate of need review if the change is proposed within one year after the date the activity for which the capital expenditure was approved has been undertaken.~~

~~(a) Projects subject to review under this subsection include proposed changes in projects originally subject to review according to the provisions of subsection (1)(b), (c), (d), (e), or (j) of this section.~~

~~(b) No capital expenditure need be associated with a proposed change in a project subject to review under this subsection.~~

~~(c) A proposed change in a project shall include any change in the licensed bed capacity of a facility, and the addition or termination of an institutional health service.~~

~~(12) Administrative review:~~

~~(a) The secretary shall have the authority to review and take action, on the basis of information submitted on an abbreviated application form acceptable to the secretary, the following categories of expenditures:~~

~~(i) The acquisition of land;~~

~~(ii) Capital costs associated with the refinancing of existing debt;~~

~~(iii) The obligation of any capital expenditure by or on behalf of a health care facility which decreases the total number of licensed beds or relocates licensed beds from one physical facility or site to another by ten beds or ten percent, whichever is less, in any two-year period; and~~

~~(iv) A proposed change in a project reviewed in accordance with WAC 248-19-230(11).~~

~~(b) Such review shall be completed within ten working days after receipt of an application.~~

~~(13))~~ (10) The provision of hospice services by an entity providing the services described in the definition of "hospice" in WAC 248-19-220, when such an entity was providing services as of July 24, 1983, shall not be considered the establishment of a new health facility or service ~~((and shall not be subject to certificate of need review))~~. Persons providing hospice services as of July 24, 1983, shall submit information prescribed by the department showing they were providing hospice services as of that date and showing the services provided and the county or counties comprising the service area.

(11) Any capital expenditure in excess of the expenditure minimum not otherwise subject to certificate of need review under subsection (1)(a), (b), (d), (e), (f), or (h) of this section, solely for any one or more of the following and which does not substantially affect patient charges as determined by the department based on information provided by the applicant, is exempt from certificate of need review except to the extent required

by the federal government as a condition to receipt of federal assistance:

- (a) Communications and parking facilities;
- (b) Mechanical, electrical, ventilation, heating, and air conditioning systems;
- (c) Energy conservation systems;
- (d) Repairs to, or the correction of, deficiencies in existing physical plant facilities necessary to maintain state licensure;
- (e) Acquisition of equipment, including data processing equipment, which is not or will not be used in the direct provision of health services;
- (f) Construction, involving physical plant facilities, including administrative and support facilities, which are not and will not be used for the provision of health services;
- (g) Acquisition of land; and
- (h) Refinancing of existing debt.

**NOTE:**

<sup>1</sup>Where a hospital is part of a larger institution, such as a university, the components of the larger institution (e.g., a component conducting medical research) not related to the hospital will not be considered part of the hospital, whether or not the hospital is a distinct legal entity. Similarly, when there is a legal entity, the primary activity of which is operating a hospital, but which also operates a distinct research component, the research component will not be considered part of the hospital. In these cases, the component conducting medical research that is distinct from the hospital and that neither provides inpatient services nor uses revenues derived from patient charges at the hospital to finance its operations will not be considered part of the hospital.

Further, expenditures by a component of a larger institution, such as a university, which is distinct from a separate health care facility component, such as the university's hospital, will not be viewed as being "by a health care facility." Thus, a capital expenditure by a university medical school that is a distinct component of the university will not be considered to be "by" the hospital of the university. In finding that the medical school is distinct, the department must find at least that the revenues derived from patient charges at the hospital of the university are not used for operating expenses of the medical school.

If a capital expenditure exceeds the expenditure minimum, for it to be required to be subject to review, the department must find that it is "on behalf of" a health care facility. Such an expenditure is also required to be subject to review if it is for the acquisition of major medical equipment and meets the conditions set forth in WAC 248-19-230 (1)(f). The same analysis would apply to a distinct research component of a legal entity, the primary activity of which is operating a hospital.

<sup>2</sup>A person may enter into a contractual arrangement at an earlier date, provided such contractual arrangement is contingent upon a determination by the

department that a certificate of need is not needed or upon issuance of a certificate of need.

AMENDATORY SECTION (Amending Order 210, filed 4/9/81, effective 5/20/81)

✓ WAC 248-19-240 APPLICABILITY DETERMINATION. (1) Any person wanting to know whether an action the person is considering is subject to certificate of need requirements (chapter 248-19 WAC) should submit a written request to the certificate of need unit requesting a formal determination of applicability of the certificate of need requirements to the action.

(a) A copy of a written request for determination of applicability shall be sent simultaneously to the appropriate ~~((health systems agency and, in the case of a hospital project, to the hospital commission))~~ advisory review agencies.

(b) The written request shall be in a form prescribed by the department and contain an explicit description of the action. The description shall include the nature and extent of any construction, changes in services, and the estimated total costs of the action.

(2) The department may request such additional written information as is reasonably necessary to ~~((making))~~ make an applicability determination on the action.

(3) The department shall respond in writing to a request for an applicability determination within thirty days of receipt of all the information needed for such determination. In the written response, the department shall state the reasons for its determination that the action is or is not subject to certificate of need requirements.

(4) Information or advice given by the department as to whether an action is subject to certificate of need requirements shall not be considered an applicability determination unless it is in written form in response to a written request submitted in accordance with provisions of this section.

(5) A written applicability determination on an action in response to a written request and based on written information shall be binding upon the department: **PROVIDED**, The nature, extent, or cost of the action does not significantly change.

AMENDATORY SECTION (Amending Order 210, filed 4/9/81, effective 5/20/81)

✓ WAC 248-19-260 PERIODIC REPORTS ON DEVELOPMENT OF PROPOSALS. ~~((+))~~ During ~~((April))~~ January of each year, each health care facility and any other person developing proposals subject to certificate of need review shall submit to the department and the advisory review agencies a report ~~((which describes))~~ describing each such undertaking. Such report shall be submitted in a form prescribed by the department.

~~((2))~~ If the appropriate health systems agency requires submission of reports, on at least an annual basis, regarding undertakings which are under consideration, the department shall accept a copy of each such report sent to the health systems agency in lieu of the report required under subsection (1) of this section.

~~(3) Submission to the department of a long-range plan which includes all undertakings which are under consideration by a health care facility or other person shall be accepted as meeting the requirement of this section for a periodic report.)~~

AMENDATORY SECTION (Amending Order 210, filed 4/9/81, effective 5/20/81)

WAC 248-19-270 LETTER OF INTENT. Any person planning to ((develop a construction project shall submit a letter of intent to the department at the earliest possible opportunity in the course of planning such construction project.

(1) The letter of intent shall inform the department of the nature and scope of the project, clearly describing the size and extent of any new or expanded services which will be included)) propose an undertaking subject to certificate of need review (except for projects which would qualify for an emergency review under the provisions of WAC 248-19-300 (2)(a)), shall submit a letter of intent in accordance with the following provisions:

(1) General.

(a) A copy of the letter of intent shall include the following information:

(i) A description of the extent of the services proposed;

(ii) The estimated cost of the proposed project;

(iii) A description of the service area.

((2)) (b) A copy of the letter of intent shall be sent to the regional health ((systems agency)) council for the health service area in which the project is to be located and, in the case of a hospital project, to the hospital commission.

((3)) (c) The letter of intent submitted in accordance with the provisions of this section does not constitute "notice of intent" with respect to the acquisition of existing health care facilities, as required by WAC 248-19-230(2) or to the acquisition of major medical equipment, as required by WAC 248-19-403.

(2) Expedited or regular review. Any person proposing an undertaking subject to an expedited or regular review shall submit a letter of intent at least thirty days prior to the submission of the application.

Concurrent review.

(a) Any person proposing undertakings for which a concurrent review schedule has been established according to WAC 248-19-327 shall submit a letter of intent in accordance with the schedule published in WAC 248-19-327. Applications for projects subject to concurrent review will not be processed unless a letter of intent has been submitted in accordance with the schedule published by the department.

(b) Within thirty days following the date on which letters of intent must be received, the department, after consultation with the advisory review agencies, shall determine which of the proposed undertakings compete with another proposed undertaking. To be considered competing, a proposed undertaking must meet at least one of the following criteria:

(i) Nursing home bed additions - The proposed nursing home beds will be located in the same county or nursing home planning area.

(ii) Other - Criteria to determine which undertaking will be considered competing will be developed and published in rule when a concurrent review is published.

AMENDATORY SECTION (Amending Order 210, filed 4/9/81, effective 5/20/81)

WAC 248-19-280 SUBMISSION AND WITHDRAWAL OF APPLICATIONS. (1) General.

(a) A person proposing an undertaking ((which is)) subject to review shall((; prior to the date on which the certificate of need review of such undertaking begins;)) submit a ((complete)) certificate of need application in such form and manner and containing such information as the department, after consultation with ((health systems)) the advisory review agencies ((and the hospital commission)), has prescribed and published as necessary to such a certificate of need application.

(i) The information, which the department prescribes and publishes as required for a certificate of need application, shall be limited to the information ((which is)) necessary for the department to perform a certificate of need review and((;)) shall vary in accordance with and be appropriate to the category of review or the type of proposed project: PROVIDED((;)) HOWEVER, That the required information shall include that which is necessary to ((determining)) determine whether the proposed project meets applicable criteria and plan standards.

(ii) Information regarding a certificate of need application ((which is)) submitted by an applicant after the department has given "notification of the beginning of review" in the manner prescribed by WAC 248-19-310 shall be submitted in writing to the department, the regional health ((systems agency)) council, and for hospital projects, to the hospital commission.

(iii) Except as provided in WAC 248-19-325, no information regarding a certificate of need application((; which is)) submitted by an applicant after the conclusion of a public hearing conducted under the provisions of WAC 248-19-320 or the date ((on which)) of the final action of the appropriate regional health ((systems agency takes)) council or the date of the final action of the hospital commission on the application, whichever occurs ((first)) last, shall be considered by the department in reviewing and taking action on a certificate of need application. An exception to this rule shall be made when, during its final review period, the department finds an unresolved pivotal issue requires submission of further information by an applicant and the applicant agrees to an extension of the review period in order to resolve this issue as provided for in WAC 248-19-330 (2)(b), 248-19-340 (2)(c), and 248-19-350(4). The department shall furnish copies of its request to the applicant for such additional information to the appropriate ((health systems agency and, for a hospital project, to the hospital commission)) advisory review agencies. The department shall give public notice of such request for additional information through the same newspaper in which the "notification of beginning of review" for the project was published. The notice shall identify the project, the nature of the unresolved issue and the information requested of the applicant, and shall state the

period of time allowed for receipt of written comments from interested persons.

(b) A person submitting a certificate of need application shall simultaneously submit copies of such application to the certificate of need unit of the department(~~(;)~~) and the appropriate (~~(health systems agency and, in the case of a hospital project, to the hospital commission))~~) advisory review agencies.

(i) The original and two copies of the application shall be submitted to the certificate of need unit of the department.

(ii) At least three and such additional copies of the application as may be required by the regional health ((systems agency)) council shall be submitted to the appropriate regional health ((systems agency)) council.

(iii) For a hospital project, one copy shall be submitted to the hospital commission.

(c) On or before the last day of the applicable screening period for a certificate of need application, as prescribed in subsections (2) and (3) of this section, the department shall send a written notice to the person (~~(who submitted))~~ submitting the application stating whether or not the application has been declared complete. If an application has been found to be incomplete, the notice from the department shall specifically identify the portions of the application in which the information provided has been found to be insufficient or indefinite and request the supplemental information needed to complete the application. The notice from the department shall incorporate the findings as to insufficient or indefinite application information (~~(which have been))~~) transmitted to the department by the regional health ((systems agency)) council and the hospital commission.

(d) The department shall not request any supplemental information of a type (~~(which has))~~ not (~~(been))~~ prescribed and published as being necessary to a certificate of need application for the type of project being proposed. The department may request clarification of information provided in the application.

(e) A response to the department's request for information to supplement an incomplete application shall be written and submitted to the same agencies and in the same numbers as required for an application under the provisions of subsection (1)(b) of this section.

(2) (~~(Emergency, expedited and regular reviews))~~) Screening and prereview activities.

(a) The department(~~(;)~~) and the appropriate (~~(health systems agency, and the hospital commission for a hospital project;))~~) advisory review agencies shall, within a fifteen-day period for emergency, expedited, and regular reviews, screen the application to determine whether the information provided in the application is complete and as explicit as is necessary for a certificate of need review. This screening period shall begin on the first day after which the department(~~(, the health systems agency and, for hospital projects, the hospital commission;))~~) and the advisory review agencies have each received copies of the application.

(b) The department shall return an incomplete certificate of need application to the person (~~(who submitted))~~)

submitting the application if the department has not received a response to a request for the supplemental information sent in accordance with subsection (1)(c) of this section within forty-five days for emergency, expedited, and regular reviews and within one month for concurrent review after such request was sent.

(c) For emergency, expedited, and regular reviews, a person (~~(who submits))~~) submitting a response to the department's request for supplemental information to complete a certificate of need application within forty-five days after the request was sent by the department, in accordance with subsection (1)(c) of this section, shall have the right to exercise one of the following options:

(i) Submission of written supplemental information and a written request that such information be screened and the applicant be given opportunity to submit further supplemental information if the application is still incomplete;

(ii) Submission of written supplemental information with a written request that review of the certificate of need application begin without the department notifying the applicant as to whether the supplemental information is adequate to complete the application; or

(iii) Submission of a written request that the incomplete application be reviewed without supplemental information.

(d) For concurrent review a person submitting a response to the department's request for supplemental information to complete a certificate of need application within one month after the request was sent by the department, in accordance with subsection (1)(c) of this section, shall submit written supplemental information or a written request that the incomplete application be reviewed. The review shall begin in accordance with the published schedule.

(e) After receipt of a request for review of a certificate of need application, submitted in accordance with subsection (2)(c)(ii) or (iii) of this section, the department shall give notification of the beginning of review in the manner prescribed for a complete application in WAC 248-19-310.

~~((f))~~ (f) If a person requests the screening of supplemental information in accordance with subsection (2)(c)(i) of this section, such screening shall be carried out in the same number of days and in the same manner as required for an application in accordance with the provisions of subsection (1)(c) and (2)(a) of this section. The process of submitting and screening supplemental information may be repeated until the department declares the certificate of need application complete, the applicant requests that review of the incomplete application begin, or the one hundred twentieth day after the beginning of the first screening period for the application, whichever occurs first. The department shall return an application to the applicant if it is still incomplete on the one hundred twentieth day after the beginning of the first screening period and the applicant has not requested review of such incomplete application.

(3) (~~(Amendment of certificate of need applications:))~~

(a) Applications for emergency review. If an applicant amends an application during the screening period, the department, after consultation with the appropriate



~~health systems agency and, in the case of a hospital project, the hospital commission shall determine whether the amended application constitutes a new application. An application which is amended during the review period shall be considered a new application.~~

~~(b) Application for expedited or regular review.~~

~~(i) If an applicant amends an application during the screening or review period, the department, after consultation with the appropriate health systems agency and, in the case of a hospital project, the hospital commission shall determine whether the amended application constitutes a new application.~~

~~(ii) To provide any affected person the opportunity for a public hearing on an amended application, the department may extend the expedited review period as necessary to conduct such public hearing and complete the review process.~~

~~(4) Submission of an amendment to an application. An amendment to an application shall be submitted to the same agencies and in the same numbers as required for an application under the provisions of subsection (1)(b) of this section.~~

~~((5)) Withdrawal of applications.~~

A certificate of need application shall be withdrawn from the certificate of need process if the department receives a written request for withdrawal of the application from the person ~~((who submitted))~~ submitting the application at any time before final action on such application has been taken by the secretary's designee.

~~((6)) (4) Resubmission of applications withdrawn or returned as incomplete.~~

A submission of a new certificate of need application shall be required for a certificate of need review of any undertaking for which the department has returned an incomplete application in accordance with subsection (2)(b) of this section, or for which a certificate of need application has been withdrawn in accordance with subsection ~~((5))~~ (3) of this section. The content of the application should be updated as necessary before resubmission.

### NEW SECTION

✓ WAC 248-19-295 AMENDMENT OF CERTIFICATE OF NEED APPLICATIONS. (1) The following changes to an application may be considered an amendment of an application:

(a) The addition of a new service or elimination of a service included in the original application.

(b) The expansion or reduction of a service included in the original application.

(c) An increase in the bed capacity.

(d) A change in the capital cost of the project or the method of financing the project.

(e) A substantial change in the rationale used to justify the project.

(2) Direct responses to screening questions will not be considered amendments.

(3) Amendments to certificate of need applications shall include information and documentation consistent with the requirements of WAC 248-19-280 (1)(a)(i) and (b).

(4) Application for emergency review. If an applicant amends an application during the screening period, the department, after consultation with the advisory review agencies, shall determine whether the amended application constitutes a new application. An application amended during the review period shall be considered a new application.

(5) An application for expedited or regular review may be amended during the screening period or the advisory review period.

(a) The advisory review agency recommends to the department that a change to an application constitutes an amendment. When the advisory agency recommends an application has been amended, a written justification shall be submitted to the applicant and the department within five working days after the recommendation is made. The applicant may submit written information to the department within five working days indicating why the change should not be considered an amendment. The applicant shall also submit the written information to the advisory agency.

(b) The department shall determine within five working days of receipt of the advisory agency recommendation concerning an amendment whether the change constitutes an amendment to an application.

(c) When an application has been amended, the review period may be extended at the written request of the advisory review agency for a period not to exceed forty-five days.

(6) An application for concurrent review may be amended according to the following provisions:

(a) The department, in consultation with the advisory review agency, shall determine when an application has been amended.

(b) An amendment may be made through the first forty-five days of the concurrent review process. When an applicant amends an application, the review period for all applications reviewed concurrently shall be extended by a single thirty-day period. The forty-five days for amendments shall be divided as follows:

(i) During the first thirty days an applicant or applicants may amend an application one or more times.

(ii) When an amendment has been made to an application in the first thirty days, all applicants may make one final amendment during the remaining fifteen days of the forty-five day period.

(iii) The department shall send written notice to all applicants when an amendment to an application is submitted.

(iv) If no amendment has been made to any application through the thirty-day period, no amendments may be made during the subsequent fifteen-day period.

(c) Any information submitted after the amendment period which has not been requested in writing by the department shall be returned to the person submitting the information and shall not be considered in the review of the application.

AMENDATORY SECTION (Amending Order 210, filed 4/9/81, effective 5/20/81)

✓ WAC 248-19-300 CATEGORIES OF REVIEW. (1) In the review of any certificate of need application,



one of the following review processes shall be used: Regular review, concurrent review, emergency review ((or)), expedited review, or administrative review.

(2) Determination of review process.

The department, after any necessary consultation with the appropriate ~~((health systems agency and, if a hospital project, the hospital commission))~~ advisory review agencies, shall determine which review process will be used in the review of a given certificate of need application.

(a) Administrative review.

(i) The secretary's designee shall have the authority to review an abbreviated application proposing the obligation of any capital expenditure by or on behalf of a health care facility decreasing the total number of licensed beds or relocating licensed beds from one facility to another, by ten beds or ten percent, whichever is less, in any two-year period. Prior to making a determination of administrative review, the secretary's designee shall consult with the advisory review agencies.

(ii) An abbreviated application shall be submitted in a form acceptable to the secretary's designee in accordance with the provisions of WAC 248-19-280 (1)(b).

(iii) Such review shall be completed within ten working days after receipt of an application.

(b) Emergency review.

(i) Beginning January 1, 1981, an emergency review may, with the written consent of the appropriate ~~((health systems agency))~~ advisory review agencies, be conducted when an immediate capital expenditure is required in order for a health care facility to maintain or restore basic and essential patient services.

(ii) The department may, after consulting with the appropriate ~~((health systems agency and, for a hospital project, the hospital commission))~~ advisory review agencies, determine ~~((that))~~ an application submitted for emergency review does not qualify for such review. Such a determination and notification to the applicant shall be made within five days after receipt of the application. When the department makes a determination ~~((that))~~ an application is not subject to emergency review procedures, the application will be reviewed under another review process ~~((which is))~~ appropriate for the type of undertaking proposed. The department will notify the applicant of the other process under which the application will be reviewed.

~~((b))~~ (c) Expedited review.

~~((f))~~ Beginning ~~((January 1, 1981))~~ July 24, 1983, an expedited review shall be conducted on a certificate of need application for the following:

~~((A))~~ All projects which do not involve health services or the addition, replacement, expansion or alteration of facilities for health services:

~~((B))~~ (i) Projects proposed for the correction of deficiencies as described in WAC 248-19-415, except projects for the repair to or correction of deficiencies in the physical plant necessary to maintain state licensure, which are exempt from review by the provisions of WAC 248-19-230(12), if they do not substantially affect patient charges.

~~((E))~~ (ii) The replacement of equipment having similar functional capability and ~~((which does))~~ not

~~((result))~~ resulting in the offering or development of any new health services.

~~((D))~~ Installation, replacement, or improvement of energy conservation and mechanical and electrical systems:

~~((E))~~ (iii) Demonstration or research projects ~~((related to new technology))~~: PROVIDED, That such projects do not involve a change in bed capacity~~((;))~~ or the provision of a new institutional health service.

~~((F))~~ (iv) Acquisition of an existing health care facility.

~~((G))~~ (v) Projects ~~((which are))~~ limited to predevelopment expenditures.

~~((ii))~~ An expedited review shall be conducted on a certificate of need application for a hospital's project when:

~~((A))~~ The hospital has developed a long-range facility plan in accordance with the provisions of RCW 70.38.145;

~~((B))~~ When an application has been found to be consistent with the applicant's long-range health facility plan and the applicable health systems plan, annual implementation plan and state health plan; and

~~((C))~~ When there has not been a significant change, since the long-range health facility plan was approved, in existing health facilities of the same type or in the need for such health facilities and services:

~~((iii))~~ That until January 1, 1983, or until such time as the department has developed a common form for hospital long range plans, whichever is earlier, an expedited review may, with the written consent of the appropriate health systems agency, be conducted for a project, the type, scope and location of which has been specifically described and provided for in a current health systems plan, annual implementation plan or state health plan, or when:

~~((A))~~ The hospital has developed a long range plan whose form is acceptable to the appropriate health systems agency and the department.

~~((B))~~ The appropriate health systems agency has reviewed the plan in conjunction with potentially competing plans and the health systems agency has approved the hospital's long range plans.

~~((C))~~ The certificate of need application for the project has been found to be consistent with the hospital's health systems agency approved long range health facility plan and the applicable health systems plan, annual implementation plan and state health plan:

~~((D))~~ There has not been a significant change, since the long range health facility plan was approved, in existing health facilities of the same type or in the need for such health facilities and services; and there has not been a significant change in financial feasibility:

~~((E))~~ The appropriate health systems agency has given the department a written consent to an expedited review of the project.

~~((e))~~ (d) Regular review process.

The regular review process shall be used for any application unless the department has determined ~~((that))~~ the emergency ~~((or))~~, expedited, or concurrent review process will be used in the review of such application. The regular review process will also be used to review

applications for projects solely for the purposes listed in WAC 248-19-230(12) determined by the department to substantially affect patient charges, unless the project qualifies for an expedited review under subsection (2)(b)(i) of this section.

(e) Concurrent review process.

The concurrent review process shall be used for all applications determined to be competing in accordance with WAC 248-19-327.

**AMENDATORY SECTION** (Amending Order 210, filed 4/9/81, effective 5/20/81)

✓ **WAC 248-19-310 NOTIFICATION OF BEGINNING OF REVIEW.** (1) Notice required.

The department shall provide written notification of the beginning of the review of a certificate of need application and notification of the beginning of the review of a proposed withdrawal of a certificate of need to affected persons (other than persons residing within the geographic area served or to be served by the applicant, any persons ~~((who))~~ regularly ~~((use))~~ using health care facilities within that geographic area, and third-party payers ~~((who reimburse))~~ reimbursing health care facilities for services in the health service area in which the project is proposed to be located), and any other person ~~((who has submitted))~~ submitting a written request that the person's name be on the mailing list for such notice. Notification of the beginning of the review of a certificate of need application shall be provided to persons residing within the geographic area served or to be served by the applicant, to any person ~~((who))~~ regularly ~~((uses))~~ using health care facilities within that geographic area, and third-party payers ~~((who reimburse))~~ reimbursing health care facilities for services in the health service area in which the project is proposed to be located, through a newspaper of general circulation in the health service area of the project.

(2) Specific notice requirements.

(a) The department shall give "notification of the beginning of review" of an application after the department ~~((:))~~ and the appropriate ~~((health systems agency and, for a hospital project, the hospital commission))~~ advisory review agencies have each received a complete application or the applicant's request, submitted in accordance with WAC 248-19-280 (2)(c), that review of the application begin. Such notice shall be given according to the following requirements~~((:))~~:

(i) Emergency review.

When an application is being reviewed under the emergency review process, required notices shall be given within five working days following the receipt of a complete application or the applicant's written request that review of the application begin.

(ii) Expedited and regular review.

When an application is being reviewed under the expedited or regular review process, required notices shall be given within five working days of a declaration that the application is complete or the applicant's request that review of the application begin.

(b) The department shall give notification of the beginning of the review of a proposed withdrawal of a certificate of need when ~~((it))~~ the department determines

~~((that))~~ there may be good cause to withdraw a certificate of need.

(c) The notices shall include:

- (i) A general description of the project;
- (ii) In the case of a proposed withdrawal of a certificate of need, the reasons for the proposed withdrawal;
- (iii) The proposed review schedule;
- (iv) The period within which one or more affected persons may request the conduct of a public hearing during the review;

(v) The name and address of the agency to which a request for a public hearing should be sent; ~~((and))~~

(vi) The manner in which notification will be provided of the time and place of any hearing so requested;

(vii) Notice that any affected person wishing to receive notification of a meeting on the application called by the department after the end of the advisory agencies review period shall submit a written request to the department to receive notification of such meetings; and

(viii) The period within which any affected person may request notification of the meetings referenced in subsection (2)(c)(vii) of this section.

(d) The notices to other affected persons shall be mailed on the same date the notice to the public is mailed to the newspaper for publication.

(3) Beginning of review.

(a) Review of a certificate of need application under the expedited~~((:))~~ or regular ~~((or concurrent))~~ review process shall begin on the day the department sends notification of the beginning of review to the general public and other affected persons unless the department has received a written request from the applicant pursuant to WAC 248-19-280 (2)(c)(iii), in which case review shall begin upon receipt of such request.

(b) Review of certificate of need applications under the concurrent review process shall begin fifteen days after the conclusion of the published time period for the submission of final applications subject to concurrent review.

(c) Review of a certificate of need application under emergency review shall begin on the first day after the date on which the department~~((:))~~ and the appropriate ~~((health systems agency and, for a hospital project, the hospital commission))~~ advisory review agencies have determined the application is complete, or have each received a written request to begin review submitted by the applicant in accordance with WAC 248-19-280 (2)(c).

~~((c))~~ (d) Review of a proposed withdrawal of a certificate of need shall begin on the day the department sends notification of the beginning of review to the general public and to other affected persons.

**AMENDATORY SECTION** (Amending Order 210, filed 4/9/81, effective 5/20/81)

✓ **WAC 248-19-320 PUBLIC HEARINGS.** (1) "Opportunity for a public hearing," as used in this section, shall mean a public hearing will be conducted if a valid request for such a hearing has been submitted by one or more affected persons.

(2) The department shall provide opportunity to affected persons for a public hearing on:

(a) A certificate of need application which is under review, unless the application is being reviewed according to the emergency or expedited review processes; and

(b) The proposed withdrawal of a certificate of need.

This requirement for a public hearing shall be ~~((deemed))~~ satisfied if the appropriate regional health ((systems agency)) council has provided opportunity for such a public hearing to "affected persons" as this term is defined in WAC 248-19-220: PROVIDED((:)) HOWEVER, That the department has delegated the responsibility for such hearing to the appropriate regional health ((systems agency)) council, and such regional health ((systems agency)) council has followed public hearing procedures required under the provisions of this section.

(3) To be valid, a request for a public hearing on a certificate of need application or on the proposed withdrawal of a certificate of need shall:

(a) Be submitted in writing;

(b) Be received by the agency identified in the "notification of beginning of review" within fifteen days after the date on which the department's "notification of beginning of review" for the particular certificate of need application or proposed withdrawal of a certificate of need was published in a newspaper of general circulation; and

(c) Include identification of the particular certificate of need application or proposed certificate of need withdrawal for which the public hearing is requested and the full name, complete address, and signature of the person making the request.

(4) The department or the regional health ((systems agency)) council to which the department delegated responsibility for public hearings shall give written notice of a public hearing conducted pursuant to this section.

(a) Written notice shall be given to affected persons and the public at least fifteen days prior to the beginning of the public hearing.

(b) The notices shall include: Identification of the certificate of need application or certificate of need on which the public hearing is to be conducted and the date, time, and place of the public hearing.

(c) Notice to the general public to be served by the proposed project to which the certificate of need application or certificate of need pertains shall be through a newspaper of general circulation in the health service area of the proposed project. The notices to other affected persons shall be mailed on the same date the notice to the public is mailed to the newspaper for publication.

(5) In a public hearing on a certificate of need application or on a proposed withdrawal of a certificate of need, any person shall have the right to be represented by counsel and to present oral or written arguments and evidence relevant to the matter which is the subject of the hearing. Any person affected by the matter may conduct reasonable questioning of persons who make relevant factual allegations.

(6) The department or regional health ((systems agency)) council, ~~((whichever))~~ whoever conducts the hearing, shall maintain a verbatim record of a public hearing and shall not impose fees for the hearing.

(7) The department shall not be required to conduct a public hearing on a certificate of need application ~~((which is))~~ being reviewed according to the emergency or expedited review procedures.

#### NEW SECTION

✓WAC 248-19-326 EX PARTE CONTACTS. (1) There shall be no ex parte contacts as defined in WAC 248-19-220(17) after whichever of the following occurs last:

(a) The conclusion of a public hearing held in accordance with WAC 248-19-320, or

(b) The final action of the appropriate regional health council, or

(c) The final action of the hospital commission.

(2) Any of the following communications shall not be considered ex parte contacts:

(a) A communication regarding the procedure or process of the review.

(b) A communication made in a meeting open to the public requested by the department and reasonable notice of the meeting has been given to the applicant, the advisory review agencies, all applicants in a concurrent review, and all persons having previously requested in writing to be notified of all such meetings or written requests for information concerning a specific application for certificate of need or a specific proposed withdrawal of a certificate of need.

(c) A written request for information made by the department and provided to all persons specified in subsection (2)(b) of this section.

(d) A response to a request made by the department in a meeting held in accordance with subsection (2)(b) of this section or in response to subsection (2)(c) of this section, and submitted to the department and to all persons specified in subsection (2)(b) of this section.

#### NEW SECTION

✓WAC 248-19-327 CONCURRENT REVIEW PROCESS. (1) Projects for which the department may publish concurrent review schedules are identified in RCW 70.38.115(7). A concurrent review has been scheduled for projects proposing nursing homes, nursing home bed additions, the redistribution of acute care beds to skilled nursing care beds or intermediate care beds, and the relocation of nursing home beds from one county or nursing home planning area to another county or nursing home planning area.

(2) Time schedules for submission of application subject to concurrent review.

(a) The department, in cooperation with the advisory review agencies, shall prescribe particular time schedules for the submission and concurrent review of certificate of need applications for selected types of projects within a given area. Such time schedules shall be for the purpose of comparative analysis of competing or similar projects.

(b) Time schedules for projects subject to concurrent review shall be published in rule.

(c) When a new concurrent review schedule is published, there shall be no more than four months between

the publishing of the concurrent review schedule and the date initial applications are due.

(d) Review schedules for concurrent review shall provide for at least an annual review for a given project type within each service area.

(3) The concurrent review shall not exceed one hundred thirty-five days from the beginning of the review period unless it is extended in accordance with WAC 248-19-295.

(a) Applications subject to the nursing home concurrent review shall be submitted as follows:

- (i) Deadlines are the first working day of the month.
- (ii) Letter of intent - June.
- (iii) Initial application - August.
- (iv) Screening of applications - September.
- (v) Submission of final applications and beginning of review - October.

(b) Applications subject to concurrent review shall be submitted to reviewing agencies in accordance with the provisions of WAC 248-19-280(1). Each applicant shall provide the other competing applicant or applicants with a copy or copies of the application if requested in writing.

(c) The department and the appropriate advisory agencies shall screen the initial application within one month to determine whether the information provided in the application is complete and as explicit as necessary for certificate of need review. The screening period shall begin on the first working day after the end of the period for submission of the initial application published by the department.

(d) Within one month after the department sends the request for supplemental information, the applicant shall exercise one of the following which will constitute submission of the final application:

- (i) Submission of the requested written supplemental information; or
- (ii) Submission of a written request that the incomplete application be reviewed without supplemental information.

(e) The concurrent review shall begin within fifteen days after the published date for submission of final applications.

(f) Within ninety days from the first day of the review period, the appropriate advisory agencies shall submit written findings and recommendations on a certificate of need application to the department unless the review period has been extended according to the provisions in subsection (4) of this section.

(g) The department shall conclude its final review and the secretary's designee shall take action on a certificate of need application within forty-five days after the end of the advisory agencies' review period unless extended according to the provisions of subsection (4) of this section.

(4) The review period for a concurrent review may be extended according to the following provisions:

(a) When an applicant amends an application, the review period shall be extended in accordance with the provisions of WAC 248-19-295.

(b) If an issue, which is pivotal to the decision of the secretary's designee remains unresolved, the department

may make one request for additional information from one or more of the applicants reviewed concurrently. The request shall specify a deadline by which an applicant or applicants shall respond. The department may extend the final review period for all applications being reviewed concurrently up to, but not exceeding, thirty days after the receipt of the response or responses of the applicant or applicants to the department's request for information or after the specified deadline for response.

#### AMENDATORY SECTION (Amending Order 244, filed 9/15/82)

✓ WAC 248-19-330 REGULAR REVIEW PROCESS. (1) The regular review process shall not exceed ninety days from the beginning of the review period and shall be conducted in accordance with ~~((the following subdivisions of))~~ this ~~((subsection))~~ section unless the review period is extended in accordance with the provisions of subsection (2) of this section.

(a) Within sixty days from the first day of the review period, ~~the ((health systems agency and, in the case of a hospital project, the hospital commission;))~~ advisory review agencies shall submit written findings and recommendations on a certificate of need application to the department unless either of the ~~((health systems agency or hospital commission))~~ advisory review agencies has requested and received an extension of this review period from the department.

(b) The department shall complete its final review and the secretary's designee shall make ~~((his))~~ a decision on a certificate of need application within thirty days of the end of the review period or extended review period of the ~~((health systems agency and, in the case of a hospital project, the hospital commission))~~ advisory review agencies.

(2) The review period for a regular review may be extended according to the following provisions~~((:))~~:

(a) The advisory agencies' review period ~~((for the health systems agency or, in the case of a hospital project, the hospital commission;))~~ may be extended for up to an additional thirty days upon the written request of either of ~~((these))~~ the advisory review agencies when such additional time is needed to complete the review and submit written findings and recommendations to the department and/or up to an additional forty-five days in accordance with WAC 248-19-295. The department may grant further extensions to this review period: PROVIDED, The person ~~((who submitted))~~ submitting the certificate of need application gives written consent to such further extensions.

(b) If an issue, which is pivotal to the decision of the secretary's ~~((decision))~~ designee remains unresolved, the department may make one request for additional information from the person ~~((who submitted))~~ submitting the application. The department may extend its final review period up to but not exceeding thirty days after receipt of the applicant's written response to the department's request for information. ~~((Such pivotal issues include but are not limited to pending action for medicare or medicaid decertification, license revocation or patient trust fund violation or termination of a provider agreement:))~~

(c) The department may extend either the review period for the ~~((health systems agency and the hospital commission))~~ advisory review agencies or the department's final review period upon receipt of a written request of the person ~~((who submitted))~~ submitting the application: PROVIDED(;) HOWEVER, That such an extension shall not exceed ~~((sixty))~~ ninety days.

AMENDATORY SECTION (Amending Order 244, filed 9/15/82)

✓WAC 248-19-340 EXPEDITED REVIEW PROCESS. (1) The expedited review process shall not exceed fifty days from the beginning of the review period unless extended in accordance with the provisions of subsection (2) of this section: PROVIDED(;) HOWEVER, That the appropriate regional health ((systems agency)) council consents in writing to a thirty-day review period ~~((and does not need to conduct a public hearing in accordance with WAC 248-19-320))~~. If the regional health ((systems agency)) council does not consent to a thirty-day review period, the expedited review process shall not exceed eighty days from the beginning of the review period.

(a) If the advisory agencies' review period ~~((for the health systems agency))~~ is thirty days, ~~((the health systems agency and, in the case of a hospital project, the hospital commission,))~~ advisory review agencies shall submit written findings and recommendations to the department within thirty days of the beginning of the review period. If the advisory agencies' review period ~~((for the health systems agency))~~ is sixty days, the ~~((health systems agency and, in the case of a hospital project, the hospital commission,))~~ advisory review agencies shall submit written findings and recommendations to the department within sixty days of the beginning of the review period.

(b) The department shall complete its final review and the secretary's designee shall make his or her decision on a certificate of need application under an expedited review within twenty days of the end of the review period or extended review period of the ~~((health systems agency and, in the case of a hospital project, the hospital commission))~~ advisory review agencies.

(2) The review period for an expedited review may be extended according to the following provisions(;-):

(a) If the regional health ((systems agency)) council has consented to a thirty-day review period, the review period may be extended for up to an additional thirty days ~~((when the health systems agency conducts a public hearing in accordance with the provisions of WAC 248-19-320 or))~~ upon the written request of the advisory review agency when additional time is needed by the ~~((health systems agency or, in the case of a hospital project, the hospital commission))~~ advisory review agency, to complete the review and submit written findings and recommendations to the department and/or up to an additional forty-five days in accordance with WAC 248-19-295. The department may grant further extensions to this review period: PROVIDED, The person ~~((who submitted))~~ submitting the certificate of need application gives written consent to further extension.

~~((The department may extend its final review if a public hearing is requested in accordance with the provisions of WAC 248-19-320 and the hearing is conducted by the department. Such extension may be for an additional period of up to thirty days.~~

~~((c))~~ If an issue, which is pivotal to the decision of the secretary's ((decision)) designee remains unresolved, the department may make one request for additional information from the person ~~((who submitted))~~ submitting the application. The department may extend its final expedited review period up to but not exceeding thirty days after receipt of the applicant's written response to the department's request for information. ~~((Such pivotal issues include but are not limited to pending action for medicare or medicaid decertification, license revocation or patient trust fund violation or termination of a provider agreement.~~

~~((d))~~ ~~((c))~~ The department may extend either the expedited review period for the ~~((health systems agency and the hospital commission))~~ advisory review agencies or the department's final review period upon receipt of a written request of the person ~~((who submitted))~~ submitting the application: PROVIDED(;) HOWEVER, That such an extension shall not exceed sixty days.

~~((3))~~ ~~Projects reviewed under expedited review provisions in WAC 248-19-300 (2)(b)(ii) and (iii) shall not be subject to WAC 248-19-370. The evaluation of criteria in WAC 248-19-380, 248-19-390 and 248-19-400 shall be reviewed only to the extent applicable criteria were not considered in the plan approval process and a reasonable expectation exists that consideration of these criteria could materially alter the approval of projects.)~~

AMENDATORY SECTION (Amending Order 244, filed 9/15/82)

✓WAC 248-19-350 EMERGENCY REVIEW PROCESS. (1) The emergency review process shall not exceed fifteen working days from the beginning of the review period.

(2) Written findings and written recommendations of the ~~((health systems agency, and in the case of hospital projects, the hospital commission,))~~ advisory review agencies shall be submitted to the department within ten working days after the beginning of the emergency review period.

(3) The department shall complete its final review and the secretary's designee shall make his or her decision on an emergency certificate of need application within fifteen working days after the beginning of the review period unless the department extends its final review period in accordance with the provisions of subsection (4) of this section.

(4) If an issue, which is pivotal to the decision of the secretary's ((decision)) designee remains unresolved, the department may make one request for additional information from the person ~~((who submitted))~~ submitting the application. The department may extend its final emergency review period up to but not exceeding ~~((thirty))~~ ten days after receipt of the applicant's written response to the department's request for information. ~~((Such pivotal issues include but are not limited to~~

~~pending action for medicare or medicaid decertification; license revocation or patient trust fund violation or termination of a provider agreement.))~~

AMENDATORY SECTION (Amending Order 210, filed 4/9/81, effective 5/20/81)

✓ WAC 248-19-400 DETERMINATION OF COST CONTAINMENT. A determination that a proposed project will foster cost containment shall be based on the following criteria~~((:))~~:

(1) Superior alternatives, in terms of cost, efficiency, or effectiveness, are not available or practicable.

(2) In the case of a project involving construction:

(a) The costs, scope, and methods of construction and energy ~~((provision))~~ conservation are reasonable; and

(b) The project will ~~((probably))~~ not have an unreasonable impact on the costs and charges to the public of providing health services by other persons.

(3) ~~((The project takes into consideration the special needs and circumstances of health care facilities with respect to the need for energy conservation.~~

~~((4) The project will promote efficiency or productivity))~~ The project will involve appropriate improvements or innovations in the financing and delivery of health services which foster cost containment and which promote quality assurance and cost effectiveness.

AMENDATORY SECTION (Amending Order 210, filed 4/9/81, effective 5/20/81)

✓ WAC 248-19-403 MAJOR MEDICAL EQUIPMENT NOT OWNED BY OR LOCATED IN A HEALTH CARE FACILITY. (1) For purposes of this section, purchases, donations, and leases of major medical equipment shall be considered acquisitions of such equipment. An acquisition of major medical equipment through a transfer of such equipment for less than fair market value shall be considered an acquisition of major medical equipment if ~~((its))~~ the equipment's fair market value is at least ~~((one hundred fifty thousand dollars))~~ equivalent to the review threshold set forth in WAC 248-19-220(34).

(2) Before any person enters into a contractual arrangement<sup>1</sup> to acquire major medical equipment ~~((which is))~~ not to be owned by or located in a health care facility, such person shall submit a valid notice to the department and the appropriate regional health ~~((systems agency))~~ council of the intent to acquire the equipment.

(a) The notices to the department and the appropriate regional health ~~((systems agency))~~ council shall be submitted in writing at least thirty days before entering into contractual arrangements to acquire the equipment with respect to which the notice is given.

(b) To be valid, a notice shall include:

(i) A complete description of the major medical equipment to be acquired and the health services to be provided with such equipment;

(ii) The name, address, and general description of the facility in which the equipment is to be located;

(iii) The date on which any contractual arrangement for acquisition of the equipment was or is to be entered into;

(iv) A statement as to whether the equipment is to be used for any hospital's inpatients and, if so, whether such use will be only on a temporary basis in the case of a natural disaster, a major accident, or equipment failure.

(3) The acquisition of major medical equipment ~~((which is))~~ not to be owned by or located in a health care facility shall be subject to review if the department finds that:

(a) The written notice of intent to acquire the equipment was not submitted in accordance with the provisions of subsection (2) of this section; or

(b) The equipment will be used to provide services to a hospital's inpatients on other than a temporary basis in the case of a natural disaster, a major accident, or equipment failure.

(4) Within fifteen working days after receipt of a valid notice of intent to acquire the major medical equipment, the department shall respond to the person ~~((who submitted))~~ submitting the notice of intent, informing such person as to whether the acquisition of the equipment is subject to certificate of need review. A copy of the response shall be sent to the appropriate regional health ~~((systems agency))~~ council. If the department fails to make a determination within thirty days after the receipt of a valid notice, the major medical equipment may be acquired without a certificate of need.

(5) If a person has acquired major medical equipment not located in a health care facility which the department has determined was not subject to review under the provisions of subsections (2), (3), and (4) of this section and subsequently proposes to use such equipment to serve inpatients of a hospital on other than a temporary basis in the case of a natural disaster, a major accident, or equipment failure, the proposed new use of the major medical equipment shall be subject to certificate of need review.

NOTE:

<sup>1</sup>A person may enter into a contractual arrangement at an earlier date, provided such contractual arrangement is contingent upon a determination by the department that a certificate of need is not needed, or upon issuance of a certificate of need.

AMENDATORY SECTION (Amending Order 210, filed 4/9/81, effective 5/20/81)

✓ WAC 248-19-405 EXEMPTIONS FROM REQUIREMENTS FOR A CERTIFICATE OF NEED FOR HEALTH MAINTENANCE ORGANIZATIONS. (1) Provisions for exemptions.

The secretary's designee shall grant an exemption from the requirements for a certificate of need for the offering of an inpatient institutional health service, the acquisition of major medical equipment for the provision of an institutional health service, or the obligation of a capital expenditure in excess of ~~((one hundred fifty thousand dollars))~~ the expenditure minimum for the provision of an inpatient institutional health service to

any entity (~~which meets~~) meeting the eligibility requirements set forth in (~~subdivision~~) subsection (1)(a) of this (~~subsection~~) section for such an exemption and (~~submits~~) submitting an application for an exemption (~~which meets~~) meeting the requirements of (~~subdivision~~) subsection (1)(b) of this (~~subsection~~) section.

(a) Eligibility requirements.

To be eligible for an exemption from the requirements for a certificate of need for the offering of an inpatient institutional health service, the acquisition of major medical equipment for the provision of an inpatient institutional health service, or the obligation of a capital expenditure in excess of (~~one hundred fifty thousand dollars~~) the expenditure minimum for the provision of an institutional health service, an applicant entity shall be one of the following:

(i) A health maintenance organization or a combination of health maintenance organizations if:

(A) The organization or combination of organizations has, in the service area of the organization or the service areas of the organizations in the combination, an enrollment of at least fifty thousand individuals;

(B) The facility in which the service will be provided is or will be geographically located so (~~that~~) the service will be reasonably accessible to such enrolled individuals; and

(C) At least seventy-five percent of the patients (~~who can~~) reasonably (~~be~~) expected to receive the institutional health service will be individuals enrolled in such organization or organizations in the combination;

(ii) A health care facility if:

(A) The facility primarily provides or will provide inpatient health services;

(B) The facility is or will be controlled, directly or indirectly, by a health maintenance organization or a combination of health maintenance organizations which has, in the service area of the organization or service areas of the organizations in the combination, an enrollment of at least fifty thousand individuals;

(C) The facility is or will be geographically located so (~~that~~) the service will be reasonably accessible to such enrolled individuals; and

(D) At least seventy-five percent of the patients (~~who can~~) reasonably (~~be~~) expected to receive the institutional health service will be individuals enrolled with such organization or organizations in the combination; or

(iii) A health care facility (or portion thereof) if:

(A) The facility is or will be leased by a health maintenance organization or combination of health maintenance organizations which has, in the service area of the organization or the service areas of the organizations in the combination, an enrollment of at least fifty thousand individuals and, on the date the application for an exemption is submitted, at least fifteen years remain in the term of the lease;

(B) The facility is or will be geographically located so (~~that~~) the service will be reasonably accessible to such enrolled individuals; and

(C) At least seventy-five percent of the patients (~~who can~~) reasonably (~~be~~) expected to receive the institutional health service will be individuals enrolled with such organization;

(b) Requirements for an application for exemption.

An application for an exemption from a certificate of need shall meet the following requirements(-):

(i) The application for an exemption shall have been submitted at least thirty days prior to the offering of the institutional health service, acquisition of major medical equipment, or obligation of the capital expenditure to which the application pertains. A copy of the application for the exemption shall be sent simultaneously to the appropriate (~~health systems agency and, in the case of a hospital, to the hospital commission~~) advisory review agencies.

(ii) A complete application shall be submitted in such form and manner as has been prescribed by the department. The information which the department prescribes shall include:

(A) All of the information required to make a determination that the applicant entity qualifies in accordance with (~~subdivision~~) subsection (1)(a) of this (~~subsection~~) section; and

(B) A complete description of the offering, acquisition, or obligation to which the application pertains.

(2) Action on an application for exemption.

(a) Within thirty days after receipt of a complete application for exemption from certificate of need requirements, the department shall send the applicant a written notice (~~that~~) the exemption has been granted or denied. A copy of such written notice shall be sent simultaneously to the appropriate (~~health systems agency and, in the case of a hospital, to the hospital commission~~) advisory review agencies.

(b) The secretary's designee shall deny an exemption if he or she finds the applicant has not met the requirements of subsections (1) (a) and (b) of this section. Written notice of the denial shall include the specific reasons for the denial.

(c) In the case of an application for a proposed health care facility (or portion thereof) which has not begun to provide institutional health services on the date the application for an exemption is submitted, the secretary's designee shall grant the exemption if he or she determines the facility (or portion thereof) will meet the applicable requirements of subsection (1)(a) of this section when the facility first provides health services.

(d) If the secretary's designee fails to grant or deny an exemption in accordance with the provisions of this section within thirty days after receipt of a complete application for such exemption, the applicant for the exemption may seek a writ of mandamus from superior court pursuant to chapter 7.16 RCW.

(3) Subsequent sale, lease, or acquisition of exempt facilities or equipment.

Subsequent sale, lease, or acquisition of exempt health care facilities (or portions thereof) or medical equipment for which an exemption was granted under the provisions of subsection (2) of this section, any acquisition of a controlling interest in such facility or equipment, and any use of such facility or equipment by a person other



than the one to whom the exemption was granted, shall meet one of the following conditions:

(a) A certificate of need for the purchase, lease, acquisition of controlling interest in, or use of such facility or equipment, shall have been applied for and issued by the department; or

(b) The department shall have determined, after receipt of an application for an exemption, submitted in accordance with subsection (1) of this section, that the requirements of either subsection (1)(a)(i) or subsection (1)(a)(ii)(A) and (B) are met.

(4) The method of payment for services (i.e., prepaid or fee for service) shall not be considered relevant in determining whether an undertaking of a health maintenance organization qualifies for an exemption under this section.

AMENDATORY SECTION (Amending Order 210, filed 4/9/81, effective 5/20/81)

✓ WAC 248-19-410 REVIEW AND ACTION ON HEALTH MAINTENANCE ORGANIZATION PROJECTS. (1) Undertakings requiring a certificate of need.

A certificate of need shall be required for any undertaking which, in accordance with WAC 248-19-230, is subject to the provisions of chapter 248-19 WAC, unless an exemption has been granted for such undertaking under the provisions of WAC 248-19-405.

(2) Required approval.

The secretary's designee shall issue a certificate of need for a proposed project if the certificate of need applicant for the proposed project is a health maintenance organization or a health care facility controlled (directly or indirectly) by a health maintenance organization and the department finds the proposed project meets the criteria set forth in WAC ((248-19-370(7))) 248-19-370(6).

(3) Limitation on denials.

The secretary's designee shall not deny a certificate of need to a health maintenance organization or a health care facility controlled (directly or indirectly) by a health maintenance organization solely because a proposed project is not discussed in the applicable regional health ((systems)) plan, annual implementation plan, or state health plan.

(4) Sale, acquisition, or lease of facilities or equipment for which a certificate of need has been issued.

A health care facility (or portion thereof) or medical equipment for which a certificate of need has been issued under the provisions of this section shall not be sold or leased and a controlling interest in such facility or equipment or in a lease of the facility or equipment shall not be acquired unless an exemption or a certificate of need for such sale, lease, or acquisition has been granted by the secretary's designee.

AMENDATORY SECTION (Amending Order 210, filed 4/9/81, effective 5/20/81)

✓ WAC 248-19-415 PROJECTS PROPOSED FOR THE CORRECTION OF DEFICIENCIES. (1) For

the purposes of this section, "correction of deficiencies" shall mean one or more of the following:

(a) Eliminating or preventing imminent safety hazards as defined by federal, state, or local fire, building, or life safety codes or regulations; or

(b) Complying with state licensing standards; or

(c) Complying with accreditation or certification standards which must be met to receive reimbursement under Titles XVIII or XIX of the Social Security Act.

(2) An application ((~~which is~~)) submitted for a project ((~~which is~~)) limited to the correction of deficiencies, as defined in subsection (1) of this section, shall be approved unless the department finds, after consultation with the appropriate regional health ((systems agency)) council, that:

(a) The facility or service with respect to which such capital expenditure is proposed is not needed; or

(b) The obligation of such capital expenditure is not consistent with the state health plan in effect.

(3) A determination ((~~that~~)) a facility or service is not needed shall be made only if the department finds ((~~that~~)) the facility or service has been identified in the state health plan as not being needed.

(4) An application((~~;~~ ~~which is~~)) submitted for the correction of deficiencies((~~;~~)) shall be reviewed under the expedited review process, in accordance with WAC 248-19-340, unless it qualifies for emergency review in accordance with WAC 248-19-350.

(5) An application reviewed under the provisions of this section shall be approved only to the extent ((~~that~~)) the capital expenditure is needed for the correction of the deficiency.

(6) If the department finds ((~~that~~)) any portion of the project or the project as a whole is not needed for the correction of deficiencies, such portion or entire project shall be reviewed in accordance with WAC 248-19-360, 248-19-370, 248-19-380, 248-19-390, and 248-19-400.

(7) If the department finds ((~~that~~)) a proposed capital expenditure is needed to correct deficiencies, as defined in subsection (1) of this section, the criteria in WAC 248-19-370 shall not be applied to the consideration of the project.

AMENDATORY SECTION (Amending Order 210, filed 4/9/81, effective 5/20/81)

✓ WAC 248-19-420 WRITTEN FINDINGS AND ACTIONS ON CERTIFICATE OF NEED APPLICATIONS. (1) Written findings.

(a) The findings of the department's review of a certificate of need application shall be stated in writing and include the basis for the decision of the secretary's ((decision)) designee as to whether a certificate of need is to be issued or denied for the proposed project.

(b) In making its findings and taking action on a certificate of need application, the department shall use all criteria contained in chapter 248-19 WAC ((~~which are~~)) applicable to the proposed project.

(i) The written findings shall identify any criterion ((~~which~~)) the department has decided is not applicable to the particular project and give the reason for such decision.



(ii) The secretary's designee may deny a certificate of need if the applicant has not provided the information which is necessary to a determination that the project meets all applicable criteria and which the department has prescribed and published as necessary to a certificate of need review of the type proposed: PROVIDED(;) HOWEVER, That the department has requested such information in a screening letter sent in accordance with WAC 248-19-280 (1)(c).

(c) The department shall make written findings on the extent to which the project meets the criteria set forth in WAC 248-19-370 (1) and (2) when the secretary's designee issues a certificate of need directly related to the provision of health services, beds, or major medical equipment: PROVIDED(;) HOWEVER, That no such written finding shall be necessary for projects for the correction of deficiencies of the types described in WAC 248-19-415 and for projects proposed by or on behalf of a health maintenance organization or a health care facility (~~which is~~) controlled, directly or indirectly, by a health maintenance organization.

(d) When, as a part of concurrent review proceedings, the secretary's designee makes a decision to approve an application or applications and to disapprove other competing applications, he or she shall provide a specific written statement of reasons for determining the approved application or applications to be superior.

(2) Separability of application and action.

When a certificate of need application is for multiple services or multiple components or the proposed project is to be multiphased, the secretary's designee may take individual and different action on separable portions of the proposed project.

(3) Conditional certificate of need.

(a) The secretary's designee in making his or her decision on a certificate of need application may decide to issue a conditional certificate of need if the department finds (~~that~~) the project is justified only under specific circumstances: PROVIDED(;) HOWEVER, That conditions shall relate directly to the project being reviewed and to review criteria.

(b) When the department finds (~~that~~) a project for which a certificate of need is to be issued does not satisfy the review criteria set forth in WAC 248-19-370 (1) and (2), the secretary's designee may impose a condition or conditions that the applicant take affirmative steps so as to satisfy those review criteria. In evaluating the accessibility of the project, the current accessibility of the facility as a whole shall be taken into consideration.

(c) The conditions attached to a certificate of need may be released by the secretary's designee upon the request of the health care facility or health maintenance organization for which the certificate of need was issued(~~(- PROVIDED, It can be substantiated that the conditions are no longer valid and the release of such conditions would be consistent with the purposes of chapter 70.38 RCW)~~).

(i) The request must include information needed by the department demonstrating the conditions are no longer valid and the release of such conditions would be consistent with the purpose of chapter 70.38 RCW.

(ii) A request for the removal of a condition must be submitted in accordance with WAC 248-19-280 and will be reviewed in accordance with the regular or expedited review procedures described in WAC 248-19-330 or WAC 248-19-340.

(4) Distribution of written findings and statement of decision.

(a) A copy of the department's written findings and statement of the decision of the secretary's ((decision)) designee on a certificate of need application shall be sent to:

(i) The person (~~who submitted~~) submitting the certificate of need application;

(ii) The regional health ((systems agency)) council for the health service area in which the proposed project is to be located;

(iii) The hospital commission, if the proposed project is for a hospital;

(iv) In the case of a project proposed by a health maintenance organization, the appropriate regional office of the United States Department of Health and Human Services; and

(v) When the secretary's designee issues a certificate of need for a project which does not satisfy the review criteria set forth in WAC 248-19-370 (1) and (2), the appropriate regional office of the Department of Health and Human Services.

(b) The written findings and statement of the decision of the secretary's ((decision)) designee on a certificate of need application shall be available to others (~~who request~~) requesting the certificate of need unit to provide access to a copy of such findings and statement.

(5) Explanation of inconsistency with the regional health ((systems agency)) council recommendation or plan.

The department shall send to the applicant and to the appropriate regional health ((systems agency)) council a detailed, written statement as to the reasons why a decision (~~which~~) the secretary has made on a certificate of need application is inconsistent with any of the following:

(a) The regional health ((systems agency's)) council's recommendation as to the action to be taken on the certificate of need application;

(b) The goals and policies of the applicable regional health ((systems)) plan; or

(c) The priorities of the applicable annual implementation plan.

AMENDATORY SECTION (Amending Order 210, filed 4/9/81, effective 5/20/81)

✓ WAC 248-19-430 PROVISION FOR RECONSIDERATION DECISION. (1) Any person or affected person may, for good cause shown, request a public hearing for the purpose of reconsideration of the decision of the secretary's ((decision)) designee on a certificate of need application or withdrawal of a certificate of need.<sup>1</sup>

(2) The department shall conduct a reconsideration hearing if it finds the request is in accord with the following requirements(;-):

(a) The request for a reconsideration hearing shall be written, be received by the department within thirty days

of the department's decision on the certificate of need application or withdrawal of the certificate of need, state in detail the grounds which the person requesting the hearing believes to show good cause, and be signed by the person making the request.

(b) Grounds which the department may deem to show good cause for a reconsideration hearing shall include but not be limited to the following:

(i) Significant relevant information not previously considered by the department which, with reasonable diligence, could not have been presented before the department made its decision;

(ii) Information on significant changes in factors or circumstances relied upon by the department in making its findings and decision; or

(iii) Evidence the department materially failed to follow adopted procedures in reaching a decision.

(3) A reconsideration hearing shall commence within thirty days after receipt of the request for the hearing.

(4) Notification of a public reconsideration hearing on a certificate of need application or withdrawal of a certificate of need shall be sent prior to the date of such hearing by the department to the following:

(a) The person (~~((who requested))~~) requesting the reconsideration hearing;

(b) The person (~~((who submitted))~~) submitting the certificate of need application which is under reconsideration or the holder of the certificate of need;

(c) The regional health (~~((systems agency))~~) council for the health service area in which the proposed project is to be offered or developed;

(d) The hospital commission, if the proposed project is a hospital project;

(e) Health care facilities and health maintenance organizations located in the health service area where the project is proposed to be located providing services similar to the services under review;

(f) In the case of a concurrent review, other applicants competing as described in WAC 248-19-270; and to

(g) Other persons (~~((who request))~~) requesting the department to send them such notification.

(5) The department shall, within forty-five days after the conclusion of a reconsideration hearing, make written findings (~~((which state))~~) stating the basis of the decision made after such hearing.

(6) The secretary's designee may, upon the basis of the department's findings on a reconsideration hearing, issue or reissue, amend, revoke, or withdraw a certificate of need or impose or modify conditions on a certificate of need for the project about which the reconsideration hearing was conducted.

NOTE:

<sup>1</sup>No fee will be charged for a reconsideration hearing.

**AMENDATORY SECTION** (Amending Order 210, filed 4/9/81, effective 5/20/81)

✓ WAC 248-19-440 ISSUANCE, SUSPENSION, DENIAL, REVOCATION, AND TRANSFER OF A CERTIFICATE OF NEED. (1) Issuance of a certificate of need.

(a) The secretary's designee shall issue a certificate of need to the person (~~((who submitted))~~) submitting the certificate of need application for the proposed project or a separable portion of the proposed project only if the department's findings and decision are (~~((that))~~) the project or the separable portion of the proposed project is consistent with the applicable criteria contained in chapter 248-19 WAC. In issuing a certificate of need, the secretary's designee shall specify the maximum capital expenditure which may be obligated under the certificate and prescribe the cost components to be included in determining the capital expenditure which may be obligated under such certificate.

(b) The secretary's designee may issue a conditional certificate of need for a proposed project if it is justified only under specific circumstances. The conditions specified in a conditional certificate of need must directly relate to the project being reviewed and to criteria contained in chapter 248-19 WAC.

(2) Suspension of a certificate of need.

(a) Grounds for which the secretary's designee may suspend a certificate of need shall include, but not be limited to, suspicion of fraud, misrepresentation, false statements, misleading statements, evasion or suppression of material fact in the application for a certificate of need or any of its supporting materials.

(b) The secretary's designee shall issue an order for any suspension of a certificate of need to the person to whom the certificate of need had been issued.

(i) Such order shall state the reason for the suspension.

(ii) A copy of such order of suspension shall be sent to the appropriate (~~((health systems agency and, if for a hospital project, the hospital commission))~~) advisory review agencies.

(c) A suspension of a certificate of need shall not exceed one hundred twenty calendar days.

(i) The department shall review the facts and circumstances relevant to the suspension and the secretary's designee shall reinstate, amend, or revoke a certificate of need within the one hundred twenty calendar days.

(ii) The secretary's designee shall send written notice of (~~((its))~~) his or her decision on a suspended certificate of need to the person to whom the certificate of need had been issued. A copy of such notice shall be sent to the appropriate (~~((health systems agency and, if a hospital project, to the hospital commission))~~) advisory review agencies.

(3) Denial of a certificate of need.

The secretary's designee shall send written notification of denial of a certificate of need for a proposed project or a separable portion of a proposed project to the person (~~((who submitted))~~) submitting the certificate of need application for the proposed project for which the certificate of need is not issued.

(a) Such notification shall state the reasons for the denial of a certificate of need.

(b) Copies of such notification shall be sent to the appropriate (~~((health systems agency and, if for a hospital project, to the hospital commission))~~) advisory review agencies.

(4) Continuing effect of a denial.

In any case in which a proposed project or separable portion of the proposed project has been denied a certificate of need, another certificate of need application for such proposed project or separable portion thereof shall not be accepted by the department or reviewed under the provisions of chapter 248-19 WAC following the denial unless the department determines:

(a) There is a substantial change in existing or proposed health facilities or services in the area to be served by the project; or

(b) There is a substantial change in the need for the facilities or services of the type proposed in the area to be served by the project; or

(c) ~~((Three years have))~~ One year has lapsed since the submission of the application for the certificate of need subject to regular review which was denied or the next scheduled concurrent review cycle permits the submission of applications.

(5) Revocation of a certificate of need.

(a) The secretary's designee may revoke a certificate of need for fraud, misrepresentation, false statements, misleading statements, evasion or suppression of material facts in the application of a certificate of need, or in any of its supporting materials.

(b) The secretary's designee shall send written notification of a revocation of a certificate of need to the person to whom the certificate of need had been issued.

(i) The notice of revocation shall include a statement of the reasons for such revocation.

(ii) A copy of a notice of revocation shall be sent to the appropriate ~~((health systems agency and, if a hospital project, to the hospital commission))~~ advisory review agencies.

(6) Transfer or assignment of a certificate of need.

A certificate of need ~~((which has been))~~ issued to one person shall not be transferred or assigned to another person without the written approval of the secretary's designee.

(a) The person to whom the certificate of need was originally issued shall submit to the department a written request that the certificate of need be transferred to another person and give the full name and complete address of the other person.

(b) The person to whom the current holder of the certificate of need wishes to transfer the certificate shall send a written request for such transfer on a form and in such a manner as prescribed and published by the department.

(c) The secretary's designee, after the department's consultation with the appropriate ~~((health systems agency and, for a hospital project, the hospital commission))~~ advisory review agencies, shall:

(i) Transfer the certificate of need;

(ii) Deny the transfer of the certificate of need and send written notice of the denial and the reasons for such denial to the persons ~~((who requested))~~ requesting the transfer; or

(iii) If the person ~~((, who wishes))~~ wishing to receive the certificate of need ~~((;))~~ plans to modify the project for which the certificate was issued, notify such person that an application for a new or amended certificate of need is necessary.

(d) Approval or denial of a request for transfer or assignment of a certificate of need shall be based on the demonstrated ability of the person wishing to acquire the certificate of need to undertake, complete, and operate the project in accordance with review criteria in WAC 248-19-380 (1) and (3) and WAC 248-19-390 (1), (3), and (5), and on continuing conformance of the project with all other applicable review criteria. Requests for transfer or assignment of a certificate of need shall be reviewed according to the expedited review process in WAC 248-19-340.

(7) Secretary's designee's failure to act.

If the secretary's designee fails to issue or deny a certificate of need in accordance with the provisions of chapter 248-19 WAC, the applicant for the certificate of need may seek a writ of mandamus from superior court pursuant to chapter 7.16 RCW.

AMENDATORY SECTION (Amending Order 210, filed 4/9/81, effective 5/20/81)

✓ WAC 248-19-450 CIRCUMSTANCES FOR WHICH AN AMENDED CERTIFICATE OF NEED IS REQUIRED. (1) An amended certificate of need shall be required for any of the following modifications to a project for which a certificate of need was issued:

(a) An addition of a new service;

(b) An expansion of a service beyond that which was included in the certificate of need application on which the issuance of the certificate of need was based;

(c) An increase in the inpatient bed capacity; or

(d) A significant reduction in the scope of a project for which a certificate of need has been issued without a commensurate reduction in the cost of the project, or the project cost increases (as represented in bids on a construction project or final cost ~~((estimate(s)))~~ estimate or estimates acceptable to the person to whom the certificate of need was issued) when the total of such increases exceeds twelve percent or fifty thousand dollars, whichever is greater, over the maximum capital expenditure specified by the secretary's designee in issuing the certificate of need: PROVIDED(;) HOWEVER, That the review of such reductions or cost increases shall be restricted to the continued conformance of the project with the criteria contained in WAC 248-19-380 and 248-19-400.

(2) An application for an amended certificate of need shall be submitted in accordance with the provisions of WAC 248-19-280.

(3) An application for an amended certificate of need may be reviewed under the expedited review process set forth in WAC 248-19-340.

(4) The department shall, after consultation with the appropriate advisory review agencies, provide a written determination as to the requirement for an amended certificate of need within twenty-one days after receipt of a request for such determination.

AMENDATORY SECTION (Amending Order 188, filed 11/30/79)

✓ WAC 248-19-460 VALIDITY AND EXTENSIONS. (1) A certificate of need shall be valid for two

years: PROVIDED, That one six-month extension may be made if it can be substantiated that substantial and continuing progress toward commencement of the project has been made.

(2) In the case of a project involving construction, substantial and continuing progress shall include one of the following:

(a) When review and approval by the department of the final plans for construction is required, the submission of working drawings;

(b) When plan approval is not required by the department, receipt of copies of the working drawings for construction.

(3) A project for which a certificate of need has been issued shall be commenced during the validity period for the certificate of need.

~~((3))~~ (4) Applications for extensions of the validity period of certificates of need shall be submitted simultaneously to the department ~~(;)~~ and the appropriate ~~((health systems agency and, if a hospital project, the hospital commission))~~ advisory review agencies, at least one hundred ~~((and))~~ twenty calendar days before the expiration of the certificate of need, and shall contain such information as may be required by the department to determine the extent of progress toward commencement of construction or other action necessary to a project.

~~((4))~~ (5) An application for an extension of a certificate of need ~~((which is))~~ submitted less than one hundred ~~((and))~~ twenty calendar days before the expiration of the certificate of need shall not be reviewed, unless the applicant can demonstrate to the satisfaction of the department ~~((that))~~ unforeseen occurrences during the last one hundred ~~((and))~~ twenty days of the validity period of the certificate of need prevented commencement of construction as previously anticipated by the applicant.

~~((5))~~ (6) Commencement of the project shall not be undertaken after the expiration of the certificate of need unless a new certificate of need application has been reviewed and a new certificate of need has been issued by the secretary's designee.

AMENDATORY SECTION (Amending Order 188, filed 11/30/79)

✓ WAC 248-19-470 MONITORING OF APPROVED PROJECTS. (1) The department, in cooperation with the ~~((health systems agencies, and the hospital commission in the case of hospital projects))~~ advisory review agencies, shall monitor the costs and components of approved projects so as to assure conformance with certificates of need that have been issued.

(2) The department shall require periodic progress reports from those applicants to whom certificates of need have been issued.

(a) Progress reports shall be required at least annually and at no greater frequency than quarterly.

(b) Progress reports shall be submitted in the form and manner prescribed and published by the department.

(3) Information required on approved projects may include:

- (a) Actual project costs;
  - (b) Changes in the project;
  - (c) Financing arrangements, different than approved under the certificate of need;
  - (d) Project commencement date;
  - (e) Progress toward completion of construction; and
  - (f) Project completion date.
- (4) The information required on approved projects may vary according to the nature of the projects.
- (5) Progress reports on a project for which a particular certificate of need has been issued shall terminate when the project has been completed and the department finds ~~((that))~~ it has received all the information necessary to determine ~~((that))~~ the project has been completed in accordance with the certificate of need which had been issued and the provisions of chapter 248-19 WAC.

AMENDATORY SECTION (Amending Order 210, filed 4/9/81, effective 5/20/81)

✓ WAC 248-19-475 WITHDRAWAL OF A CERTIFICATE OF NEED. (1) The secretary's designee may withdraw a certificate of need if the department determines, after consultation with the appropriate ~~((health systems agency and, in the case of a hospital project, the hospital commission))~~ advisory review agencies, that the holder of a certificate is not meeting the timetable specified in the certificate of need application for making services or equipment available or completing the project and is not making a good-faith effort to meet such timetable.

(2) In reviewing a proposed withdrawal of a certificate of need, the department shall adhere to the provisions of WAC 248-19-310, 248-19-320, ~~((248-19-325))~~ 248-19-326, and 248-19-430.

(3) The review period for a proposed withdrawal of a certificate of need shall not exceed ninety days unless extended by the department to allow sufficient time for the conduct of a public hearing pursuant to the provisions of WAC 248-19-320. The review period of the appropriate ~~((health systems agency and, in the case of a hospital project, the hospital commission))~~ advisory review agencies shall not exceed sixty days unless extended by the department at the written request of the regional health ~~((systems agency))~~ council to allow sufficient time for the conduct of a public hearing pursuant to the provisions of WAC 248-19-320. Such extension shall not exceed thirty days.

(4) The findings of the department's review of a proposed withdrawal of a certificate of need shall be stated in writing and include the basis for the decision of the secretary's ~~((decision))~~ designee as to whether the certificate of need is to be withdrawn for a proposed project. A copy of the department's written findings and statement of the decision of the secretary's ~~((decision))~~ designee on the proposed withdrawal of a certificate of need shall be sent to:

- (a) The holder of the certificate of need;
- (b) The regional health ~~((systems agency))~~ council for the health service area in which the proposed project is to be located;

(c) The hospital commission, if the proposed project is for a hospital; and

(d) In the case of a project proposed by a health maintenance organization, the appropriate regional office of the United States Department of Health and Human Services.

(5) The written findings and statement of the decision of the secretary's ~~((decision))~~ designee on the proposed withdrawal of a certificate of need shall be available to others ~~((who request))~~ requesting the certificate of need unit to provide access to a copy of such findings and statement.

(6) The department shall send to the appropriate regional health ~~((systems agency))~~ council a detailed, written statement as to the reasons why a decision which the secretary's designee has made is inconsistent with any of the following:

(a) The regional health ~~((systems agency's))~~ council's recommendation as to the action to be taken;

(b) The goals of the applicable regional health ~~((systems))~~ plan; or

(c) The priorities of the applicable annual implementation plan.

(7) When a certificate of need is for multiple services or multiple components or the proposed project is to be multiphased, the secretary's designee may take individual and different action regarding withdrawal of the certificate of need on separable portions of the certificate of need.

#### AMENDATORY SECTION (Amending Order 244, filed 9/15/82)

WAC 248-19-480 RIGHT AND NOTICE OF APPEAL. (1) Any affected person may request and shall be afforded the opportunity for an administrative hearing on the decision of the secretary's ~~((decision))~~ designee to issue or deny a certificate of need for a project or a separable portion of a project, to grant or deny an exemption requested under WAC 248-19-405, to suspend or revoke a certificate of need, or to withdraw or not withdraw a certificate of need.

(2) To be effective, a request for an administrative hearing shall be in writing and received by the department within thirty days after the person requesting the hearing received the particular decision of the department which is being appealed or, if a reconsideration hearing was requested and denied, thirty days after the denial of the request for the reconsideration hearing.

(3) An administrative hearing shall be conducted in accordance with the provisions of chapter 34.04 RCW.

(4) The decision of the secretary's designee shall be subject to review in an administrative hearing to establish a record of the decision of the secretary's designee. The determination of the official ~~((who conducts))~~ conducting such an administrative hearing shall be made in writing within forty-five days after the conclusion of the hearing. The official ~~((who conducts))~~ conducting such an administrative hearing may make a proposed decision, findings of fact and conclusions of law, pursuant to RCW 34.04.110, or the official may remand the matter to the secretary's designee for further action or consideration.<sup>1</sup> The written determination shall be sent

to the applicant, the appropriate ~~((health systems agency, the hospital commission in the case of a hospital project))~~ advisory review agencies, and the department. The department shall make any written determination available to others upon request.

#### NOTE:

<sup>1</sup>Chapter 34.04 RCW provides entitlement to judicial review to any person aggrieved by a final decision in a contested case, whether such decision is affirmative or negative in form.

#### REPEALER

The following sections of the Washington Administrative Code is repealed:

WAC 248-19-200 PURPOSE OF CHAPTER 248-19 WAC.

WAC 248-19-290 CONCURRENT REVIEW OF SELECTED APPLICATIONS.

WAC 248-19-325 PROHIBITION OF EX PARTE CONTACTS.

#### WSR 86-06-031

#### EMERGENCY RULES

#### DEPARTMENT OF FISHERIES

[Order 86-09—Filed February 28, 1986]

I, William R. Wilkerson, director of the Department of Fisheries, do promulgate and adopt at Olympia, Washington, the annexed rules relating to personal use rules.

I, William R. Wilkerson, find that an emergency exists and that this order is necessary for the preservation of the public health, safety, or general welfare and that observance of the requirements of notice and opportunity to present views on the proposed action would be contrary to public interest. A statement of the facts constituting the emergency is this interim rule is necessary until the permanent rule takes effect.

These rules are therefore adopted as emergency rules to take effect upon filing with the code reviser.

This rule is promulgated pursuant to RCW 75.08.080 and is intended to administratively implement that statute.

The undersigned hereby declares that the agency has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW) and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.

APPROVED AND ADOPTED February 28, 1986.

By Gary C. Alexander  
for William R. Wilkerson  
Director

#### NEW SECTION

WAC 220-56-18000T BAG LIMIT CODES. *During the period March 1, 1986 through April 25, 1986, it is unlawful to retain or possess chinook salmon taken for personal use while fishing in Punch Card Areas 9, 10, 11 or 13.*

## WSR 86-06-032

## ADOPTED RULES

## DEPARTMENT OF LABOR AND INDUSTRIES

[Order 86-19—Filed February 28, 1986—Eff. April 1, 1986]

I, Richard A. Davis, director of the Department of Labor and Industries, do promulgate and adopt at Olympia, Washington, the annexed rules relating to rules and fee schedule governing payment to doctors and other health care vendors rendering service to injured workers, chapters 296-20, 296-21, 296-22 and 296-23 WAC.

This action is taken pursuant to Notice No. WSR 85-22-081 filed with the code reviser on November 6, 1985. These rules shall take effect at a later date, such date being April 1, 1986.

This rule is promulgated pursuant to RCW 51.04.020(4) and 51.04.030 and is intended to administratively implement that statute.

The undersigned hereby declares that the agency has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW) and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.

APPROVED AND ADOPTED February 28, 1986.

By Richard A. Davis  
Director

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

✓ WAC 296-20-010 GENERAL INFORMATION.

(1) The following rules and fees are promulgated pursuant to RCW 51.04.020. This fee schedule is intended to cover all services for accepted industrial insurance claims. All fees listed are the maximum fees allowable. IF A FEE FOR ANY PARTICULAR SERVICE IS LOWER TO THE GENERAL PUBLIC THAN LISTED IN THE FEE SCHEDULE, THE PRACTITIONER SHALL BILL THE DEPARTMENT OR SELF-INSURER AT THE LOWER RATE.

(2) The rules contained in the introductory section pertain to all practitioners regardless of specialty area or limitation of practice. Additional rules pertaining to specialty areas will be found in the appropriate section.

(3) The maximum allowable fee for a procedure is determined by multiplying the unit value of a procedure by the appropriate conversion factor, per the conversion factor tables listed in WAC 296-20-135 to 296-20-155.

(4) Initial and follow-up visit charges by practitioners include routine examinations, physical modalities, injections, minor procedures, etc., not otherwise provided for in this schedule. No fee is payable for missed appointments unless the appointment is for an examination arranged by the department or self-insurer.

(5) When a claim has been accepted by the department or self-insurer, no provider or his/her representative may bill the worker for the difference between the allowable fee and his usual and customary charge. Nor can the worker be charged a fee, either for interest or completion of forms, related to services rendered for the industrial injury or condition.

(6) When an injured worker is being treated concurrently for an unrelated condition the fee allowable for

the service(s) rendered must be shared proportionally between the payors.

(7) Correspondence: ~~((A#))~~ Correspondence ~~((and billings))~~ pertaining to state fund and department of energy claims should be sent ~~((directly))~~ to Department of Labor and Industries, ~~((General))~~ Claims Administration ~~((Building))~~, MS: HC-241, Olympia, Washington 98504. Accident reports should be sent to Department of Labor and Industries, P.O. Box 9001, Olympia, Washington 98504-9001. Billings should be sent to Department of Labor and Industries, P.O. Box 9002, Olympia, Washington 98504-9002. State fund claims have six digit numbers preceded by ~~((an alpha))~~ a letter other than "S," "T," or "V."

Department of energy claims have seven digit numbers with no ~~((alpha))~~ letter prefix.

All correspondence and billings pertaining to crime victims claims should be sent to Crime Victims Division, Department of Labor and Industries, ~~((General Administration Building))~~ 925 Plum Street, MS: HC-720, Olympia, Washington 98504.

Crime victim claims have six digit numbers preceded by a "V."

All correspondence and billings pertaining to self-insured claims should be sent directly to the employer or his service representative as the case may be. A listing of self-insured employers and service representatives can be found in Appendix B.

Self-insured claims are six digit numbers preceded by ~~((an))~~ a "S," or "T."

Communications to the department or self-insurer must show the patient's full name and claim number ~~((if known))~~. If the claim number is ~~((unknown))~~ unavailable, providers should contact the department or self-insurer for the number, indicating the patient's name, Social Security number, the date and the nature of the injury, and the employer's name ~~((must be indicated))~~. A communication should refer to one claim only. Correspondence must be legible and reproducible, as department records are microfilmed. Correspondence regarding specific claim matters should be sent directly to the department in Olympia or self-insurer in order to avoid rehandling by the service location.

~~((#))~~ (8) APPENDIX C is a listing of the department's various local service locations. These facilities should be utilized by providers to obtain information, supplies, or assistance in dealing with matters pertaining to industrial injuries.

AMENDATORY SECTION (Amending Order 80-29, filed 12/23/80, effective 3/1/81)

✓ WAC 296-20-015 WHO MAY TREAT. All licensed practitioners except those under suspension by the department, are eligible to treat injured workers entitled to benefits under the industrial insurance law. Only that treatment which falls within the scope and field of the practitioner's license to practice will be allowed as treatment to an injured worker.

Para-professionals, who are not independently licensed, must practice under the direct supervision of a licensed health care professional whose scope of practice

and specialty training includes the service provided by the para-professional.

Procedures and evaluations requiring specialized skills and knowledge will be limited to board certified or board qualified physicians, as specified by the American Medical Association or the American Osteopathic Association.

No practitioner shall be formally refused permission to treat cases coming under the jurisdiction of the department, except for reasons that are, in the opinion of the department, to the best interest of the workers and the funds created for their protection.

Reasons for holding a practitioner ineligible to treat industrial insurance cases include, but are not necessarily limited to any one or a combination of the following:

(1) Failure, neglect or refusal to submit complete, adequate and detailed reports.

(2) Failure, neglect or refusal to respond to requests by the department for additional reports.

(3) Failure, neglect or refusal to observe and comply with the department's orders and medical aid rules.

(4) Persistent failure to notify the department immediately and prior to burial in any death where the cause of death is not definitely known or where there is question of death being due to an industrial injury.

(5) Persistent failure to recognize emotional and social factors impeding recovery of injured workers.

(6) Persistent unreasonable refusal to comply with the recommendations of board certified or qualified specialists who have examined the worker.

(7) Submission of false or misleading reports to the department.

(8) Collusion with any other persons in submission of false or misleading information to the department.

(9) Submission of inaccurate or misleading bills.

(10) Persistent submission of false or erroneous diagnosis.

(11) Knowingly submitting bills to an injured worker for treatment of an industrial condition for which the department has accepted responsibility.

(12) Persistent use of:

(a) Treatment of controversial or experimental nature;

(b) Contraindicated or hazardous treatment measures;

(c) Continuation of treatment measures past stabilization of the industrial condition or after maximum improvement has been obtained;

(d) Nonspecific treatment measures;

(e) Treatment terminating in unsatisfactory results.

(13) Charging or attempting to charge industrially injured workers fees in addition to the fee paid by the department or self-insurer for care of the industrial injury or billing for difference between the maximum allowable fee set forth in this schedule and usual and customary charges.

(14) Conviction in any court of any offense involving moral turpitude, in which case the record of such conviction shall be conclusive evidence.

(15) The use or prescription for use, of narcotic, addictive, habituating or dependency inducing drugs in any way other than for therapeutic purposes.

(16) Repeated acts of gross misconduct in the practice of the profession.

(17) Declaration of mental incompetency by a court of competent jurisdiction.

(18) The finding of any peer group disciplinary board of reason to suspend or revoke a practitioner's practice privilege temporarily or permanently.

AMENDATORY SECTION (Amending Order 80-29, filed 12/23/80, effective 3/1/81)

✓ WAC 296-20-020 ACCEPTANCE OF RULES AND FEES. The filing of an accident report or the rendering of treatment to an injured worker who comes under the department's or self-insurer's jurisdiction, as the case may be, constitutes acceptance of the department's medical aid rules and compliance with its rules and fees.

In accordance with RCW 51.28.020 of the industrial insurance law, when a doctor renders treatment to an injured worker entitled to benefits under the law, "it shall be the duty of the physician to inform the injured worker of his rights under this title and to lend all necessary assistance in making the application for compensation and such proof of other matters as required by the rules of the department without charge to the worker," an injured worker shall not be billed for treatment rendered for his accepted industrial injury or occupational disease.

The department or self-insurer must be notified immediately, when an unrelated condition is being treated concurrently with an industrial injury. See WAC 296-20-055 for specific information required.

When there is questionable eligibility, (i.e., service is not usually allowed for industrial injuries or investigation is pending, etc.) the provider may require the worker to pay for the treatment rendered.

In cases of questionable ((beneficiary)) eligibility where the provider has billed the injured worker or other insurance, and the claim is subsequently allowed, the provider shall refund the injured worker or insurer in full and bill the department or self-insurer for services rendered at fee schedule rates using billing instructions outlined in WAC 296-20-125.

Cases in which there is a question of medical ethics or quality of medical care, will be referred to the Washington state medical association's medical advisory and utilization review committee to the department of labor and industries for recommendations.

#### NEW SECTION

✓ WAC 296-20-023 THIRD PARTY SETTLEMENT—EXCESS RECOVERIES. In cases where a third party settlement has been made resulting in an excess recovery subject to offset from the injured worker's future benefits or compensation due, the department or self-insurer is not liable for payment for services rendered by providers. The injured worker should be treated and billed in accordance with the rules and instructions contained in chapters 296-20 through 296-23 WAC. When bills are processed against the amount of the excess recovery, the department will notify the provider on the remittance advice. The department or self-insurer will resume financial responsibility to or on behalf of the



injured worker when the amount of such excess has been reduced to zero.

AMENDATORY SECTION (Amending Order 80-29, filed 12/23/80, effective 3/1/81)

✓WAC 296-20-025 INITIAL TREATMENT AND REPORT OF ACCIDENT. It is the responsibility of the worker to notify the practitioner when the worker has reason to believe his injury or condition is industrial in nature. Conversely, if the attending doctor discovers a condition which he believes to be work related or has reason to believe an injury is work related, he must so notify the worker. Once such determination is made by either the claimant or the attending doctor, a report of accident must be filed.

Failure to comply with this responsibility can result in penalties as outlined in WAC 296-20-02001.

It is the practitioner's responsibility to ascertain whether he is the first attending practitioner. If so, he will take the following action:

(1) Give emergency treatment.

(2) Immediately complete and forward the report of accident, to the department and the employer or self-insurer. Instruct and give assistance to the injured worker in completing his portion of the report of accident. In filing a claim, the following information is necessary so there is no delay in adjudication of the claim or payment of compensation.

(a) Complete history of the industrial accident or exposure.

(b) Complete listing of positive physical findings.

(c) Specific diagnosis with ICD-9-CM code(s) and narrative definition relating to the injury.

(d) Type of treatment rendered.

(e) Known medical, emotional or social conditions which may influence recovery or cause complications.

(f) Estimate time loss due to the injury.

(3) If the patient remains under his care continue with necessary treatment in accordance with medical aid rules. If the practitioner is not the original attending doctor, he should question the injured worker to determine whether a report of accident has been filed for the injury or condition. If no report of accident has been filed, it should be completed immediately and forwarded to the department or self-insurer, as the case may be, with information as to the name and address of original practitioner if known, so that he/she may be contacted for information if necessary.

If a report of accident has been filed, it is necessary to have the worker complete a request for transfer as outlined in WAC 296-20-065, if the worker and practitioner agree that a change in attending doctor is desirable.

AMENDATORY SECTION (Amending Order 81-28, filed 11/30/81, effective 1/1/82)

✓WAC 296-20-030 TREATMENT NOT REQUIRING AUTHORIZATION FOR ACCEPTED CONDITIONS. (1) A maximum of twenty office calls for the treatment of the industrial condition, during the first sixty days, following injury. Subsequent office calls

must be authorized. Reports of treatment rendered must be filed at sixty day intervals to include number of office visits to date. See WAC 296-20-03001 for report requirements and further information.

(2) Initial diagnostic x-rays necessary for evaluation and treatment of the industrial injury or condition. See WAC 296-20-121 for further information.

(3) The first twelve physical therapy treatments as provided by WAC 296-23-710 and 296-21-095, upon (~~written prescription~~) consultation by the attending doctor or under his direct supervision. Additional physical therapy treatment must be authorized and the request substantiated by evidence of improvement. In no case will the department or self-insurer pay for inpatient hospitalization of a claimant to receive physical therapy treatment only. USE OF DIAPULSE, THERMATIC (standard model only), SPECTROWAVE AND SUPERPULSE MACHINES AND IONTOPHORESIS IS NOT AUTHORIZED FOR WORKERS ENTITLED TO BENEFITS UNDER THE INDUSTRIAL INSURANCE ACT.

(4) Routine laboratory studies reasonably necessary for diagnosis and/or treatment of the industrial condition. Other special laboratory studies require authorization.

(5) Routine standard treatment measures rendered on an emergency basis or in connection with minor injuries not otherwise requiring authorization.

(6) Consultation with specialist when indicated. See WAC 296-20-051 for consultation guidelines.

(7) Nonscheduled drugs and medications during the acute phase of treatment for the industrial injury or condition.

(8) Scheduled drugs and other medications known to be addictive, habit forming or dependency inducing may be prescribed in quantities sufficient for treatment for a maximum of (~~fifteen~~) twenty-one days. If drug therapy extends beyond thirty days, see WAC 296-20-03003 regarding management.

(9) Injectable scheduled and other drugs known to be addictive, habit forming, or dependency inducing may be provided only on an in-patient basis. Hospital admission for administration of drugs (~~provision~~) for relief of chronic pain only will not be allowed.

(10) Diagnostic or therapeutic nerve blocks. See WAC 296-20-03001 for restrictions.

(11) Intra-articular injections. See WAC 296-20-03001 for restrictions.

(12) Myelogram if prior to emergency surgery.

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

✓WAC 296-20-03001 TREATMENT REQUIRING AUTHORIZATION. Certain treatment procedures require authorization by the department or self-insurer. Requests for authorization must include a statement of: The condition(s) diagnosed; ICD-9-CM codes; their relationship, if any, to the industrial injury/exposure; an outline of the proposed treatment program, its length and components, and expected prognosis; and an estimate of when treatment would be concluded and condition stable.



(1) Office calls in excess of the first twenty visits or sixty days whichever occurs first.

(2) All nonemergent major surgery must be authorized prior to surgery date. Some surgical procedures require concurring opinions prior to authorization. (See WAC 296-20-045 for details.)

(3) X-ray and radium therapy.

(4) Diagnostic studies other than routine x-ray and blood or urinalysis laboratory studies.

(5) Myelogram and discogram in nonemergent cases.

(6) Physical therapy treatment beyond initial twelve treatments as outlined in WAC 296-21-095 and 296-23-710.

(7) Diagnostic or therapeutic injection. Epidural or caudal injection of substances other than anesthetic or contrast solution will be authorized under the following conditions only:

(a) When the worker has experienced acute low back pain or acute exacerbation of chronic low back pain of no more than six months duration.

(b) The worker will receive no more than three injections in an initial thirty-day treatment period, followed by a thirty-day evaluation period. If significant pain relief is demonstrated one additional series of three injections will be authorized. No more than six injections will be authorized per acute episode.

(8) Home nursing or convalescent center care must be authorized per provision outlined in WAC 296-20-091.

(9) Provision of prosthetics, orthotics, surgical appliances, special equipment for home or transportation vehicle; custom made shoes for ankle/foot injuries resulting in permanent deformity or malfunction of a foot; TNS units; masking devices; hearing aids; etc., must be authorized in advance as per WAC 296-20-1101 and 296-20-1102.

(10) Biofeedback program; pain clinic; weight loss program; psychotherapy; rehabilitation programs; and other programs designed to treat special problems must be authorized in advance. See WAC 296-21-0501 and 296-20-0502 for details.

(11) Prescription or injection of vitamins for specific therapeutic treatment of the industrial condition(s) when the attending doctor can demonstrate that published clinical studies indicate vitamin therapy is the treatment of choice for the condition. Authorization for this treatment will require presentation of facts to and review by department medical consultant.

(12) Injections of anesthetic and/or antiinflammatory agents into the vertebral facet joints will be authorized to qualified specialists in orthopedics, neurology, and anesthesia, or other physicians who can demonstrate expertise in the procedure, AND who can provide certification their hospital privileges include the procedure requested under the following conditions:

(a) Rationale for procedure, treatment plan, and request for authorization must be presented in writing to the ~~((supervisor of medical services))~~ department or self-insurer.

(b) Procedure must be performed in an accredited hospital under radiographic control.

(c) Not more than four facet injection procedures will be authorized in any one patient.

(13) The long term prescription of medication under the specific conditions and circumstances in (a) and (b) are considered corrective therapy rather than palliative treatment and approval in advance must be obtained.

(a) Nonsteroidal antiinflammatory agents for the treatment of degenerative joint conditions aggravated by occupational injury.

(b) Anticonvulsive agents for the treatment of seizure disorders caused by trauma.

(14) Intra-muscular and trigger point injections of steroids and other nonscheduled medications are limited to three injections per patient. The attending doctor must submit justification for an additional three injections if indicated with a maximum of six injections to be authorized for any one patient.

#### AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

✓WAC 296-20-03002 TREATMENT NOT AUTHORIZED. The department or self-insurer will not allow nor pay for following treatment:

(1) USE OF DIAPULSE, THERMATIC (standard model only), SPECTROWAVE AND SUPERPULSE MACHINES ON WORKERS ENTITLED TO BENEFITS UNDER THE INDUSTRIAL INSURANCE ACT.

(2) Iontophoresis; prolotherapy; acupuncture; injections of colchicine; injections of fibrosing or sclerosing agents; and injections of substances other than anesthetic or contrast into the subarachnoid space (intra-thecal injections).

(3) ~~((Prescription and/or injection of vitamins))~~ Treatment to improve or maintain general health (i.e., prescriptions and/or injection of vitamins or referrals to special programs such as health spas, swim programs, exercise programs, athletic-fitness clubs, diet programs, social counseling).

(4) Continued treatment beyond stabilization of the industrial condition(s), i.e., maintenance care, except where necessary to monitor prescription of medication necessary to maintain stabilization i.e., anti-convulsive, anti-spasmodic, etc.

(5) After consultation and advice to the department or self-insurer, any treatment measure deemed to be dangerous or inappropriate for the injured worker in question.

(6) Treatment measures of an unusual, controversial, obsolete, or experimental nature (see WAC 296-20-045). Under certain conditions, treatment in this category may be approved by the department or self-insurer. Approval must be obtained prior to treatment. Requests must contain a description of the treatment, reason for the request with benefits and results expected.

#### AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

✓WAC 296-20-03003 DRUGS AND MEDICATION. (1) GENERAL PRINCIPLES. There has been a significant increase in the incidence of drug dependence in workers covered under the industrial insurance program of this state. The industrial insurance committee of the Washington state medical association has recommended

that the medical aid rules should contain reasonable and appropriate guidelines for the prescription of controlled substances, psychotropics, and injectables with the intent to improve prescribing practices and the general level of medical care for claimants.

The physician's record should include the reason for the medication, the dosage and the amount prescribed. With repeated prescriptions, the record should make clear the plan and the need for continuing medication.

Because of the dangers inherent in prescriptions for large amounts of psychotropic drugs, the following rules will set forth guidelines for the prescription of psychotropic drugs and benzodiazepines.

(2) COVERAGE. Prescriptions are to be written only for injuries and diseases accepted under the claim.

(3) INITIAL RX-ALL MEDICATION. Initial prescription of medication shall be for quantities sufficient for twenty-one days or less. Refills shall be in ((accord)) accordance with the physician's treatment plan and the additional rules which follow.

(4) OTC DRUGS OVER-THE-COUNTER. Prescriptions for the over-the-counter items may be ((written on the department forms)) paid. Special compounding fees for over-the-counter items ((with)) are not ((be paid)) payable.

(5) PENSION CASES. The industrial insurance statute prohibits department or self-insurer payment for controlled substances for claimants on pension. Payment for other medications for pensioners is dependent upon a special order on the individual claim.

(6) CONTROLLED SUBSTANCES AND OTHER ANALGESICS. Prescriptions for controlled substances may not be for quantities for more than twenty-one days. Refills of prescriptions for controlled substances will be contingent upon the attending physician's reevaluation of the claimant. Directions should be on time contingent rather than a PRN basis.

Schedule II substances and other analgesics (including but not limited to Stadol, Nubaine, etc.), may be used to relieve pain during hospitalization and the acute stage of an injury or illness. The prescription of the above beyond reasonable recovery periods, or for chronic pain, pain behavior or suffering is prohibited. Injectable narcotics or analgesics are not permitted or paid in the outpatient setting except an emergency basis.

(7) METHADONE FOR NARCOTIC MAINTENANCE OR WITHDRAWAL. Prescriptions for Methadone or "pain cocktails" containing Methadone for narcotic addiction, maintenance or detoxification are prohibited by Federal Public Law 93-281. Methadone for withdrawal purposes may be dispensed only by agencies licensed by the drug enforcement administration. Those agencies in the state of Washington are:

Veteran's Administration Hospital (Seattle);  
Evergreen Treatment Center (Seattle);  
Center for Addiction Services (Seattle);  
Therapeutic Health Services (Seattle);  
Tacoma Pierce County Health Service (Tacoma);  
Mid-Columbia Mental Health (Pasco);  
Central Washington Mental Health (Yakima); and  
Youth Help Association (Spokane).

The department is required to notify the drug enforcement administration when Methadone is prescribed for detoxification purposes by persons other than agencies licensed by the drug enforcement administration.

(8) NONSTEROIDAL ANTI-INFLAMMATORY AGENTS. Prescriptions for anti-inflammatory agents are exempt from the rule prohibiting palliative treatment. Nonsteroidal anti-inflammatory agents may be prescribed if high dose enteric coated aspirin trial is unsuccessful.

Prescriptions for ulcer medications such as H<sub>2</sub> blockers (Tagamet and Zantac) and ulcer adherent complexes (Carafate) written on a prophylactic basis in connection with prescriptions for analgesic, anti-inflammatory, and steroidal agents may be allowed when:

(a) Peptic ulcer disease has been documented; or

(b) Intensive treatment with steroidal agents is being utilized; or

(c) The physician certifies that prescription with meals or with an alternative NSAID (nonsteroidal anti-inflammatory drug) has failed to control the abdominal distress.

(9) SEDATIVES. Sedatives including but not limited to short acting barbiturates such as Seconal or Nembutal, and nonbarbiturate sedatives such as Noctec and Dalmane are prohibited and will not be paid during the chronic stage of any occupational injury or illness. Doriden (Glutethimide) and Quaalude (Methaqualone) are prohibited and will not be paid at any time.

(10) ANTICONVULSANTS FOR CHRONIC PAIN. Anticonvulsants including but not limited to Dilantin and Tegretol, may be prescribed on a trial basis for chronic pain if all of the precautions regarding their use are observed. Long-term prescription of anticonvulsants may be allowed if concurring opinion is obtained from a physician with special training in the pain field.

(11) PSYCHOTROPICS. Because of the dangers inherent, prescriptions for psychotropic drugs such as Phenothiazines, butyrophenones, tri-or-quadracyclic antidepressants must be in compliance with published indications, contraindications, precautions, and warnings. Prescriptions should not exceed a lethal dose (for example maximum of one hundred 50 mg. tablets of Amitriptyline (Elavil)).

(12) BENZODIAZEPINES. Prescriptions for Benzodiazepines including but not limited to Valium, Tranxene, Serax, Librium, etc., are limited to the following types of patients: Hospitalized patients, claimants with accepted psychiatric disorders, and to outpatients for not more than twenty-one days.

(13) RX FOR NONRELATED. The department or self-insurer may consider temporary coverage of conditions not related to the industrial injury when such conditions are retarding recovery. However, prescriptions for treatment of such conditions must have prior authorization per WAC 296-20-055.

(14) INJECTABLES. Prescriptions for injectable narcotics, sedatives, analgesics, antihistamines, tranquilizers, psychotropics, vitamins, minerals, food supplements, and hormones (except Insulin and Heparin) are not covered. Such drugs may be administered for inpatients or during emergency treatment of a life-threatening condition/

injury or during outpatient treatment of burns or fractures when needed for dressing or cast changes. They may not be administered for chronic pain. Prescriptions for syringes and needles are prohibited and will not be paid except for Insulin and Heparin.

(15) **GENERIC DRUGS.** Prescriptions are to be written for generic drugs only unless the patient cannot tolerate substitution. Pharmacists are instructed to fill with generic drugs unless the attending physician specifically indicates substitution is not permitted.

(16) **PROVIDER NUMBER.** Prescriptions for department claims must include the department assigned provider (~~billing numbers~~) account number of the prescribing physician and legible physician signature. (~~A rubber stamp is provided free for all billings as well as prescriber identification.~~)

(17) The department realizes that management of chronic pain cases is most difficult subjecting the physician to extreme pressures. With this in mind, the following guidelines are suggested with the intent that they will help the doctor cope with the pressures and assist in the management of these difficult cases:

(a) Keep a drug summary on all claimants.

(b) Determine if pain complaints are consistent with the amount of injury.

(c) Write specific instructions for the use of sedatives and analgesics.

(d) Treat the natural depression in injured workers properly, avoiding tranquilizers, and sedatives which increase depression.

(e) Evaluate recovery time frequently, and allow patient to regain self-esteem by returning to work.

(f) If a patient is requiring these drugs in amounts sufficient to cause concern about habituation or addiction or for longer than sixty days, the attending physician should:

(i) Revise the treatment plan and withdraw the drugs.

(ii) If unable to treat addiction or habituation himself, refer the patient to a physician or an institution experienced in drug withdrawal.

(iii) If (i) and (ii) are not acceptable or appropriate, obtain unbiased concurring opinion, and justify an alternate course in writing to the department of labor and industries or self-insurer and the Federal Drug Enforcement Administration.

(18) The department or self-insurer will inform the attending physician when it is concerned about the amount of these drugs the patient is receiving and will provide information regarding physicians and institutions experienced in drug withdrawal.

(19) As per RCW 51.36.010, when a worker is placed on pension the department cannot pay for Schedule I, II, III or IV substances.

(20) Physician failure to reduce or terminate prescription of controlled substances, habit forming or addicting medications, or dependency inducing medications, after department or self-insurer request to do so for an injured worker may result in a transfer of the worker to another physician of the worker's choice. Refusal of the worker to select another doctor can result in department or self-insurer selection of new attending doctor. (See WAC 296-20-065 regarding transfer.)

(21) Should the attending doctor or the injured worker refuse to comply with the department or self-insurer request to discontinue certain medications, the department or self-insurer, after providing adequate prior notice to the worker, doctor, and pharmacy/s involved, may discontinue payment for the medication.

**AMENDATORY SECTION** (Amending Order 81-28, filed 11/30/81, effective 1/1/82)

✓ **WAC 296-20-035 TREATMENT IN CASES THAT REMAIN OPEN BEYOND SIXTY DAYS.** Conditions requiring treatment beyond sixty days are indicative of a major industrial condition or complication by other conditions. Except in cases of severe and extensive injuries, i.e., quadriplegia, paraplegia, multiple fractures, etc., when the injured worker requires treatment beyond sixty days following injury, a complete examination is necessary to determine and/or establish need for continued treatment and/or payment of time loss compensation. This may be accomplished either by the attending doctor or a consultation exam. In either case, a detailed exam report must be provided to the department or self-insurer. The following information is required. Additional information may be included or requested.

(1) Attending doctor report.

(a) The condition(s) diagnosed including ICD-9-CM codes and the objective and subjective findings.

(b) Their relationship, if any, to the industrial injury or exposure.

(c) Outline of proposed treatment program, its length, components, and expected prognosis including an estimate of when treatment should be concluded and condition(s) stable. An estimated return to work date should be included. The probability, if any, of permanent partial disability resulting from industrial conditions should be noted.

(d) If the worker has not returned to work, the attending doctor should indicate whether he feels vocational assessment will be necessary to evaluate the worker's ability to return to work and why.

(e) If the claimant has not returned to work, a physical capacities evaluation should be included with the report. The physical capacities evaluation may be completed by an occupational therapist or a registered physical therapist.

(2) Consultation exam.

(a) A DETAILED HISTORY TO ESTABLISH:

(i) The type and severity of the industrial injury or occupational disease.

(ii) The patient's previous physical and mental health.

(iii) Any social and emotional factors which may effect recovery.

(b) A COMPARISON HISTORY between history provided by attending doctor and injured worker, must be provided with exam.

(c) A DETAILED PHYSICAL EXAMINATION concerning all systems affected by the industrial accident.

(d) A GENERAL PHYSICAL EXAMINATION sufficient to demonstrate any preexisting impairments of function or concurrent condition.

(e) A COMPLETE DIAGNOSIS OF ALL PATHOLOGICAL CONDITIONS INCLUDING ICD-9-CM CODES FOUND TO BE LISTED:

- (i) Due solely to injury.
  - (ii) Preexisting condition aggravated by the injury and the extent of aggravation.
  - (iii) Other medical conditions neither related to nor aggravated by the injury but which may retard recovery.
  - (iv) Coexisting disease (arthritis, congenital deformities, heart disease, etc.).
- (f) CONCLUSIONS MUST INCLUDE:
- (i) Type treatment recommended for each pathological condition and the probable duration of treatment.
  - (ii) Expected degree of recovery from the industrial condition.
  - (iii) Probability, if any, of permanent disability resulting from the industrial condition.
  - (iv) Probability of returning to work.
- (g) REPORTS OF NECESSARY, REASONABLE X-RAY AND LABORATORY STUDIES TO establish or confirm the diagnosis when indicated.

AMENDATORY SECTION (Amending Order 80-29, filed 12/23/80, effective 3/1/81)

✓WAC 296-20-051 CONSULTATIONS. In cases presenting diagnostic or therapeutic problems to the attending doctor, consultation with a specialist will be allowed without prior authorization. The consultant must submit his findings and recommendations immediately to the attending doctor and the department or self-insurer. See WAC 296-20-035 for report content requirements.

Whenever possible, the referring doctor should make his x-rays and records available to the consultant to avoid unnecessary duplication. The department's consultation referral form may be used to convey information to the consultant. Consultants may proceed with indicated and reasonable x-rays or laboratory work and reasonable diagnostic studies as permitted within their scope of practice.

Consultations will be held with a specialist within a reasonable geographic area. Whenever possible, consultation should be made with a doctor outside the referring doctor's office or partnership.

The attending doctor will not arrange a consultation if he has received notification that a special or commission examination is being arranged by the department or self-insurer. If he has had recent consultation and is notified that the department or self-insurer is arranging an examination, he must immediately advise the department or self-insurer of the consultation.

The consultation fee will be paid only if a consultation report is complete and contains all pathological findings as well as all pertinent negative or normal findings. The report must be received in the department within fifteen days from the date of the consultation. No fee is paid to the consultant if the worker fails the appointment.

The consultant may not order, prescribe, or provide treatment without the approval of the attending doctor and the injured worker. No transfer will be made to the consultant without the prior approval of the attending doctor and the injured worker.

AMENDATORY SECTION (Amending Order 81-28, filed 11/30/81, effective 1/1/82)

✓WAC 296-20-06101 REPORTING REQUIREMENTS. The department or self-insurer does require several kinds of reports at various stages of the claim in order to authorize treatment, time loss compensation, and treatment bills.

INITIAL REPORT OF ACCIDENT: The first report required is the report of accident. The report of accident qualifies as the office note or report of the initial visit for brief or limited office calls. In addition to the office call charge, the doctor may bill code 90001 for the filing of the accident report. Reimbursement of these services will be paid if the claim is allowed by the department or self-insurer. If the initial visit is a transfer case, a report is required. Billing for an extended or comprehensive initial visit may require submission of additional reports.

OFFICE NOTES: Legible copies of office or progress notes are required ((when billing)) for all follow-up visits. Office notes are not acceptable in lieu of requested narrative reports.

SIXTY-DAY NARRATIVE REPORTS: When conservative treatment is to continue beyond sixty days, submission of a narrative report is required to substantiate the need for continued care. A narrative report must contain basic information contained in WAC 296-20-035. For this narrative report, the department or self-insurer will pay 16.0 units for a routine report in addition to a routine office call if the call is needed to provide the information. If the doctor supplies additional comprehensive information in the report, payment of a charge submitted in excess of 16.0 units will be considered. In most cases, payment for a narrative report in addition to an extended or comprehensive office visit will not be considered as the fee for those services includes a comprehensive report. A narrative report should be billed under code 99080 and described as a "sixty-day report."

CONSULTATIONS REPORTS: Following one hundred twenty days of conservative care (nonsurgical cases), a consultation with the doctor of the attending doctor's choice is required to substantiate further treatment authorization. No prior authorization is required for such consultations. The department or self-insurer should be notified via a consultation referral form (LI-210-299). The consultant is responsible for submitting a copy of his report as outlined in WAC 296-20-035 and 296-20-051 with his bill to the department or self-insurer.

FOLLOW-UP REPORTS: Following the one-hundred twenty day consultation, narrative reports are required at sixty-day intervals as outlined in WAC 296-20-035. The department or self-insurer will request additional consultations and/or special exams as warranted by the individual case.

HOSPITAL REPORTS: When injured workers are hospitalized it is the responsibility of the doctor to submit his reports to the hospital for submission with the hospital billing. The doctor may bill for hospital visits without attaching copies of the reports. However, billing for operative procedures requires a copy of the operative report.

REOPENING APPLICATION: On claims closed over sixty days, the department or self-insurer will pay ((the doctor for)) for completion of a reopening application (Code 90097), an office visit and diagnostic studies ((if)) necessary to complete ((a reopening application on claims closed over sixty days)) the application. (See WAC 296-20-097.) ((In addition, Code 90097 "completion of reopening application" can be billed:)) NO OTHER BENEFITS WILL BE PAID UNTIL THE ADJUDICATION DECISION IS RENDERED.

AMENDATORY SECTION (Amending Order 80-29, filed 12/23/80, effective 3/1/81)

WAC 296-20-065 TRANSFER OF DOCTORS. All transfers from one doctor to another must be approved by the department or self-insurer. Normally transfers will be allowed only after the worker has been under the care of the attending doctor for sufficient time for the doctor to: Complete necessary diagnostic studies, establish an appropriate treatment regimen, and evaluate the efficacy of the therapeutic program.

Under RCW 51.36.010 the injured worker is entitled to free choice of treating doctor. ((No reasonable request for transfer will be denied;)) Except as provided under subsections (1) through (7) of this section, no reasonable request for transfer will be denied. The injured worker must be advised when and why a transfer is denied.

When a transfer is approved, the new attending doctor must be provided with a copy of the worker's treatment record by the previous attending doctor. X-rays in the possession of the previous attending doctor must be immediately forwarded to the new attending doctor for his or her retention as long as the worker remains under his or her care. Copies of x-rays and other records may be provided in lieu of originals. Code 99083 may be used to bill for reproducing records.

The department or self-insurer reserves the right to require a worker to select another doctor or specialist for treatment, under the following conditions:

(1) When more conveniently located doctors, qualified to provide the necessary treatment, are available.

(2) When the attending doctor fails to cooperate in observance and compliance with the department rules.

(3) In time loss cases where reasonable progress towards return to work is not shown.

(4) Cases requiring specialized treatment, which the attending doctor is not qualified to render, or is outside the scope of the attending doctor's license to practice.

(5) Where the department or self-insurer finds a transfer of doctor to be appropriate and has requested the worker to transfer in accordance with this rule, the department or self-insurer may select a new attending doctor if the worker unreasonably refuses or delays in selecting another attending doctor.

(6) In cases where the attending doctor is not qualified to treat each of several accepted conditions. This does not preclude concurrent care where indicated. See WAC 296-20-071.

(7) No transfer will be approved to a consultant or special examiner without the approval of the attending doctor and the worker.

Transfers will be authorized for the foregoing reasons or where the department or self-insurer in its discretion finds that a transfer is in the best interest of returning the injured worker to a productive role in society.

When a flat fee case is transferred to another doctor it is the responsibility of the two doctors involved to determine the proper apportionment of the total fee for the flat fee procedure. It shall be the responsibility of the operating doctor to advise the department or self-insurer of the proportion of the postoperative care provided by each doctor and the fee distribution. Each doctor must submit a separate bill to the department or self-insurer for his portion of the care. No payment will be made until this apportionment has been received by the department or self-insurer. If no agreement can be reached between the two doctors concerning the fee distribution, the matter will be referred to the Washington state medical association's medical advisory and utilization review committee to the department of labor and industries.

AMENDATORY SECTION (Amending Order 80-29, filed 12/23/80, effective 3/1/81)

WAC 296-20-071 CONCURRENT TREATMENT. In some cases, treatment by more than one practitioner may be allowed. The department or self-insurer will consider concurrent treatment when the accepted conditions resulting from the injury involve more than one system and/or require specialty or ((multidiscipline)) multidisciplinary care.

When requesting consideration for concurrent treatment, the attending doctor must provide the department or self-insurer with the following:

The name, address, discipline, and specialty of all other practitioners assisting in the treatment of the injured worker and an outline of their responsibility in the case and an estimate of the length of the period of concurrent care.

When concurrent treatment is allowed, the department or self-insurer will recognize one primary attending doctor, who will be responsible for prescribing all medications; directing the over-all treatment program; providing copies of all reports and other data received from the involved practitioners and, in time loss cases, providing adequate certification evidence of the worker's inability to work.

The department or self-insurer will approve concurrent care on a case-by-case basis. Consideration will be given to all factors in the case including availability of providers in the worker's geographic location.

AMENDATORY SECTION (Amending Order 80-29, filed 12/23/80, effective 3/1/81)

WAC 296-20-075 HOSPITALIZATION. Hospitalization will be paid when indicated for treatment of the accepted condition(s). Unless the worker's condition requires special care, ward or semi-private accommodations will be paid. Hospitalization solely for physical therapy or administration of injectable drugs will not be paid.

Discharge from the hospital shall be at the earliest date possible consistent with proper health care. If transfer to a convalescent center or nursing home is indicated, prior arrangements should be made with the department or self-insurer. See WAC 296-20-091 for further information.

AMENDATORY SECTION (Amending Order 80-29, filed 12/23/80, effective 3/1/81)

✓WAC 296-20-100 EYE GLASSES AND REFRACTIONS. The department or self-insurer will be responsible one time for replacement of glasses or contact lenses only to the extent of the cost of restoring damaged item to its condition at the time of the accident. This benefit applies only if the worker was wearing the glasses or contact lens when the industrial accident occurred.

If glasses are repairable and a worker determines that he/she prefers a replacement, the department or self-insurer is responsible only for the cost of the repairs and the worker is responsible for the difference between repair and replacement costs.

Refraction to replace a broken or lost lens is only payable when it is substantiated that the prescription was not available from the broken lens or any other source. If the prescription is available, and the patient needs a new refraction, he is responsible for the costs of such exam.

If a refractive error is the result of the industrial injury or occupational disease condition, refraction and glasses or contact lenses will be authorized and paid by the department or self-insurer.

When broken or lost glasses or contact lenses are the only injury or condition suffered, the doctor's portion of the report of accident can be completed by an optometrist or other vendor furnishing the replacement. A report of accident must be received by the department or self-insurer in order to adjudicate the claim.

AMENDATORY SECTION (Amending Order 80-29, filed 12/23/80, effective 3/1/81)

✓WAC 296-20-110 DENTAL. Only dentists, oral surgeons or dental specialists licensed in the state in which they practice are eligible to treat injured workers entitled to benefits under the industrial insurance law.

If only a dental injury is involved, the doctor's portion of the report of accident must be completed by the dentist to whom the worker first reports. See WAC 296-20-025 for further information.

If the accident report has been submitted by another doctor, the dentist's report should be made by letter. In addition to the information required under WAC 296-20-025, the dentist should outline the extent of the dental injury and the treatment program necessary to repair damage due to the injury. Dental x-rays should be retained by the attending dentist for a period of not less than ten years. The department or self-insurer does not require submission of the actual films except upon specific request.

The department or self-insurer is responsible only for repair or replacement of teeth injured or dentures broken as a result of an industrial accident. Any dental work needed due to underlying conditions unrelated to the industrial injury is the responsibility of the worker. It is the responsibility of the dentist to advise the worker accordingly.

In cases presenting complication, controversy, or diagnostic or therapeutic problems, consultation by another dentist may be requested to support authorization for restorative repairs.

Bills covering the cost of dentures should be submitted for the denture only and should not include the cost for subsequent relining. If relining becomes necessary, authorization for relining must be obtained in advance from the department or self-insurer.

Bills must be submitted to the department or self-insurer within ninety days from the date the service is rendered. Bills must itemize the service rendered, including standard American Dental Association procedure codes, the materials used and ((it must be accompanied by a dental chart illustrating the teeth insured)) the injured tooth number(s). See WAC 296-20-125 for further billing instructions.

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

✓WAC 296-20-1102 SPECIAL EQUIPMENT RENTAL AND PURCHASE PROSTHETIC AND ORTHOTICS EQUIPMENT. The department or self-insurer will authorize and pay rental fee for equipment or devices if the need for the equipment will be for a short period of treatment during the acute phase of condition. Rental extending beyond sixty days requires prior authorization. If the equipment will be needed on long term basis, the department or self-insurer will consider purchase of the equipment or device.

The prescribing doctor must obtain prior authorization from the department or self-insurer, for rental or purchase of special equipment or devices.

The department or self-insurer will authorize and pay for prosthetics and orthotics as needed by claimant and substantiated by attending doctor. If such items are furnished by the attending doctor, the department or self-insurer will reimburse the doctor his cost for the item. In addition, a handling fee, not to exceed five percent of the wholesale cost of the item, will be paid. See WAC 296-20-124 for information regarding replacement of such items on closed claims.

The department or self-insurer will repair or replace originally provided damaged, broken, or worn-out prosthetics, orthotics, or special equipment devices upon documentation and substantiation from the attending doctor.

Provision of such equipment requires prior authorization.

THE GRAVITY GUIDING SYSTEM, GRAVITY LUMBAR REDUCTION DEVICE, ((AND)) BACKSWING AND OTHER INVERSION TRACTION EQUIPMENT MAY ONLY BE USED IN A SUPERVISED SETTING. RENTAL OR PURCHASE FOR HOME USE WILL NOT BE ALLOWED.

EQUIPMENT NOT REQUIRING PRIOR AUTHORIZATION INCLUDES CRUTCHES, CERVICAL COLLARS, LUMBAR AND RIB BELTS, AND OTHER COMMONLY USED ORTHOTICS OF MINIMAL COST.

PERSONAL APPLIANCES SUCH AS VIBRATORS, HEATING PADS, HOME FURNISHINGS, HOT TUBS, WATERBEDS, EXERCISE BIKES, EXERCISE EQUIPMENT, JACUZZIES, ETC. WILL NOT BE AUTHORIZED OR PAID.

**AMENDATORY SECTION** (Amending Order 81-28, filed 11/30/81, effective 1/1/82)

✓ **WAC 296-20-121 X-RAYS.** Recognizing the greatest need for access to x-rays lies with the attending doctor, the department or self-insurer requires only submission of x-ray findings and does not require submission of the actual films except upon specific request when needed for purposes of permanent disability rating, other administrative or legal decisions, or in litigation cases. The department or self-insurer requires the attending doctor retain x-rays for a period of not less than ten years. In transfer cases, the x-rays in the possession of the current attending doctor must be made available to the new attending doctor.

When requesting consultation, the attending doctor should make any x-rays in his possession available to the consultant.

When a special exam has been arranged for the worker by the department or self-insurer, the worker's existing x-rays should be provided to the special examiner. The worker may carry such x-rays to the exam.

When the doctor's office is closed because of death, retirement or leaving the state, arrangements must be made with the department or self-insurer regarding custody of x-rays to insure availability on request. When submitting billing for x-ray service, a copy of the x-ray findings ((must be attached)) is required. No payment will be made for excessive or unnecessary x-rays. No payment will be made on closed or rejected claims, except under conditions outlined in WAC 296-20-124.

Prior authorization is required for x-rays subsequent to the initial study. Repeat or serial radiology examinations may be performed only upon adequate clinical justification to confirm changes in the condition(s) accepted. The subjective complaints and the objective findings substantiating the repeat study must be submitted by the practitioner in the request for authorization to the department or self-insurer.

**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

✓ **WAC 296-20-125 BILLING PROCEDURES.** All services rendered must be in accordance with the medical aid rules. The department or self-insurer may reject bills for services rendered in violation of these rules. The injured worker may not be billed for services rendered in violation of these rules.

(1) Bills must be itemized on department or self-insurer forms or other forms which have been approved by the department or self-insurer. Physicians, osteopaths, advanced registered nurse practitioners, chiropractors, naturopaths, podiatrists, and psychologists use the

Health Insurance Claim Form - Washington State billing form. Hospitals use the UB-82 billing form for institution services and the Health Insurance Claim Form - Washington State for professional services. Pharmacies use the department's Statement for Pharmacy Services (F-245-100). Dentists, equipment suppliers, transportation services, home health services, vocational services, and massage therapists use the department's Statement for Miscellaneous Services (F-245-72). Providers may obtain billing forms from the department's local service locations (see APPENDIX C for listing).

(2) Bills must specify the date and type of service, the appropriate procedure code, the condition treated, and the charges for each service.

~~(3) ((Special department prescription forms are available upon request and should be used whenever possible. If department prescription forms are not available, a copy of the prescription, with the doctor's, physician assistant's, or certified registered nurse's signature, must be attached to bills for medication or other supplies. Prescriptions for self-insurer workers cannot be written on department forms:~~

~~(4) The)) Bills ((form)) submitted to the department must be completed to include the following:~~

~~(a) Worker's name and address;~~

~~(b) Worker's claim number;~~

~~(c) Date of injury;~~

~~(d) Referring doctor's name and L & I provider account number;~~

~~(e) Area of body ((injured)) treated, including ICD-9-CM code(s), identification of right or left ((if)), as appropriate;~~

~~(f) Dates of service;~~

~~(g) Place of service;~~

~~(h) Type of service;~~

~~(i) Appropriate procedure code, hospital revenue code, or national drug code;~~

~~(j) Description of service;~~

~~(k) Charge;~~

~~(l) Units of service;~~

~~(m) Tooth number(s);~~

~~(n) Total bill charge;~~

~~((e)) (o) The name and address of the practitioner rendering the services and ((if assigned;)) the ((payee)) provider account number assigned by the department;~~

~~((f)) (p) Date of billing;~~

~~(q) Submission of supporting documentation required under subsection (6) of this section.~~

~~((g)) (4) Responsibility for the completeness and accuracy of the description of services and charges billed rests with the practitioner rendering the service, regardless of who actually completes the bill form;~~

~~((h) Attachment of supporting documentation required under (6) of this section.))~~

(5) Vendors are urged to bill on a monthly basis. Bills must be received within ninety days of service to be considered for payment.

(6) The following supporting documentation is required when billing for services:

(a) Laboratory and pathology reports;

(b) X-ray findings;

(c) Operative reports;



- (d) Office notes;
- (e) Consultation reports;
- (f) Special diagnostic study reports;
- (g) For BR procedures – see WAC 296-20-010 for requirements; and
- (h) Special or closing exam reports.

(7) The claim number must be placed on each bill and on each ((attachment)) page of reports and other correspondence in the upper right-hand corner.

(8) Rebills. If you do not receive payment or notification from the department within ninety days, services may be rebilled. Rebills must be submitted for services denied if a claim is closed or rejected and subsequently reopened or allowed. Rebills should be identical to the original bill: Same charges, codes, and billing date. Please indicate rebill on the bill.

Any inquiries regarding adjustment of charges must be submitted within ninety days from the date of payment to be considered.

AMENDATORY SECTION (Amending Order 80-24, filed 12/1/80, effective 1/1/81)

✓WAC 296-20-170 PHARMACY—ACCEPTANCE OF RULES AND FEES. Acceptance and filling of a prescription for an injured worker entitled to benefits under the industrial insurance law, constitutes acceptance of the department's rules and fees. When there is questionable eligibility, (i.e., no claim number, prescription is for medication other than usually prescribed for industrial injury; or pharmacist has reason to believe claim is closed or rejected), the pharmacist may require the worker to pay for the prescription. In these cases, the pharmacist must furnish the ((claimant)) worker with a signed receipt and a nonnegotiable copy of the prescription including national drug code and quantity or a completed department pharmacy bill form signed in the appropriate areas verifying worker has paid for the prescribed item(s) in order for the worker to bill the department or self-insurer for reimbursement. The worker may not be charged more than the amount allowable by the department or self-insurer. The worker must submit such reimbursement request within ninety days of service.

AMENDATORY SECTION (Amending Order 83-35, filed 11/30/83, effective 1/1/84)

✓WAC 296-20-17001 ALLOWANCE AND PAYMENT FOR MEDICATION. The department or self-insurer will pay for medications or supplies dispensed for the treatment of conditions resulting from an industrial injury and/or conditions which are retarding the recovery from the industrial injury, for which the department or self-insurer has accepted temporary responsibility.

Approved generics are to be substituted for brand name pharmaceuticals in all cases unless the worker's condition will not tolerate a generic preparation and the prescribing physician indicates no substitution is permitted. A list of approved generics and their base cost will be published periodically by the department.

Items not normally paid include: Syringes, injectables, heating pads, vibrators, personal appliances, oral nutritional supplements, anorexiant, and medications normally prescribed for systemic conditions. These items may be authorized to certain individuals in unusual circumstances; prior approval from the department or self-insurer is mandatory.

Rental or purchase of medical equipment must be prior authorized by the department or self-insurer.

No bills will be paid for medication dispensed after the date of order and notice of claim closure, on an accepted claim; nor, on rejected claims; nor for conditions unrelated to the industrial condition (~~even though the prescription may be written on departmental prescription forms~~)).

AMENDATORY SECTION (Amending Order 83-35, filed 11/30/83, effective 1/1/84)

✓WAC 296-20-17002 BILLING. In addition to the billing procedures described in WAC 296-20-125 the current national drug code number for each prescribed drug, followed by the average wholesale price to the pharmacy must be entered on each prescription. The department's statement for pharmacy services must be used when billing the department for NDC medications and supplies. The department's statement for miscellaneous services must be used when billing the department for non-NDC medications and supplies. In addition, the claimant's name, claim number, date of injury, prescribing doctor's name and department of labor and industries provider number; and the assigned department provider number for the pharmacy must be on the bill. Bills for medication not containing this information will be returned to the pharmacy. Billing must be made within ninety days of service. It is requested bills be presented on a monthly basis.

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

✓WAC 296-21-011 FOOTNOTES.  
+ BR: By Report; see WAC 296-20-01002 for detailed information.

@ Listed units represent basic anesthesia value only; add value for time. See WAC 296-21-130 for calculating total anesthesia values.

#### MEDICINE MODIFIERS

Listed values for most procedures may be modified under certain circumstances. When applicable, the modifying circumstance should be identified by the addition of the appropriate "modifier code number" (including the hyphen) after the usual procedure number. The value should be listed as a single modified total for the procedure. When multiple modifiers are applicable to a single procedure, see modifier code -99.



	Unit Value		Unit Value
-22		UNUSUAL SERVICES: When the services provided are greater than those usually required for the listed procedure, identify by adding this modifier (-22) to the usual procedure number. List modified value. May require report . . . . . BR((+))	PHYSICIAN: When the patient's condition requires the additional services of more than one physician, each physician may identify his or her services by adding the modifier '-75' to the basic service performed.
-26		PROFESSIONAL COMPONENT: The listed values of certain procedures (laboratory, x-ray, specific diagnostic and therapeutic services, etc.) are a combination of a physician component and a technical component. When the physician component is billed separately, identify by adding this modifier (-26) to the usual procedure number.	-76 REPEAT PROCEDURE BY SAME PHYSICIAN: The physician may need to indicate that a procedure or service was repeated subsequent to the original service. This circumstance may be reported by adding the modifier '-76' to the repeated service.
-52		REDUCED VALUES: Under certain circumstances, the listed value for a procedure is reduced or eliminated because of ground rules, common practice, or at the physician's election (e.g., the management of a patient in diabetic coma involving detention with patient in critical condition, with spinal tap, gastric lavage, multiple arterial punctures, cutdown, etc.). Under these or similar circumstances, the services provided can be identified by their usual procedure numbers and the use of a reduced value indicated by adding this modifier (-52) to the procedure number. (Use of this modifier provides a means of reporting services at a reduced charge without disturbing usual relative values.)	-77 REPEAT PROCEDURE BY ANOTHER PHYSICIAN: The physician may need to indicate that a basic procedure performed by another physician had to be repeated. This situation may be reported by adding modifier '-77' to the repeated service.
			-90 REFERENCE (OUTSIDE) LABORATORY: When laboratory procedures are performed by other than the billing physician, the procedure(s) shall be identified by adding this modifier (-90) to the usual single or panel procedure number and shall be billed as charged to the physician.
			-99 MULTIPLE MODIFIERS: Under certain circumstances multiple modifiers may be applicable. Under such circumstances, identify by adding this modifier (-99) to the usual procedure number and briefly indicate the circumstances. Value in accordance with appropriate modifiers . . . . . BR((+))
-55		POSTOPERATIVE MANAGEMENT ONLY: When one physician performs the postoperative management and another physician has performed the surgical procedure, the postoperative component may be identified by adding the modifier '-55' to the usual procedure number.	AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)
-56		PREOPERATIVE MANAGEMENT ONLY: When one physician performs the preoperative care and evaluation and another physician performs the surgical procedure, the preoperative component may be identified by adding the modifier '-56' to the usual procedure number.	✓ WAC 296-21-013 SPECIAL SERVICES AND BILLING PROCEDURES. The following services are generally part of the basic services listed in the maximum fee schedule but do involve additional expenses to the physician for materials, for his time or that of his employees. These services are generally provided as an adjunct to common medical services and should be used only when circumstances clearly warrant an additional charge over and above the usual charges for the basic services.
-75		CONCURRENT CARE, SERVICES RENDERED BY MORE THAN ONE	99000 ((Collection and)) Handling and/or conveyance of specimen for transfer

	Unit Value		Unit Value
		99050	Services requested after office hours in addition to basic service . . . . . 10.0
99001	6.0	99052	Services requested between 10:00 p.m. and 8:00 a.m. in addition to basic services provided the office is closed during this period of time . . . . . 12.0
		99054	Services requested on Sundays and holidays in addition to basic services . . . . . 12.0
99002	8.0	99056	Services provided at request of patient in a location other than physician's office which are normally provided in the office . . . . . BR
		99058	Office services provided on an emergency basis . . . . . BR (For hospital-based emergency care facility services, see 90500 et seq.)
		99062	Emergency care facility services: When the nonhospital-based physician is in the hospital but is involved in patient care elsewhere and is called to the emergency facility to provide emergency services . . . . . 8.0 (For hospital-based emergency care facility services, see 90500 et seq.)
		99064	Emergency care facility services: When the nonhospital-based physician is called to the emergency facility from outside the hospital to provide emergency services; not during regular office hours . . . . . 25.0
		99065	during regular office hours . . . . . 16.0
99013	5.0	99070	Supplies and materials (except spectacles) provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies or materials cast room and/or casting supplies provided). Bill at cost . . . . . BR((+)) (For spectacles, see 92390-92395)
		99080	Special reports as insurance forms, sixty-day report, or the review of medical data to clarify a patient's status—more than the information conveyed in the usual medical communications or standard reporting form at department request (see WAC 296-20-06101 for reporting requirements) . . . . . BR
99014	10.0	99082	Unusual travel (e.g., transportation and escort of patient) per mile . . . . . 2.0
		99083	Copies of medical records requested by the department or self-insurance
99015	15.0		
99024	BR		
99025	20.0		
99030	2.0		
99040	2.0		

	Unit Value
or their representative(s), not re- quired to support billing for services rendered, per page . . . . .	0.2
99084 Maximum allowed per claim . . . . .	4.6
99085 Physician called on to convey in- structions by telephone to hospital emergency room or nurse practi- tioner clinic—to be paid only to ini- tial attending physician upon completion of report of accident form . . . . .	12.0
99150 Detention, prolonged, with patient requiring attention beyond usual service (e.g., critically ill patient, 30 minutes or less) . . . . .	25.0
99151 one hour . . . . .	50.0

**CRITICAL CARE**

Critical care includes the care of critically ill patients in a variety of medical emergencies that requires the constant attention of the physician (cardiac arrest, shock, bleeding, respiratory failure, postoperative complications, critically ill neonate). Critical care is usually, but not always, given in a critical care area, such as the coronary care unit, intensive care unit, respiratory care unit, or the emergency care facility. The descriptors for critical care are intended to include cardiopulmonary resuscitation and a variety of services attendant to this procedure as well as other acute emergency situations. Separate procedure codes for services performed during this period, such as placement of catheters, cardiac output measurement, management of dialysis, control of gastrointestinal hemorrhage, electrical conversion of arrhythmia, etc., are excluded when this descriptor is used on a per hour basis. (The physician may list his services separately if he desires.)

99160 Critical care, initial, including the diagnostic and therapeutic services and direction of care of the critical- ly ill or multiple injured or coma- tose patient, requiring the prolonged presence of the physician; each hour . . . . .	100.0
99162 additional 30 minutes . . . . .	50.0
99165 Monitoring respiration . . . . .	20.0
99166 Monitoring temperature . . . . .	20.0

(For monitoring cardiac output,  
see 78470, 93561, 93962)

(For monitoring intra-aortic bal-  
loon counter pulsation, see 33972)

(For subsequent visits, see appro-  
priate critical care visit, 99171-

	<u>99174 or hospital visits, 90200- 90280)</u>
99170 Gastric intubation, and aspiration or lavage for treatment (e.g., for in- gested poisons) . . . . .	SV
99171 Critical care, subsequent follow-up visit; brief examination, evaluation and/or treatment for same illness . .	SV
99172 limited examination, evaluation and/or treatment, same or new illness . . . . .	SV
99173 intermediate examination, evalu- ation and/or treatment, same or new illness . . . . .	SV
99174 extended reexamination, reevalu- ation and/or treatment, same or new illness . . . . .	SV

**OTHER SERVICES**

99175 Ipecac or similar administration for individual emesis and continued ob- servation until stomach adequately emptied of poison . . . . .	SV
	(For diagnostic intubation, see 82926-82932, 89130-89141)
	(For gastric lavage for diagnostic purposes, see 91055)
99180 Hyperbaric oxygen pressurization; initial . . . . .	12.0
99182 Subsequent . . . . .	3.0
99185 Hypothermia; regional . . . . .	BR
99186 total body . . . . .	BR
99190 Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pres- sure monitoring); each hour . . . . .	60.0
99191 3/4 hour . . . . .	45.0
99192 1/2 hour . . . . .	30.0
99195 Phlebotomy, therapeutic (separate procedure) . . . . .	((BR)) <u>20.0</u>
99199 Unlisted special service or report . . . . .	BR

(For monitoring cardiac output,  
see 78470, 93561, 93962)

(For monitoring intra-aortic bal-  
loon counterpulsation, see 33972)

(For subsequent visits, see appro-  
priate hospital visits, 90200-  
90280)

(For physicians assigned to critical care units or other long-term attendance, use special reports)

#### DEFINITIONS

Definitions and items of commonality.

Terms and phrases common to the practice of medicine are defined as follows and apply to procedures 90000 through 90696.

(1) NEW PATIENT: A patient who is new to the physician or a known patient with a new industrial injury or condition, and whose medical and administrative record need to be established.

(2) ESTABLISHED PATIENT: A patient known to the physician and/or whose records are usually available.

(3) INITIAL VISIT: Initial care, including physical examination and initiation of diagnostic and treatment program, for a condition regardless of whether the patient is known to the physician.

(4) FOLLOW-UP VISIT: Subsequent care for a patient and condition known to the physician.

(5) CONSULTATION: A consultation includes services rendered by a physician whose opinion or advice is requested by a physician or other appropriate source for the further evaluation and/or ~~((treatment))~~ management of the patient. When the consulting physician assumes responsibility for the continuing care of the patient, any subsequent service rendered by him will cease to be a consultation. ~~((Four))~~ The consulting physician cannot assume care without the concurrence of the patient or the referring doctor. See WAC 296-20-051. Five levels of consultation are recognized: Limited, intermediate, extensive, comprehensive, and consultation of complexity. See WAC 296-21-030 for description.

((For example:

(a) In a LIMITED consultation the physician confines his service to the examination or evaluation of a single organ system for a limited condition. For example, the dermatologist's opinion about a skin lesion; the neurologist's opinion about a disc problem and the orthopedist's opinion about a knee or low back problem.

(b) An EXTENSIVE consultation involves a prolonged evaluation including more than a single organ system or region. For example: The examination of the cardiac patient who needs clearance before undergoing a surgical operation; consultations involving cardio-pulmonary problems and neurologic and orthopedic examinations of patient whose complaints seem disproportionate to his objective findings requiring detailed psychosocial evaluation.

(c) A COMPREHENSIVE consultation indicates the performance of detailed history (including the current problem, any previous illnesses, family disease tendencies and a review of all organ systems) and a thorough physical examination on a patient with a complex illness to establish the diagnosis and/or recommended therapy. For example: The young person with fever, arthritis and

anemia and examination of patient for diagnosis and in depth evaluation of all organ systems for preexisting and/or unrelated nonindustrial conditions.

(d) UNUSUAL COMPLEXITY: This is an uncommonly performed service with an in-depth medical opinion in a case involving all components of a detailed history with exhaustive examination of all organ systems and regions. For example: The patient with an undiagnosed fever of several years duration, with multiple hospitalizations, requiring a review of previous records, laboratory studies and radiographs as well as a comprehensive examination. Another example is the psychotic patient with minor cardiac findings who is being considered for cardio-pulmonary bypass because of complaints of angina. Another example is the paraplegic patient with iatrogenic drug addiction or dependency (condition resulting from treatment).))

(6) REFERRAL: (Transfer) A referral is the transfer of the total or specific care of a patient from one physician to another and does not constitute a consultation. Initial evaluation and subsequent services are designated as listed below in levels of service.

(7) INDEPENDENT PROCEDURE: Certain listed procedures are commonly undertaken as an integral part of a total service. When such a procedure is undertaken as a separate entity, the designation "independent procedure" is appropriate. For example: A patient being seen in consultation by an ophthalmologist and it is necessary for him to perform a gonioscopy or a ophthalmoscopy with intravenous fluorescein as diagnostic procedures in connection with the consultation, then they would be considered as independent procedures. Another example would be cardiac monitoring with electronic equipment in intrathoracic or other critical surgery.

(8) LEVELS OF SERVICE: Examinations, evaluations, treatment, counseling, conferences with or concerning patients, and services which necessitate wide variations in skill, effort and time required for the diagnosis and treatment of illness and the promotion of optimal health. Six levels are recognized:

MINIMAL: A level of service including injections, dressings, minimal care, etc., not necessarily requiring the presence of the physician.

For example:

(a) Routine immunization for tetanus administered by a nurse.

(b) Blood pressure determination by a nurse for medication control.

(c) Removal of sutures from laceration.

BRIEF: A level of service requiring a brief period of time, with minimal effort by the physician.

For example:

(a) Certification of time loss in a stable or chronic case.

(b) Reexamination of minor trauma (e.g., contusion or abrasion.)

(c) Examination of conjunctiva by the physician in a patient with subconjunctival hemorrhage, irrigation, medication and removal of foreign body with instrument.

(d) Review of interval history, physical status, and adjustment of medication in patient with compensated arteriosclerotic heart disease on chronic diuretic therapy.

LIMITED: A level of service requiring limited effort or judgment, such as abbreviated or interval history, limited examination or discussion of findings and/or treatment.

For example:

(a) Review and examination of uncomplicated sprains and strains with initiation, continuation and/or change of treatment.

(b) Examination of an extremity fracture not requiring reduction.

(c) Post-operative care in instances where the unit value is for surgical procedure only.

INTERMEDIATE: A level of service such as a complete history and physical examination of one or more organ systems, complicated with a new diagnostic or management problem not necessarily relating to the primary diagnosis that necessitates the obtaining and evaluation of pertinent history and physical or mental status findings, diagnostic tests and procedures, and the ordering of appropriate therapeutic management or an in depth counseling or discussion of the findings, but not requiring a comprehensive examination of the patient as a whole.

For example:

(a) Review of interval history; examination of neck veins, lungs, heart, abdomen and extremities, discussion of findings and prescription of treatment in decompensated arteriosclerotic heart disease.

(b) Review of interval history, examination of musculoskeletal system, discussion of findings, and adjustment of therapeutic program in low back and/or arthritic disorders.

(c) Review of recent illness: Examination of pharynx, neck, axilla, groin, and abdomen; interpretation of laboratory tests and prescription of treatment in infectious mononucleosis.

(d) Evaluation of a chest, post trauma, with impaired respiration with development of shock.

EXTENDED: A level of service requiring an unusual amount of ((time;)) effort or judgment ((but not complete)) with report to include a detailed history, review of medical records, examination, conclusions of x-ray or laboratory studies, diagnosis and recommendations for treatment, and a formal conference with patient or family. This service may, or may not involve a complete examination of the patient as a whole.

For example:

(a) ~~((Detailed review of results of diagnostic evaluation including discussion of physical findings, laboratory studies, x-ray examinations, diagnostic conclusions and recommendations for treatment.~~

~~(b) Prolonged evaluation required for psychologically unstable or dependent patient.~~

~~COMPREHENSIVE: A level of service providing an in depth evaluation of the patient.~~

For example:

~~(a) Evaluation of the patient including complete history, physical examination and initiation of diagnostic and/or treatment program.~~

~~(b) Reexamination or reevaluation of patient with continuing or new illness, including complete history, physical examination and initiation of diagnostic and/or treatment program.~~

~~(c) Evaluation of a head injury immediately post trauma with a known previous history of convulsive disorders and a post trauma history of transitory loss of consciousness, dizziness, visual problems, etc.~~

~~(d) Evaluation of a cardiac problem with respiratory distress resulting from inhalation of toxic and/or irritant chemicals:)) Re-examination of neurological findings, detailed review of hospital studies and course, and formal conference with patient and family jointly concerning findings and plans in a diagnostic problem of suspected intracranial disease in a young adult.~~

~~(b) Detailed intensive review of studies and hospital course and thorough reexamination of pertinent physical findings of a patient with a recent coronary infarct with complications requiring constant physician bedside attention.~~

~~(c) Review of results of diagnostic evaluation, performance of a detailed examination and a thorough discussion of physical findings, laboratory studies, x-ray examinations, diagnostic conclusions and recommendations for treatment of complicated chronic pulmonary disease.~~

~~(d) Detailed review of studies and hospital course and thorough reexamination of pertinent physical findings of a patient with a recent coronary infarct and formal conference with patient or family to review findings and prognosis.~~

~~(e) Reevaluation of a psychotic delusional patient who develops severe and acute abdominal pain involving a mental status reassessment but not a psychiatric diagnostic interview, and a conference with the consulting surgeon and nursing personnel.~~

~~(f) Detailed intensive review of studies and hospital course and thorough reexamination of pertinent findings of a patient with a recently diagnosed uterine adenocarcinoma who also has a pulmonary coin lesion under consideration for thoracotomy; this service involves several abbreviated conferences with consultants, and family or patient.~~

COMPREHENSIVE: A level of service providing an in depth evaluation of the patient with a new or existing problem requiring the development or complete reevaluation of medical data. This procedure includes the recording of a chief complaint(s), and present illness, family history, past medical history, personal history, system review, a complete physical examination, and the ordering of appropriate diagnostic tests and procedures.

AMENDATORY SECTION (Amending Order 81-28, filed 11/30/81, effective 1/1/82)

✓ WAC 296-21-027 EMERGENCY ROOM SERVICE. The following values apply for services performed in the emergency room when the physician is assigned to

emergency room duty or is present in the emergency room because of other activity there, or if the physician elects to use the emergency room as a substitute for his office.

~~((When the physician is in the hospital but is involved in patient care elsewhere and is called to the emergency room to provide emergency service, use modifier code =18, under WAC 296-21-011.~~

~~When the physician is called to the emergency room from outside the hospital to provide services, use modifier code =20, WAC 296-21-011.))~~

	Unit Value
Initial visit	
90500 MINIMAL service (i.e. injection, etc.) . . . . .	10.0
90505 BRIEF evaluation, history, examination and/or treatment. (Not payable when other fees are payable except as indicated by modifiers) . . . . .	20.0
90510 Initial LIMITED history and physical examination, including initiation of diagnostic and treatment program. (Routine case involving a single region and/or organ system) (Not payable when other fees are payable except as indicated by modifiers) . . . . .	30.0
90515 Initial INTERMEDIATE history and physical examination, including initiation of diagnostic and treatment program and submission of a detailed report. (Serious or complicated case involving one or more regions and/or organ systems) (Not payable when other fees are payable except as indicated by modifiers). . . . .	50.0
90517 Initial EXTENDED history and physical examination, including initiation of diagnostic and treatment program and submission of a detailed report in addition to the report of accident. (Examination or evaluation requiring an unusual amount of time, skill or judgment) (Not payable when other fees are payable except as indicated by modifiers) . . . . .	70.0
Follow-up visit	
90530 MINIMAL service (e.g., injection, minimal dressing, suture removal, minor laceration) (Not payable when other fees are applicable except as indicated by modifiers) . . . . .	8.0
90540 BRIEF examination, evaluation and/or treatment. (Not payable when other fees are applicable except as indicated by modifiers) . . . . .	12.0
90550 LIMITED examination, evaluation and/or treatment. (Routine follow up care) (Not payable when other	

	Unit Value
90560 INTERMEDIATE examination, evaluation and/or treatment accompanied by a detailed report. (Case involving one or more regions and/or organ systems) (Not payable when other fees are payable except as indicated by modifiers) . . . . .	16.0
90570 EXTENDED reexamination or reevaluation and/or treatment requiring an unusual amount of time, skill or judgment but not necessitating evaluation of the man as a whole accompanied by a detailed report. (Not payable when other fees are applicable except as indicated by modifiers) . . . . .	20.0
	30.0

**AMENDATORY SECTION** (Amending Order 81-28, filed 11/30/81, effective 1/1/82)

✓WAC 296-21-030 CONSULTATIONS. A CONSULTATION is considered here to include those services rendered by a physician whose OPINION OR ADVICE is requested by another physician or agency in the evaluation and/or treatment of a patient's illness. When the consultant physician thereupon assumes the CONTINUING CARE of the patient, any subsequent service(s) rendered by him will no longer be considered as a consultation. Five levels of consultation are recognized: Limited, intermediate, extensive, comprehensive, and complex consultation.

(For example)

(a) In a LIMITED consultation (90600) the physician confines his service to the examination or evaluation of a single organ system for a limited condition. This procedure includes documentation of the complaint(s), present illness, pertinent examination, review of medical data and establishment of a plan of management relating to the specific problem. For example, the dermatologist's opinion about a skin lesion.

(b) An INTERMEDIATE consultation (90605) involves examination or evaluation of an organ system, a partial review of the general history, recommendations for establishment of a plan of management relating to the specific problem and preparation of a report. An example would be the evaluation of abdomen for possible surgery that does not proceed to surgery, the neurologist's opinion about a disc problem and the orthopedist's opinion about a knee or low back problem.

(c) An EXTENDED/EXTENSIVE consultation (90610) involves the evaluation of problems that do not require a comprehensive evaluation of the patient as a whole. This procedure includes the documentation of a history of the chief complaint(s), past medical history and pertinent physical examination, review and evaluation of the past medical data, recommendations for establishment of a plan of investigative and/or therapeutic management,

and the preparation of an appropriate report. For example: The examination of the cardiac patient who needs clearance before undergoing a surgical operation, consultations involving cardio-pulmonary problems and neurologic and orthopedic examinations of patient whose complaints seem disproportionate to his objective findings requiring detailed psychosocial evaluation.

(d) A COMPREHENSIVE consultation (90620) involves an in depth evaluation of a patient with a problem requiring the development and documentation of medical data (the chief complaints, present illness, family history, past medical history, personal history, system review and physical examination, review of all diagnostic tests and procedures that have previously been done), recommendations for the establishment or verification of a plan for further investigative and/or therapeutic management and the preparation of a report. For example: The young person with fever, arthritis and anemia and examination of patient for diagnosis and in depth evaluation of all organ systems for preexisting and/or unrelated nonindustrial conditions; or a comprehensive psychiatric consultation that may include a detailed present illness history, and past history, a mental status examination, exchange of information with primary physician or nursing personnel or family members and other informants, and preparation of a report with recommendations.

(e) The COMPLEX consultation (90630) is an uncommonly performed service that involves an in depth evaluation of a critical problem that requires unusual knowledge, skill and judgment on the part of the consulting physician, and the preparation of an appropriate report with recommendations. An example would be acute myocardial infarction with major complications. Another example would be a young psychotic adult unresponsive to extensive treatment efforts under consideration for residential care, or the paraplegic patient with iatrogenic drug addiction or dependency (condition resulting from treatment).

A REFERRAL is considered here to be the transfer of the total or specific care of a patient from one physician to another. THIS IS NOT A CONSULTATION. Values for the initial visit and the subsequent services for referrals are listed under the appropriate headings in other portions of this schedule.

The values do not necessarily include consultations involving litigation.

Unit Value

	but not requiring comprehensive history and examination. Requires report.....	40.0
90610	Consultation requiring more EXTENSIVE examination and/or evaluation of one or more regions or organ systems but not requiring comprehensive history and examination. Report required.....	50.0
90620	Consultation requiring COMPREHENSIVE history, examination and/or evaluation of one or more regions and/or organ systems with report. ....	70.0
90630	Consultation of unusual complexity (in excess of scope of services identified by 90600, 90610 and 90620.) Necessitating exceptionally detailed history and examination with extensive review of prior medical records, completion and assessment of data and the preparation of a special report. .... ((BR+))	95.0

Follow-up consultation

90640	Follow-up consultation; brief visit .....	16.0
90641	limited visit .....	20.0
90642	intermediate visit for evaluation .....	30.0
90643	extended visit requiring reexamination or reevaluation .....	40.0

Concurring (confirmatory or additional opinion) consultation

This section should be used when the consulting physician is aware of the confirmatory nature of the opinion that is sought, e.g., when a second/third opinion on the necessity or appropriateness of a (previously) recommended medical treatment or surgical procedure is requested.

90650	Confirmatory consultation; limited .....	30.0
90651	intermediate .....	40.0
90652	extensive .....	50.0
90653	comprehensive .....	70.0
90654	complex .....	BR

AMENDATORY SECTION (Amending Order 75-39, filed 11/28/75, effective 1/1/76)

✓ WAC 296-21-040 SPECIAL AND CLOSING EXAMINATIONS.

Unit Value

90600	Consultation requiring LIMITED examination and/or evaluation of a given system or region but not requiring a comprehensive history and examination. Report required. ....	30.0
90605	Intermediate consultation - Consultation requiring intermediate history and physical exam of one or more regions and/or organ system,	

Codes 90640, 90650 have been deleted. To report special and closing examinations by the attending physician or single special examiner (see 90678, 90679.)

	Unit Value	AMENDATORY SECTION (Amending Order 76-34, filed 11/24/76, effective 1/1/77) <del>WAC 296-21-045 COMMISSION AND PANEL EXAMINATIONS.</del>	Unit Value
<del>((90640)) 90678</del> Special or closing examination, (including examination by the attending physician) requiring the examination and/or evaluation involving loss of function and permanent impairment of a minor nature to a region and/or organ system and requiring a limited history and physical examination . . . . .	<del>((50.0)) 100.0</del>	<del>(90660, 90670 have been deleted. To report see 90675, 90676, 90677.)</del>	
<del>((90650)) 90679</del> Special or closing examination, (including examination by the attending physician) requiring more extensive examination and/or evaluation involving <u>considerable</u> loss of function and permanent impairment to one or more regions and/or organ systems but not requiring a comprehensive history and physical examination . . . . .	<del>((100.0)) 150.0</del>	<del>((90660)) 90675 ((Special or) Commission examination requiring examination and/or evaluation involving considerable loss of function and permanent impairment requiring an extremely comprehensive history and physical examination . . . . .</del>	<del>((+50.0)) 305.09</del>
90694 <u>Special examination of unusual complexity in excess of scope of examination identified by 90678 and 90679 involving extensive loss of function and permanent impairment necessitating complete history and examination and extensive review of prior medical records, compilation and assessment of data and the preparation of an exceptionally detailed report. . . . .</u>	BR	<del>((90670)) 90676 ((Special or commission examination of unusual complexity in excess of scope of examinations identified by 90640, 90650 and 90660)) Panel examination by three members, not including a psychiatrist, involving extensive loss of function and permanent impairment necessitating complete history and examination and extensive review of prior medical records compilation and assessment of data, and the preparation of an exceptionally detailed report . . . . .</del>	<del>((BR)) 461.87</del>
90695 <u>Time loss by physician from failure of the worker to appear for a special examination and the physician is unable to see other patients during the time set aside for the special examination, each one-half hour not to exceed two hours. . . . .</u>	25.0	<del>((90680) In complicated or controversial cases where voluminous departmental files must be reviewed in connection with a special or commission examination within the scope of examinations identified by 90640, 90650 and 90660, an additional fee will be allowed at the discretion of the department . . . . .</del>	<del>40.0</del>
90696 <u>Conference with department field representative relative to an individual case. (Each fifteen minutes) . . . . .</u>	16.0	<del>90690 When a consolidated commission examination report is submitted, an additional fee will be allowed to the examiner who prepares and transmits the report to the department . . . . .</del>	<del>14.0</del>



	Unit Value
<del>90695</del> Time loss by physician from failure of the worker to appear for a special or commission examination and the physician is unable to see other patients during the time set aside for the special or commission examination, each 1/2 hour not to exceed two hours .....	25.0
<del>90696</del> Conference with department field representative relative to an individual case. (Each 15 minutes) .....	16.0))
<u>90677</u> Panel examination by three members including a psychiatrist (NOP) .....	610.17
<u>(90690 has been deleted. This service is included in 90675-90679.)</u>	
<u>90680</u> In complicated or controversial cases where voluminous departmental files must be reviewed in connection with a special, commission, or panel examination within the scope of examinations identified by 90675, 90676, 90677, 90678, and 90679 an additional fee will be allowed at the discretion of the department .....	40.0

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

✓WAC 296-21-046 IMMUNIZATION INJECTIONS.

(For allergy testing, see 95000 et seq.)

(For skin testing of bacterial, viral, fungal extracts, see 86450-86585)

(For therapeutic injections, see 90782-90799)

Immunizations are usually given in conjunction with a medical service. When an immunization is the only service performed, a minimal service may be listed in addition to the injection. Immunization procedures include the supply of materials. Immunizations, except for 90703, require prior authorization.

(Immunization 90720-90723 have been revised as 90701-90742)

	Unit Value
90701 Immunization, active; diphtheria and tetanus toxoids and pertussis vaccine (DTP) .....	((BR)) 8.0
90702 diphtheria and tetanus toxoids	

	Unit Value
(DT) .....	((BR)) 5.0
90703 tetanus toxoid .....	((BR)) 6.0
90704 mumps virus vaccine, live .....	BR
90705 measles virus vaccine, live, attenuated .....	BR
90706 rubella virus vaccine, live .....	BR
90707 measles, mumps and rubella virus vaccine, live .....	BR
90708 measles and rubella virus vaccine, live .....	((BR)) 13.0
90709 rubella and mumps virus vaccine, live .....	BR
90712 poliovirus vaccine, live, oral (any type(s)) .....	BR
90713 poliomyelitis vaccine .....	BR
90714 typhoid vaccine .....	BR
90717 yellow fever vaccine .....	BR
90718 tetanus and diphtheria toxoids absorbed, for adult use (Td) .....	((BR)) 5.0
90719 diphtheria toxoid .....	BR
90724 influenza virus vaccine .....	((BR)) 6.0
90725 cholera vaccine .....	BR
90726 rabies vaccine .....	((BR)) 4.0
90727 plague vaccine .....	BR
90728 BCG vaccine .....	BR
90731 hepatitis B vaccine .....	BR
90732 pneumococcal vaccine, polyvalent .....	BR
90733 meningococcal polysaccharide vaccine (any group(s)) .....	BR
90741 Immunization, passive; immune serum globulin, human (ISG) .....	BR
90742 specific hyperimmune serum globulin (e.g., hepatitis B, measles, pertussis, rabies, Rho(D), tetanus, vaccinia, varicella-zoster) .....	BR
90749 Unlisted immunization procedure .....	BR

AMENDATORY SECTION (Amending Order 81-28, filed 11/30/81, effective 1/1/82)

✓WAC 296-21-050 PSYCHIATRIC SERVICES.

NOTES

Hospital care by the attending physician in treating a psychiatric inpatient may be initial or subsequent in nature (see 90200-90280) and may include exchanges with nursing and ancillary personnel. Hospital care services involve a variety of responsibilities unique to the medical management of inpatients, such as physician hospital orders, interpretation of laboratory or other medical diagnostic studies and observations, review of activity therapy reports, supervision of nursing and ancillary

personnel, and the programming of all hospital resources for diagnosis and treatment. Some patients receive hospital care services only and others receive hospital care services and other procedures. If other procedures such as electroconvulsive therapy or medical psychotherapy are rendered in addition to hospital care services, these should be listed separately (i.e., hospital care service plus electroconvulsive therapy or plus medical psychotherapy if rendered).

Psychiatric care may be reported without time dimensions according to the procedure or service as are other medical or surgical procedures. In reporting medical psychotherapy procedures, time is only one aspect and may be expressed as is customary in the local area. For example, the usual appointment length of an individual medical psychotherapy procedure may be signified by the procedure code alone. The modifier '-52' may be used to signify a service that is reduced or less extensive than the usual procedure. The modifier '-22' may be used to indicate a more extensive service. Thus medical psychotherapy procedures may be reported by the procedure code alone or by the procedure code with a modifier. If appropriate and customary in the local area, codes 90841, 90843 or 90844 may be used.

Other medical services, such as 90050—Limited office medical service or other patient encounters, may be described as listed in the section on medicine if appropriate).

CONSULTATION

Consultation for psychiatric evaluation of a patient. Includes examination of patient and exchange of information with primary physician and other informants such as nurses or family members, and preparation of report. Apply to consultations as listed in the section on medicine. (90600-90630) (See also definition of consultation)

GENERAL CLINICAL PSYCHIATRIC DIAGNOSTIC OR EVALUATIVE INTERVIEW PROCEDURES

	Unit	Basic
	Value	Anes@
90801	Psychiatric diagnostic interview examination including history, mental status, or disposition (may include communication with family or other sources, ordering and medical interpretation of laboratory or other medical diagnostic studies; in certain circumstances other informants will be seen in lieu of the patient). Report required.....	70.0

SPECIAL CLINICAL PSYCHIATRIC DIAGNOSTIC OR EVALUATIVE PROCEDURE

90825	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or	
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		Unit	Basic
		Value	Anes@
	projective tests, and other accumulated data for medical diagnostic purposes (without other informants or patient interview) .....	30.0	
90830	Psychological testing by physician, with written report, per hour .....		BR
90831	Telephone consultation with or about patient for psychiatric therapeutic or diagnostic purposes .....	20.0	
90835	Narcosynthesis for psychiatric diagnostic and therapeutic purposes, e.g., sodium amobarbital (Amytal) interview .....	50.0	
90840	Psychologic testing, psychometric and/or projective tests, with written report, given by or under supervision of physician, per hour .....	45.0	

PSYCHIATRIC THERAPEUTIC PROCEDURES  
MEDICAL PSYCHOTHERAPY

90841	Individual medical psychotherapy with continuing medical diagnostic evaluation, and drug management when indicated, including psychoanalysis, insight oriented, behavior modifying or supportive psychotherapy; each 15 minutes with report .....	20.0	
90843	approximately 20 TO 30 minutes with report .....	((45.0))	
		42.4	
90844	approximately 45 OR 50 minutes with report .....	70.0	
90847	Family medical psychotherapy (conjoint psychotherapy) ((with continuing medical diagnostic evaluation, and drug management when indicated, of two family members. Report required.)) .....	50.0	
((90848	— of three or more members of one family. Report required. ....	60.0))	
	<u>(90848 has been deleted. To report use 90847)</u>		
90849	Multiple-family group medical psychotherapy ((with continuing medical diagnostic evaluation, and drug management when indicated.)) Report required.....	50.0	
90850	Inpatient care including psychotherapy and supervision of		

	Unit Value	Basic Anes@		Unit Value	Basic Anes@
milieu team (e.g., occupational therapy, psychiatric nursing, etc.) or conference with family, 50 minutes, with report . . . . .	70.0		including contact with the patient, files a useful report including recommendations, he is entitled to a full hour's fee . . . . .	70.0	
90851 25 minutes, with report . . . . .	45.0				
90852 15 minutes, with report . . . . .	20.0		OTHER PROCEDURES		
90853 Group medical psychotherapy (other than of a multiple-family group) ( <del>with continuing medical diagnostic evaluation, and drug management when indicated</del> ;) Report required. . . . .	50.0		90899 Unlisted psychiatric service or procedure . . . . .	BR	
			<u>AMENDATORY SECTION (Amending Order 80-29, filed 12/23/80, effective 3/1/81)</u>		
			✓ WAC 296-21-0502 BIOFEEDBACK.	Unit Value	
<b>PSYCHIATRIC SOMATOTHERAPY</b>					
90862 Chemotherapy management, including prescription, use, and review of medication with no more than minimal medical psychotherapy, per hour . . . . .	60.0		90900 Biofeedback training, by electromyogram application ( <del>separate procedure</del> ) including office visit (one( <del>=half</del> )) hour) . . . . .	(( <del>30</del> )) <u>50.0</u>	
90870 Electroconvulsive therapy ( <u>includes necessary monitoring</u> ); single seizure . . . . .	50.0		90901 Biofeedback training, by electromyogram application ( <del>including office visit</del> ) (one-half hour) . . . . .	(( <del>50</del> )) <u>30.0</u>	
( <del>90872 Subconvulsive electric shock treatment . . . . .</del> )	<del>40.0</del> )		90902 In conduction disorder ( <del>separate procedure</del> ) including office visit (one( <del>=half</del> )) hour) . . . . .	(( <del>30</del> )) <u>50.0</u>	
90871 Multiple seizures, per day . . . . .	75.0		90903 In conduction disorder ( <del>including office visit</del> ) (one-half hour) . . . . .	(( <del>50</del> )) <u>30.0</u>	
<u>(90872 Subconvulsive shock treatment has been deleted. To report use 90899)</u>			90904 Regulation of blood pressure ( <del>separate procedure</del> ) including office visit (one( <del>=half</del> )) hour) . . . . .	(( <del>30</del> )) <u>50.0</u>	
<b>OTHER PSYCHIATRIC THERAPY</b>			90905 Regulation of blood pressure ( <del>including office visit</del> ) (one-half hour) . . . . .	(( <del>50</del> )) <u>30.0</u>	
90880 Medical hypnotherapy . . . . .	35.0		90906 Regulation of skin temperature or peripheral blood flow ( <del>separate procedure</del> ) including office visit (one( <del>=half</del> )) hour) . . . . .	(( <del>30</del> )) <u>50.0</u>	
90882 Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions . . . . .	30.0		90907 Regulation of skin temperature or peripheral blood flow ( <del>including office visit</del> ) (one-half hour) . . . . .	(( <del>50</del> )) <u>30.0</u>	
90887 Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient . . . . .	30.0		90908 By electroencephalogram application ( <del>separate procedure</del> ) including office visit (one( <del>=half</del> )) hour) . . . . .	(( <del>30</del> )) <u>50.0</u>	
90889 Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other physicians, agencies, or insurance carriers . . . . .	50.0				
(For psychiatric consultation see 90600-90630)					
90898 If a claimant fails to appear for the initial psychiatric treatment interview and the psychiatrist, through investigation,					

	Unit Value
90909 By electroencephalogram application (( <del>including office visit</del> )) ( <del>one-half hour</del> ) . . . . . (( <del>50</del> )) <u>30.0</u>	
90910 By electro-oculogram application (( <del>separate procedure</del> )) <u>including office visit</u> (one( <del>= half</del> )) hour) . . . . . (( <del>30</del> )) <u>50.0</u>	
90911 By electro-oculogram application (( <del>including office visit</del> )) ( <del>one-half hour</del> ) . . . . . (( <del>50</del> )) <u>30.0</u>	
90912 Diagnostic evaluation includes report (one hour) . . . . . (( <del>60</del> )) <u>60.0</u>	
90913 Follow-up evaluation includes report (one-half hour) . . . . . (( <del>30</del> )) <u>30.0</u>	

For example:

Visual acuity check or verification of lenses.

**BRIEF MEDICAL SERVICE:** A level of service pertaining to the evaluation and treatment of a condition requiring only an abbreviated history and examination.

For example:

- a. Follow-up for conjunctivitis.
- b. Removal of sutures from laceration (when not a post-op part of a total surgical service).

**LIMITED MEDICAL SERVICE:** A level of service pertaining to the evaluation of a circumscribed acute illness or to the periodic reevaluation of a problem including an interval history and examination, the review of effectiveness of past medical management, the ordering and evaluation of appropriate diagnostic tests, the adjustment of therapeutic management as indicated, and the discussion of findings and/or medical management.

For example:

- a. Review of history, external examination of eye, initiation of treatment for acute conjunctivitis.
- b. Review of interval history, and physical and sensory status, and adjustment of medication in a patient with iridocyclitis or glaucoma.

**INTERMEDIATE OPHTHALMOLOGICAL SERVICES:** A level of service pertaining to the evaluation of a new or existing condition complicated with a new diagnostic or management problem not necessarily relating to the primary diagnosis, including history, general medical observation, external ocular and adnexal examination and other diagnostic procedures as indicated; may include the use of mydriasis. Intermediate services do not usually include determination of the refractive state but may do so in an established patient (92012) who is under continuing active treatment.

For example:

- a. Review of history, external examination, ophthalmoscopy, biomicroscopy for an acute complicated condition (e.g. iritis) not requiring comprehensive ophthalmological services.
- b. Review of interval history, external examination, ophthalmoscopy, biomicroscopy and tonometry in established patient with known cataract not requiring comprehensive ophthalmological services.

**COMPREHENSIVE OPHTHALMOLOGICAL SERVICES:** A level of service in which a general evaluation of the complete visual system is made. The comprehensive services constitute a single service entity but need not be performed at one session. The service includes history, general medical observation, external and ophthalmoscopic examination, gross visual fields and basic sensorimotor examination. It often includes, as indicated:

**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

✓ WAC 296-21-062 EYE.

OPHTHALMOLOGICAL DIAGNOSTIC AND TREATMENT SERVICES

(For surgical procedures, see surgery, eye and ocular adnexa, 65091 et seq.)

NOTES

REPORTING

See guidelines in MEDICINE section WAC 296-21-010 and special ophthalmology notations below.

To report MINIMAL, BRIEF, AND LIMITED office services, use descriptors from the general medical section (90000 et seq.)

To report INTERMEDIATE, COMPREHENSIVE AND SPECIAL services, use the specific ophthalmological descriptors (92002 et seq.)

To report CONSULTATIONS, wherever performed, use descriptors from the general medical section (90600 et seq.)

To report HOME, HOSPITAL, EMERGENCY DEPARTMENT and other institutional medical services, use the descriptors from the general medical section ( 90200 et seq.) unless specific ophthalmological descriptors (92002 et seq.) are more appropriate.

To report surgical services, see SURGERY, EYE and OCULAR ADNEXA (65091 et seq.) and surgical guidelines WAC 296-22-010.

DEFINITIONS

**MINIMAL MEDICAL SERVICE:** A level of service supervised by a physician but not necessarily requiring his presence.

Biomicroscopy, examination with cycloplegia or mydriasis, tonometry, and usually determination of the refractive state unless known, or unless the condition of the media precludes this or it is otherwise contraindicated, as in presence of trauma or severe inflammation. It always includes initiation of diagnostic and treatment programs as indicated.

For example:

The comprehensive services required for diagnosis and treatment of a patient with symptoms indicating possible disease of the visual system, such as glaucoma, cataract or retinal disease, or to rule out disease of the visual system, new or established patient.

"Initiation of diagnostic and treatment program" includes the prescription of medication, lenses and other therapy and arranging for special ophthalmological diagnostic or treatment services, consultations, laboratory procedures and radiological services as may be indicated.

Prescription of lenses may be deferred to a subsequent visit, but in any circumstance is not reported separately. ("Prescription of lenses" does not include anatomical facial measurements for or writing of laboratory specifications for spectacles. For spectacle services, see 92340 et seq.)

DETERMINATION OF THE REFRACTIVE STATE is the quantitative procedure that yields the refractive data necessary to determine the best visual acuity with lenses and to prescribe lenses. It is not a separate medical procedure, or service entity, but is an integral part of the general ophthalmological services, carried out with reference to other diagnostic procedures. The evaluation of the need for and the prescription of lenses is never based on the refractive state alone.

Determination of the refractive state is not reported separately. It is usually part of the comprehensive ophthalmological services (92004, 92014), but may occasionally be a part of intermediate ophthalmological services to an established patient (92012) who, under continuing active treatment with periodic observation, may not require comprehensive reevaluation.

The explanatory codes, -X and -Y, are administrative codes only and not modifiers, and need only be used when by law a carrier in order to administer a program (e.g., MEDICARE) requires the information that "determination of the refractive state of the eyes" was or was not done in the course of the reported services 92004, 92012 or 92014 exclusively:

- X determination of refractive state was performed in course of diagnostic ophthalmological examination
- Y determination of refractive state was not performed in course of diagnostic ophthalmological examination

SPECIAL OPHTHALMOLOGICAL SERVICES: Services in which a special evaluation of part of the visual system is made, which goes beyond the services usually included

under general ophthalmological services, or in which special treatment is given.

For example:

Fluorescein angiography, quantitative visual field examination, or extended color vision examination (such as Nagel's anomaloscope) should be specifically reported as special ophthalmological services.

Medical diagnostic evaluation by the physician is an integral part of all ophthalmological services. Technical procedures (which may or may not be performed by the physician personally) are often part of the service, but should not be mistaken to constitute the service itself.

Intermediate and comprehensive ophthalmological services constitute integrated services in which medical diagnostic evaluation cannot be separated from the examining techniques used. Itemization of service components, such as slit lamp examination, keratometry, ophthalmoscopy, retinoscopy, determination of refractive state, tonometry, motor evaluation, etc. is not applicable.

GENERAL OPHTHALMOLOGICAL SERVICES

NEW PATIENT

A patient who is new to the physician whose medical and administrative record needs to be established.

(For brief or limited services to new patient, as for minor adnexal condition, see 90000, 90010)

	Unit	Basic
	Value	Anes@
92002 Ophthalmological services: Medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient . . . . .		30.0
92004 comprehensive, new patient, one or more visits . . . . .		40.0

ESTABLISHED PATIENT

A patient whose medical and administrative records are available to the physician. The designation of new or established patient does not preclude the use of a specific level of service.

(For minimal, brief, or limited services to an established patient, see 90030-90050)

92012 Ophthalmological services: Medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient . . . . .	30.0
92014 comprehensive, established patient, one or more visits . . . . .	40.0

SPECIAL OPHTHALMOLOGICAL SERVICES

	Unit Value	Basic Anes@		Unit Value	Basic Anes@
92018			<del>reported separately-))</del> ( <u>Gross visual field testing (e.g., confrontation testing) is a part of general ophthalmological services and is not reported separately)</u> )		
92018	20.0	3.0	92100	15.0	
92019	15.0		92100		
92020	15.0		92120	30.0	
			92130	20.0	
92060	25.0		92140	30.0	
92065	15.0				
92070	150.0		<b>OPHTHALMOSCOPY</b>		
92081	20.0		Routine ophthalmoscopy is part of general and special ophthalmological services whenever indicated. It is not reported separately.		
92082	20.0		92225	30.0	
92083	20.0		92226	20.0	
			92230	50.0	
			92235	114.4	((BR))
			92250	BR	
			92260	40.0	
			<b>OTHER SPECIALIZED SERVICES</b>		
			92265	40.0	
			92270	40.0	
			92275	40.0	

	Unit Value	Basic Anes@		Unit Value	Basic Anes@
92280		40.0	Visually evoked potential (response) study, with medical diagnostic evaluation . . . . .		
			(For electronystagmography for vestibular function studies, see 92541 et seq.)		
			(For ophthalmic echography (diagnostic ultrasound), see 76511-76529)		
92283		BR	Color vision examination, extended, e.g., anomaloscope or equivalent . . . . .		
			(Color vision testing with pseudoisochromatic plates (such as HRR or Ishihara) is not reported separately. It is included in the appropriate general or ophthalmological service.)		
92284		BR	Dark adaptation examination, with medical diagnostic evaluation . . . . .		
92285		BR	External ocular photography with medical diagnostic evaluation for documentation of medical progress (e.g., close-up photography, slit lamp photography, gonioscopy, stereo-photography) . . . . .		
92286		BR	Special anterior segment photography with medical diagnostic evaluation; with specular endothelial microscopy and cell count . . . . .		
92287		BR	with fluorescein angiography . . . . .		
			(For prescription and fitting of one eye, see modifier -52)		
			92311 corneal lens for aphakia, one eye . . . . .	SV	
			92312 corneal lens for aphakia, both eyes . . . . .	SV	
			92313 corneal lens . . . . .	SV	
			92314 Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes, except for aphakia . . . . .	SV	
			(For prescription and fitting of one eye, see modifier -52)		
			92315 corneal lens for aphakia, one eye . . . . .	SV	
			92316 corneal lens for aphakia, both eyes . . . . .	SV	
			92317 corneal lens . . . . .	SV	
			92325 Modification of contact lens (separate procedure), with medical supervision of adaptation . . . . .	SV	
			92326 Replacement of contact lens . . . . .	SV	
			OCULAR PROSTHETICS, ARTIFICIAL EYE		
			92330 Prescription, fitting, and supply of ocular prosthesis (artificial eye), with medical supervision of adaptation . . . . .	SV	
			(If supply is not included, see modifier -26; to report supply separately, see 92393)		
			92335 Prescription of ocular prosthesis (artificial eye) and direction of fitting and supply by independent technician, with medical supervision of adaptation . . . . .	SV	

CONTACT LENS SERVICE

The prescription of contact lenses (optical and physical characteristics, power, size, curvature) is NOT a part of the general ophthalmological services.

The fitting of contact lenses includes instruction and training of the wearer and incidental revision of the lens.

The supply of the prescribed contact lenses is often reported as a part of the service of fitting. Use modifier '-26' to describe the services of fitting without supply.

To report the supply of contact lens separately, use 92391 or 92396.

(For therapeutic or surgical use of contact lens, see 68340, 92070)

92310	SV	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia . . . . .
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SPECTACLE SERVICES (INCLUDING PROSTHESIS FOR APHAKIA)

Prescription of spectacles, when required, is an integral part of general ophthalmological services and is not reported separately. It includes specification of lens type (monofocal, bifocal, other), lens power, axis, prism, absorptive factor, impact resistance, and other factors.

Fitting of spectacles is a separate service; when provided by the physician, it is reported as indicated by 92340-92371. Fitting includes measurement of anatomical facial characteristics, the writing of laboratory specification, and the final adjustment of the spectacles to the visual axes and anatomical topography. Presence of physician is not required.

Supply of materials is a separate service component; it is not a part of the service of fitting spectacles.

	Unit Value	Basic Anes@
92340 Fitting of spectacles, except for aphakia; monofocal . . . . .	SV	
92341 bifocal . . . . .	SV	
92342 multifocal, other than bifocal . . . . .	SV	
92352 Fitting of spectacle prosthesis for aphakia; monofocal . . . . .	SV	
92353 multifocal . . . . .	SV	
92354 Fitting of spectacle mounted low vision aid; single element system . . . . .	SV	
92355 telescopic or other compound lens system . . . . .	SV	
92358 Prosthesis service for aphakia, temporary (disposable or loan, including materials) . . . . .	SV	
92370 Repair and refitting spectacles, except for aphakia . . . . .	SV	
92371 spectacle prosthesis for aphakia . . . . .	SV	
<b>SUPPLY OF MATERIALS</b>		
92390 Supply of spectacles, except prosthesis for aphakia and low vision aids . . . . .	SV	
92391 Supply of contact lenses, except prosthesis for aphakia . . . . .	SV	
(For supply of contact lenses reported as part of the service of fitting, see 92310-92313)		
(For replacement of contact lens, see 92326)		
92392 Supply of low vision aids (a low vision aid is any lens or device used to aid or improve visual function in a person whose vision cannot be normalized by conventional spectacle correction. Conventional spectacle correction includes reading additions up to 4 D) . . . . .	SV	
92393 Supply of ocular prosthesis (artificial eye) . . . . .	SV	
(For supply reported as part of the service of fitting, see 92330)		
92395 Supply of permanent prosthesis for aphakia; spectacles . . . . .	SV	
(For temporary spectacle correction, see 92358)		
92396 contact lenses . . . . .	SV	
(For supply reported as part of the service of fitting, see 92311, 92312)		

(See 99070 for the supply of other materials, drugs, trays, etc.)

**OTHER PROCEDURES**

92499 Unlisted ophthalmological service or procedure . . . . .	BR	
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**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

✓WAC 296-21-066 **CARDIOVASCULAR.** Values for items 92950-93799 include laboratory procedure(s), interpretation and physician's services (except surgical and anesthesia services as listed in the section on surgery), unless otherwise stated.

	Unit Value	Basic Anes@
<b>THERAPEUTIC SERVICES</b>		
92950 Cardiopulmonary resuscitation (e.g., in cardiac arrest) . . . . .	SV.	
(See also critical care services, 99160)		
92960 Cardioversion, elective, electrical conversion of arrhythmia, external . . . . .	100.0	4.0
92970 Cardioassist-method of circulatory assist; internal . . . . .	BR	
92971 external . . . . .	BR	
(For balloon atrial-septostomy, see 33738)		
(For placement of catheters for use in circulatory assist devices such as intra-aortic balloon pumping, see 33970)		
<b>CARDIOGRAPHY</b>		
(For echocardiography, see 76601-76628)		
93000 Electrocardiogram, with interpretation and report; routine ECG with at least 12 leads . . . . .	30.0	
93005 tracing only, without interpretation and report . . . . .	20.0	
93010 interpretation and report only . . . . .	15.0	
(For ECG monitoring, see 99150, 99151)		
93012 <u>Telephonic or telemetric transmission of electrocardiogram, rhythm strip; . . . . .</u>	<u>BR</u>	
93014 <u>physician review with interpretation and report . . . . .</u>	<u>BR</u>	



	Unit Value	Basic Anes@		Unit Value	Basic Anes@
93015			Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise; continuous electrocardiographic monitoring, with interpretation and report . . . . .	50.0	
93017			tracing only, without interpretation and report . . . . .	30.0	
93018			interpretation and report only . . . . .	25.0	
93024		BR	Ergonovine provocation test . .		
93040			Rhythm ECG, one to three leads; with interpretation . . . . .	30.0	((+0.0))
93041			tracing only without interpretation and report . . . . .	15.0	
93042			interpretation and report only . . . . .	20.0	
93045			esophageal lead (includes placement and interpretation) . . . . .	50.0	
93050			Transportation of ECG equipment to home within radius of 7 miles . . . . .	10.0	
			(For additional mileage, see 99030)		
93201			Phonocardiogram with ECG lead; with supervision during recording with interpretation and report (when equipment is supplied by the physician) . . . . .	50.0	
93202			tracing only, without interpretation and report (when equipment is supplied by the hospital, clinic, etc.) . . . . .	15.0	
93204			interpretation and report . . . . .	25.0	
93205			Phonocardiogram with ECG lead, with indirect carotid artery and/or jugular vein tracing, and/or apex cardiogram; with interpretation and report . . . . .	60.0	
93208			tracing only, without interpretation and report . . . . .	15.0	
((92309))			<u>93209</u> interpretation and report only . . . . .	30.0	
93210			Phonocardiogram, intracardiac . . . . .	70.0	
93220			Vectorcardiogram (VCG), with or without ECG, interpretation and report . . . . .	50.0	
93221			tracing only, without interpretation and report . . . . .	15.0	
93222			interpretation and report only . . . . .	25.0	
93240		BR((+))	Ballistocardiogram . . . . .		
93255		BR	Apexcardiography . . . . .		
93270			Electrocardiographic monitoring utilizing a system such as		
			magnetic tape, for up through 12 hours; includes recording, scanning analysis, interpretation and report . . . . .	BR	
93271			recording only . . . . .	30.0	((BR))
93272			scanning analysis with report . . . . .	BR	
93273			physician review and interpretation, with report . . . . .	BR	
93274			Electrocardiographic monitoring utilizing a system such as magnetic tape, 12 through 24 hours; includes recording, scanning analysis, interpretation and report . . . . .		
			(For unlisted cardiographic procedure, see 93799)		
			<b>CARDIAC FLUOROSCOPY</b>		
93280			Cardiac fluoroscopy . . . . .	BR	
			(For chest fluoroscopy, see 71034, 76000)		
			<b>ECHOCARDIOGRAPHY</b>		
93300			Echocardiography, M-Mode; complete . . . . .	90.7	((BR))
93305			limited (e.g., follow-up or limited study) . . . . .	BR	
93307			Echocardiography, real-time scan; complete . . . . .	80.5	((BR))
93308			limited . . . . .	BR	
93309			<u>Echocardiography, M-mode and real time with image documentation . . . . .</u>	190.7	
93320			<u>Doppler echocardiography . . . . .</u>	BR	
			(Procedure 93320 is often performed in combination with M-Mode or 2-dimensional echocardiography)		
			(For echocardiography as a radiologic procedure, see 76620-76628)		
			<b>Cardiac Catheterization</b>		
			Cardiac catheterization procedure includes placement of catheter(s), recording of intracardiac and intravascular pressure, obtaining blood samples for measurement of blood		

		Unit Value	Basic Anes@			Unit Value	Basic Anes@
gases and/or dye (or other) dilution curves and cardiac output measurements (dye dilution, Fick or other method, with or without rest and exercise and/or other studies) with or without electrode catheter placement, final evaluation and report.					include placement or repositioning of catheters and use of automatic power injectors. The technical details of angiography, supervision of filming and processing, interpretation and report are not included. For radiological services, see appropriate section.		
(For radiological procedures, see 75500-75755)							
Listed values are for the physician's services only and include usual preassessment of cardiac problem and recording of intra-cardiac pressure.				93535	Percutaneous insertion and removal of intra-aortic balloon catheter . . . . .		BR
(For consultation services, see 90600-90630)				93541	Injection procedure during cardiac catheterization; for pulmonary angiography . . . . .	290.0	
93501	Right heart catheterization; only . . . . .	350.0	5.0	93542	for selective right ventricular or right atrial angiography . . . . .	290.0	
(For bundle of His recording, see 93600)				93543	for selective left ventricular or left atrial angiography . . . . .	290.0	
93503	Placement of flow directed catheter (e.g., Swan-Ganz), with or without balloon tip, when placed for monitoring purposes, collection of blood, and/or angiography . . . . .	200.0	5.0		(For radiological procedures, see 75500-75509)		
(For subsequent monitoring, see 99150, 99151)				93544	for aortography . . . . .	290.0	
93505	Endocardial biopsy . . . . .	200.0	5.0		(For radiological procedures, see 75600-75628)		
93510	Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; percutaneous . . . . .	200.0	5.0	93545	for selective coronary angiography (injection of radio-paque material may be by hand) . . . . .	290.0	
93511	by cutdown . . . . .	200.0	5.0		(For radiological procedures, see 75750-75755)		
93514	by left ventricular puncture . . . . .	200.0	5.0	93546	Combined left heart catheterization and left ventricular angiography . . . . .	290.0	
93515	by transseptal venous catheterization . . . . .	200.0	5.0	93547	Combined left heart catheterization, selective coronary angiography and selective left ventricular angiography (this code number is to be used when procedure 93510 is combined with procedures 93543 and 93545) . . . . .	350.0	
93524	Combined transseptal and retrograde left heart catheterization . . . . .	400.0	5.0	93548	Combined left heart catheterization, selective coronary angiography, selective left ventriculography, and aortic root aortography . . . . .	300.0	
93526	Combined right heart catheterization and retrograde left heart catheterization . . . . .	450.0	5.0	93549	Combined right and left heart catheterization, selective coronary angiography, and selective left ventricular angiography (this code number is to be used when procedure 93547 is combined with right heart catheterization) . . . . .	400.0	
93527	Combined right heart catheterization and transseptal left heart catheterization (with or without retrograde left heart catheterization) . . . . .	400.0	5.0				
93528	Combined right heart catheterization with left ventricular puncture (with or without retrograde left heart catheterization) . . . . .	400.0	5.0				
Injection procedures performed in conjunction with cardiac catheterization. These							

Unit Basic  
Value Anes@

Unit Basic  
Value Anes@

(For radiographic procedures, see 75741-75748)

93561 Indicator dilution studies such as dye or thermal dilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure) . . . . . 50.0

93562 subsequent measurement of cardiac output . . . . . 20.0

(For unlisted cardiac catheterization procedure, see 93799)

INTRACARDIAC ELECTROPHYSIOLOGICAL PROCEDURES

93600 Bundle of His recording . . . . . 200.0

93602 Intra-atrial recording . . . . . BR

93604 Intraventricular recording . . . . . BR

93606 Combined intracardiac recording . . . . . BR

93610 Intra-atrial pacing . . . . . BR

93612 Intraventricular pacing . . . . . BR

93614 Bundle of His pacing . . . . . BR

93618 Induction of arrhythmia by electrical pacing . . . . . BR

(For intracardiac phonocardiogram, see 93210)

(For radio-isotope methods, see 78470)

Other Vascular Studies

(For arterial cannulization and recording of direct arterial pressure, see 36620)

(For radiographic injection procedures, see 36000-36299)

(For vascular cannulization for hemodialysis, see 36800-36820)

76550, 76900-76920 have been deleted. (For ultrasound vascular procedures, including Doppler, see ((~~76550, 76900~~)) 76925, 93850-93950)

(For chemotherapy for malignant disease, see 90790-90796)

~~((93700 Peripheral vascular disease studies . . . . . BR+))~~

(For Penile plethysmography, see 54240)

(93700 Peripheral vascular disease studies has been deleted. To report, see 93850-93960)

~~((93710 Phonoangiography, carotid . . . . . BR))~~

(93710 carotid phonoangiography has been deleted. To report, use 93860)

93720 Plethysmography, total body with interpretation and report. . . . . ((BR+))  
30.0

93721 tracing only, without interpretation and report . . . . . ((BR))  
10.0

93722 interpretation and report only . . . . . ((BR))  
25.0

~~((93725 Plethysmography regional; with interpretation and report . . . . . BR+))~~

~~93726 tracing only, without interpretation and report . . . . . BR~~

~~93727 interpretation and report only . . . . . BR~~

(For penile plethysmography, see 54240)

~~93728 Oculoplethysmography . . . . . BR~~

~~93730 Phlebocardiography . . . . . BR))~~

(For regional plethysmography, see 93850-93910)

(93725-93730, 93750 have been deleted. To report, see 93850-93960)

93740 Temperature gradient studies . . . . . BR((+))

93760 Thermogram; cephalic . . . . . ((BR+))  
noncovered procedure

93762 peripheral . . . . . ((38.0))  
noncovered procedure

93770 Venous pressure determination . . . . . 10.0

(For central venous cannulization and pressure measurements, see 36480-36500)

93780 Circulation time, one test . . . . . 10.0

93781 two or more test materials . . . . . 20.0

93784 Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disc, for 24 hours; including recording, scanning analysis, interpretation and report . . . . . BR

93786 recording only . . . . . BR

	Unit Value	Basic Anes@		Unit Value	Basic Anes@
93788		BR	scanning analysis with report . . . . .		
93790		BR	physician review with interpretation and report . . . . .		
<del>(93795)</del>			<del>Electronic analysis of internal pacemaker system, to include analysis of pulse, amplitude, duration, configuration of wave form, and testing of sensing function of pacemaker . . . . .</del>		
					50.0
93796		15.0))	telephonic analysis . . . . .		
93791			Electronic analysis of dual-chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker); with reprogramming . . . . .		75.0
93792		15.0	telephonic analysis . . . . .		
93793			Electronic analysis of single-chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker); with reprogramming . . . . .		50.0
93794		15.0	telephonic analysis . . . . .		
			<u>(93795, 93796 have been deleted. To report, see 93791-93794)</u>		
<b>OTHER PROCEDURES</b>					
93799		BR	Unlisted cardiovascular service or procedure . . . . .		
<b>NONINVASIVE PERIPHERAL VASCULAR DIAGNOSTIC STUDIES</b>					
Peripheral vascular studies include patient care required to perform the studies, supervision of the studies and interpretation of study results with copies for patient records of hard copy output or imaging when provided.					
<b>CEREBROVASCULAR ARTERIAL STUDIES</b>					
93850			Noninvasive studies of cerebral arteries other than carotid (e.g., periorbital flow direction with arterial compression, periorbital photoplethysmography with arterial compression, ocular plethysmography with brachial blood pressure, ocular and ear pulse wave timing) . . . . .		
93860		BR	noninvasive studies of carotid artery, nonimaging (e.g., photoangiography with or		
			without spectrum analysis, flow velocity pattern evaluation, analog velocity wave form analysis, diastolic flow evaluation, vertebral arteries flow direction measurement) . . . . .		BR
93870			Noninvasive studies of carotid artery, imaging (e.g., flow imaging by ultrasonic arteriography, high resolution B-scan with or without pulsed Doppler flow evaluation, Doppler flow or duplex scan with spectrum analysis) . . . . .		((BR))
					175.4
<b>LIMB ARTERIAL STUDIES (INCLUDING DIGITS)</b>					
93890			Noninvasive studies of upper extremity arteries (e.g., segmental blood pressure measurements, continuous wave Doppler analog wave form analysis, evocative pressure response to exercise or reactive hyperemia, photoplethysmographic or pulse volume digit wave form analysis, flow velocity signals) . . . . .		((BR))
					114.4
93910			Noninvasive studies of lower extremity arteries (e.g., segmental blood pressure measurements, continuous wave Doppler analog wave form analysis, evocative pressure response to exercise or reactive hyperemia, photoplethysmography or pulse volume digit wave form analysis, flow velocity signals) . . . . .		((BR))
					80.0
<b>VENOUS STUDIES</b>					
93950			Noninvasive studies of lower extremity veins (e.g., Doppler studies with evaluation of venous flow patterns and responses to compression and other maneuvers, phlebography) . . . . .		((BR))
					76.3
<b>AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)</b>					
✓ WAC 296-21-070 PULMONARY. Values for items 94010-94799 include laboratory procedure(s), interpretation and physician's services (except surgical and anesthesia services as listed in the section on surgery),					

unless otherwise stated. For laboratory procedures only, see section on pathology.

Unit Value

	Unit Value		Unit Value
94010 Spirometry, complete, including graphic record, total and timed vital capacity expiratory flow rate measurement(s), and/or maximal voluntary ventilation . . . . .	30.0	94656 Ventilation assist and management, initiation of pressure or volume pre-set ventilators for assisted or controlled breathing; first day . . . . .	40.0
94060 Bronchospasm evaluation: Spirometry as in 94010, before and after bronchodilator (aerosol or parenteral) or exercise . . . . .	50.0	94657 subsequent days . . . . .	15.0
94070 Prolonged postexposure evaluation of bronchospasm with multiple spirometric determinations after test dose of bronchodilator (aerosol only) or antigen, with spirometry as in 94010 . . . . .	75.0	94660 Continuous positive airway pressure ventilation (CPAP), initiation and management . . . . .	40.0
94150 Vital capacity, total separate procedure . . . . .	6.0	94662 Continuous negative pressure ventilation (CNP), initiation and management . . . . .	40.0
94160 Vital capacity screening tests: Total capacity with timed forced expiratory volume, and peak flow rate . . . . .	10.0	94664 Aerosol or vapor inhalations for sputum mobilization or bronchodilation, or sputum induction for diagnostic purposes; initial demonstration and/or evaluation . . . . .	30.0
94200 Maximal breathing capacity (maximum voluntary ventilation) . . . . .	20.0	94665 subsequent . . . . .	15.0
94240 Functional residual capacity or residual volume; helium method, nitrogen open circuit method, or other method (specify) . . . . .	25.0	94667 Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation . . . . .	40.0
94250 Expired gas collection, quantitative, single procedure (separate procedure) . . . . .	10.0	94668 subsequent . . . . .	15.0
94260 Thoracic gas volume . . . . .	20.0	94680 Oxygen uptake, expired gas analysis, rest and exercise, direct, simple including CO <sub>2</sub> output, percentage oxygen extracted . . . . .	100.0
94350 Determination of maldistribution of inspired gas; multiple breath nitrogen washout curve including alveolar nitrogen or helium equilibration time . . . . .	BR((+))	94681 rest, indirect (independent procedure) . . . . .	16.0
(For plethysmography, see 93720, ((93725)) 93722)		94690 Arterial blood gas study (oxygen saturation, PO <sub>2</sub> , PCO <sub>2</sub> , CO <sub>2</sub> pH), rest only . . . . .	70.0
94360 Determination of resistance to airflow, oscillatory or plethysmographic methods . . . . .	BR	94705 rest and exercise (including cannulization of artery) . . . . .	130.0
94370 Determination of airway closing volume, single breath tests . . . . .	25.0	94710 complete, 3 or more (e.g., O <sub>2</sub> administration, IPPB, exercise, etc.) . . . . .	220.0
94375 Respiratory flow volume loop . . . . .	20.0	94715 Hemoglobin-oxygen affinity (pO <sub>2</sub> for 50% hemoglobin saturation with oxygen) . . . . .	70.0
94400 Breathing response to CO <sub>2</sub> (CO <sub>2</sub> response curve) . . . . .	20.0	(For values for blood gas determination, see 82800 et seq.)	
94450 Breathing response to hypoxia (hypoxia response curve) . . . . .	20.0	(For single arterial puncture, see 36600)	
94620 Pulmonary stress testing, simple or complex . . . . .	40.0	94720 Carbon monoxide diffusing capacity, any method . . . . .	((BR+)) 21.0
94650 Intermittent positive pressure breathing (IPPB) treatment, air or oxygen, with or without nebulized medication; initial demonstration and/or evaluation . . . . .	40.0	94725 Membrane diffusion capacity . . . . .	BR((+))
94651 subsequent . . . . .	20.0	94750 Pulmonary compliance study any method . . . . .	BR((+))
94652 newborn infants . . . . .	50.0	94770 Carbon dioxide, expired gas determination by infrared analyzer . . . . .	BR((+))
		(For bronchoscopy, see 31620-31659)	
		(For placement of flow directed catheter, see 93503)	
		(For venipuncture, see 36410)	

	Unit Value	Unit Value
(For central venous catheter placement, see 36480-36485)		
(For arterial puncture, see 36600)		
(For arterial catheterization, see 36620)		
(For thoracentesis, see 32000)		
(For phlebotomy, therapeutic, see 99195)		
(For lung biopsy, needle, see 32405)		
(For intubation, orotracheal or nasotracheal, see 31500)		
94799 Unlisted pulmonary service or procedure .....	BR	
<b>AMENDATORY SECTION (Amending Order 81-28, filed 11/30/81, effective 1/1/82)</b>		
✓WAC 296-21-075 ALLERGY AND CLINICAL IMMUNOLOGY.		
<b>NOTES</b>		
ALLERGY SENSITIVITY TESTS: Allergy testing and treatment require prior authorization. The performance and evaluation of selective cutaneous and mucous membrane tests in correlation with the history, physical examination, and other observations of the patient. The number of tests performed should be judicious and dependent upon the history, physical findings, and clinical judgment. All patients should not necessarily receive the same tests nor the same number of sensitivity tests.		
IMMUNOTHERAPY (DESENSITIZATION, HYPOSENSITIZATION): The parenteral administration of allergenic extracts as antigens at periodic intervals, usually on an increasing dosage scale to a dosage which is maintained as maintenance therapy. Indications for immunotherapy are determined by appropriate diagnostic procedures coordinated with clinical judgment and knowledge of the natural history of allergic diseases.		
OTHER THERAPY: For medical conferences on the use of mechanical and electronic devices (precipitators, air conditioners, air filters, humidifiers, dehumidifiers), climatotherapy, physical therapy, occupational and recreational therapy, see 95105.		
(For definitions of LEVELS OF SERVICE, see the Introduction)		
(For medical service procedures, see 90000-90699)		
(For skin testing of bacterial, viral, fungal extracts, etc., see 86450-86585)		
<b>SPECIAL DIAGNOSTIC PROCEDURES (ALLERGY TESTING)</b>		
95000 Percutaneous tests (scratch, puncture, prick) with allergenic extracts; up to 30 tests .....	10.0	
95001 31-60 tests each test .....	1.0	
95002 61-90 tests each test .....	1.5	
95003 more than 90 tests each test .....	2.0	
95005 Percutaneous tests (scratch, puncture, prick) with antibiotics, biologicals, stinging insects; 1-5 tests .....	10.0	
95006 6-10 tests each test .....	1.0	
95007 11-15 tests each test .....	1.5	
95011 more than 15 tests each test .....	2.0	
95014 Intracutaneous (intradermal) tests, with antibiotics, biologicals, stinging insects, immediate reaction 15-20 minutes; 1-5 tests .....	15.0	
95016 6-10 tests each test .....	2.0	
95017 11-15 tests each test .....	2.5	
95018 more than 15 tests each test .....	3.0	
95020 Intracutaneous (interdermal) tests with allergenic extracts, immediate reaction—15 to 20 minutes; up to 10 tests .....	15.0	
95022 21-30 tests each test .....	2.0	
95023 more than 30 tests each test .....	2.5	
95027 Skin end point titration .....	BR	
95030 Intracutaneous (intradermal) tests with allergenic extracts, delayed reaction—24 to 72 hours, including reading; 2 tests .....	20.0	
95031 3-4 tests each test .....	2.0	
95032 5-6 tests each test .....	2.5	
95033 7-8 tests each test .....	3.0	
95034 more than 8 tests each test .....	3.5	
95040 Patch test, one to ten tests .....	10.0	
95041 11-20 tests each test .....	2.0	
95042 21-30 tests each test .....	2.5	
95043 more than 30 tests each test .....	3.0	
95050 Photo-patch test, one to ten tests .....	10.0	
95051 more than 10 tests each test .....	4.0	
95056 Photo test .....	10.0	
95060 Mucous membrane test ophthalmic .....	10.0	
95065 Direct nasal mucous membrane test .....	10.0	
95070 Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with histamine, methacholine, or similar compounds .....	BR	
95071 with antigens, specify .....	BR	
(For pulmonary function tests, see 94060, 94070)		
95077 Food allergenic extract immunotherapy .....	BR	
95078 Provocative testing .....	BR	
95080 Passive transfer test one to ten tests .....	100.0	

	Unit Value		Unit Value
95081	2.0		
95082	3.0		
		<u>number of treatments or total volume</u> ); single antigen, multiple dose vials.....	25.0
		95155 multiple antigens, multiple dose vials.....	35.0
		95160 stinging insect ((antigens)) <u>ve-</u> <u>nom</u> , multiple dose vials .....	35.0
		<u>(For allergy injection(s) by other than the prescribing physician, see 90782)</u>	
95105	50.0	95180 Rapid desensitization procedure, each hour (e.g., insulin, penicillin, horse serum) .....	BR
		95199 Unlisted allergy/clinical immunologic service or procedure .....	BR
		(For skin testing of bacterial, viral, fungal extracts, see 95030-95034, 86450-86585)	
		(For special reports on allergy patients, see 99080)	
		(For testing procedures such as radioallergosorbent testing (RAST), rat mast cell technique (RMCT), mast cell degranulation test (MDT), lymphocytic transformation test (LTT), leukocyte histamine release (LHR), migration inhibitory factor test (MIF), transfer factor test (TFT), nitroblue tetrazolium dye test (NTD), see Immunology section in Pathology or use 95199)	
<u>ALLERGY IMMUNOTHERAPY</u>			
95120	20.0	<u>AMENDATORY SECTION</u> (Amending Order 83-23, filed 8/2/83)	
95125	30.0	<input checked="" type="checkbox"/> WAC 296-21-080 NEUROLOGY AND NEUROMUSCULAR.	
95130	<del>((30.0))</del> 20.0	NOTES	
95131	BR	Neurologic services are typically consultative, and any of the five levels of consultation (90600-90630) may be appropriate.	
95132	BR	In addition, services and skills outlined under medicine levels of service appropriate to neurologic illnesses should be coded similarly (90000 series).	
95133	BR		
95134	BR		
95135	20.0		Unit Value
		95819 Electroencephalogram (EEG) including recording awake, drowsy and asleep, with hyperventilation and/or photic stimulation; standard or portable, same facility .....	70.0
95140	30.0	95821 portable, to an alternate facility.....	80.0
95145	<del>((30.0))</del> 20.0	95822 sleep .....	70.0
95146	BR	95823 physical or pharmacological activation .....	70.0
95150	BR	95824	





	((Unit — Basic Value — Ances@	Unit Value
96030 Chemotherapy for malignant disease, parenteral . . . . .	Sv.&	
96035 infusion (continuous or intermittent) (for catheter placement, see 36640) . . . . .	BR+	
96040 perfusion . . . . .	BR+	
96050 intracavitary . . . . .	BR+	
(For radioactive isotope therapy, see 79000-79400)		
96100 Desensitization (e.g., horse serum) . . . . .	BR+	
96150 Gastric lavage treatment (e.g., ingested poisons) . . . . .	Sv.&	
96200 Hyperbaric oxygen pressurization, initial . . . . .	BR+	
96201 subsequent . . . . .	BR+	
96250 Hypothermia, regional . . . . .	BR+	
96255 total body . . . . .	BR+	
96400 Intermittent positive pressure treatment (IPPB), initial or subsequent . . . . .	8.0	
96450 Phlebotomy, therapeutic (independent procedure) . . . . .	20.0	
96460 Epidural blood patch . . . . .	72.0))	

The codes within WAC 296-21-085, Specific therapeutic procedures—Miscellaneous, have been deleted. 96000 - 96050 have been deleted. To report see codes 92950, 92960; 95180; 96500 - 96549. For therapeutic radiology, see 79000 - 79999.

For desensitization procedure see 95180.

Codes 96150 - 96450 have been deleted. To report see 99170 - 99186. Codes 96400 and 96450 have been deleted. To report see codes 94650, 94651, 99195. Code 96460 has been deleted. To report see 62273.

**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

✓WAC 296-21-086 CHEMOTHERAPY INJECTIONS. Procedures 96500-96549 are independent of the patient's office visit. Either may occur independently from the other on any given day, or they may occur sequentially on the same day. Oncologists may see their patients at 2 to 4 week intervals with none to 5 chemotherapy procedures between visits.

	Unit Value	Unit Value
96500 Chemotherapy injection, intravenous, single premixed agent, administered by qualified assistant under supervision of physician or by physician; by push technique . . . . .	BR	
96501 by infusion technique . . . . .	BR	

96504 Chemotherapy injection, intravenous, multiple premixed agents, administered by qualified assistant under supervision of physician or by physician; by push technique . . . . .	BR	
96505 by infusion technique . . . . .	BR	
96508 Chemotherapy injection, intravenous, complex, using one or more agents requiring mixing, administered by qualified assistant under supervision of physician or by physician; by push technique . . . . .	BR	
96509 by infusion technique . . . . .	BR	
96510 by infusion technique, prolonged, requiring attendance up to one hour . . . . .	BR	
96511 by infusion technique, prolonged, each additional hour up to a total of eight hours . . . . .	BR	
96512 by infusion technique, prolonged, up to a total of several days, involving the use of portable pump . . . . .	BR	

(Use 96512 in addition to code for intravenous catheterization; see 36000-36010, 36400-36425, 36480-((36485)) 36491)

96520 Portable pump refilling and maintenance (use 96520 in addition to 96512) . . . . .	BR	
96524 Chemotherapy injection, complex, administered by physician, arterial infusion technique . . . . .	BR	
96526 Chemotherapy injection, complex, administered by physician, prolonged intra-arterial therapy infusion technique, up to several months . . . . .	BR	

(Use 96526 in addition to code for intra-arterial catheterization; see 36100-36299, 36640-36660)

(For monitoring of an intra-arterial chemotherapy, drip or forced infusion, see 36620-36625)

(For implantation of infusion pump in hepatic artery system for liver chemotherapy, see 36260-36262)

96530 <u>Implantable pump filling and maintenance</u> . . . . .	BR	
(Use 96530 in addition to 96526)		
96535 Chemotherapy injection, complex, requiring thoracentesis and/or paracentesis, administered by physician, intracavitary . . . . .	BR	

	Unit Value
96538 Chemotherapy injection, requiring lumbar puncture, administered by physician . . . . .	BR
96540 Chemotherapy injection, intrathecal via reservoir, single or multiple agents, administered by physician . . . . .	BR
<u>(For insertion of subarachnoid catheter for infusion of drug, see 63750)</u>	
96545 Provision of chemotherapy agent . . . . .	BR
(For radioactive isotope therapy see 79000-79999)	
96549 Unlisted chemotherapy procedure . . . . .	BR

**AMENDATORY SECTION** (Amending Order 80-29, filed 12/23/80, effective 3/1/81)

✓WAC 296-21-090 SPECIAL DERMATOLOGICAL PROCEDURES.

((Unit  
Value))

((List in addition to office visit.))

Dermatologic services are typically consultative, and any of the five levels of consultation (90600-90630) may be appropriate;

In addition, services and skill outlined under medicine levels of service appropriate to dermatologic((s)) illnesses should be coded similarly (90000 series).

(For intralesional injections, see 11900, 11901)

(List in addition to office visit.)

96900 Actinotherapy (ultraviolet light) . . . . .	5.0
96910 Photochemotherapy; tar and ultraviolet B ( <u>Goeckerman treatment</u> ) . . . . .	5.0
96912 psoralens and ultraviolet A (PUVA) . . . . .	5.0
96999 Unlisted special dermatological service or procedure . . . . .	BR

**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

✓WAC 296-21-095 PHYSICAL MEDICINE. The department or self-insurer will authorize and pay for the following physical medicine services only when the services are under the direct, continuous supervision of a physician who is "board qualified" in the field of physical medicine and rehabilitation, (except for (1) and (2) below). The services must be carried out by the physician or registered physical therapist or a physical therapist assistant serving under the direction of a registered physical therapist, by whom he is employed.

The department or self-insurer will allow other licensed physicians to provide physical medicine modalities in the following situations:

(1) The primary attending physician may administer physical therapist modalities as listed under 97000 and/or procedures as listed under 97100 in his office. No more than six such visits will be authorized and paid to the attending physician. If the injured worker requires treatment beyond six visits, he must be referred to a registered physical therapist or a physiatrist for such treatment. The attending physician can bill an office visit in addition to the physical therapy visit for the same day if indicated. Procedure 97070 should be used to bill the physical therapy portion of the visit.

(2) In remote areas, where no registered physical therapist or physical therapist assistant is available, treatment by the attending physician with modalities listed under 97100 may be billed under 97070.

(For fabrication of splints, bracing and other supportive devices, see 99070)

(For muscle testing, range of joint motion, electromyography, etc., see 95831 et seq.)

Unit  
Value

**Modalities**

	Physician or therapist is required to be in constant attendance.	
	(97000 has been deleted. To report, use 97010-97039)	
97010	Physical medicine treatment to one area; hot or cold packs . . . . .	12.0
97012	traction, mechanical . . . . .	12.0
97014	electrical stimulation (unattended) . . . . .	12.0
97016	vasopneumatic devices . . . . .	12.0
97018	paraffin bath . . . . .	12.0
97020	microwave . . . . .	12.0
97022	whirlpool . . . . .	12.0
97024	diathermy . . . . .	12.0
97026	infrared . . . . .	12.0
97028	ultraviolet . . . . .	12.0
97039	unlisted modality (specify) . . . . .	12.0
97050	Office visit with two or more modalities to same area . . . . .	13.0
97070	In remote isolated areas, where there is no registered physical therapist or physical therapist assistant serving under the direction of a registered physical therapist within reasonable distance or when the first six visits are in the physician's office, treatment by any of the listed modalities or procedures given in a physician's office, hospital,	

	Unit Value		Unit Value
<u>advanced registered nurse practitioner clinic, by other than a registered physical therapist, will be allowed</u> .....	5.0		
<b>Procedures</b>			
(Physician or therapist is required to be in constant attendance)			
(97100 has been deleted. To report, use 97110-97139)			
(97101 has been deleted. To report, use 97145)			
97110 Physical medicine treatment to one area, initial 30 minutes, <u>each visit</u> ; therapeutic exercises .....	16.0		
97112 neuromuscular reeducation .....	16.0		
97114 functional activities .....	16.0		
97116 gait training .....	16.0		
97118 electrical stimulation (manual) .....	16.0		
97122 traction, manual .....	16.0		
97124 massage .....	16.0		
97126 contrast baths .....	16.0		
97128 ultrasound .....	16.0		
97139 unlisted procedure (specify) .....	BR		
97145 Physical medicine treatment to one area, each additional 15 minutes .....	5.0		
97200 Office visit including combination of any modality(s) and procedure(s), initial 30 minutes .....	16.0		
97201 each additional 15 minutes .....	5.0		
97220 Hubbard tank((:)); initial 30 minutes, <u>each visit</u> .....	24.0		
97221 each additional 15 minutes (maximum allowance, one hour) .....	5.0		
97240 Pool therapy or Hubbard tank with therapeutic exercises((:)); initial 30 minutes, <u>each visit</u> .....	30.0		
97241 each additional 15 minutes (maximum allowance, one hour) .....	6.0		
97260 Manipulation (cervical, thoracic, lumbosacral, sacroiliac, hand, wrist, etc.), one area ((( <u>independent</u> )) separate procedure) performed by (( <u>an osteopathic</u> )) physician .....	16.0		
97261 each additional area .....	8.0		
(Codes 97260 and 97261 may be used in conjunction with code 90030. All other office visit codes include treatment of the day.)			
		(For manipulation under general anesthesia, see appropriate anatomic section in Musculoskeletal System)	
		97500 Orthotics training (dynamic bracing, splinting, etc.) upper extremities((:)); initial 30 minutes, <u>each visit</u> .....	24.0
		97501 each additional 15 minutes .....	12.0
		97520 Prosthetic training, initial 30 minutes, <u>each visit</u> .....	24.0
		97521 each additional 15 minutes .....	12.0
		97530 <u>Kinetic activities to increase coordination, strength and/or range of motion, one area (any two extremities or trunk); initial 30 minutes, each visit</u> .....	24.0
		97531 each additional 15 minutes .....	12.0
		97540 Activities of daily living (ADL) and diversional activities((:)); initial 30 minutes, <u>each visit</u> .....	24.0
		97541 each additional 15 minutes .....	12.0
		<b>Tests and Measurements</b>	
		(For muscle testing, manual or electrical, joint range of motion, electromyography or nerve velocity determination, see 95830-95930)	
			Unit Value
		97700 Office visit including one of the following tests or measurements, with report((, initial 30 minutes)) .....	24.0
		(a) Orthotic (( <sup>±</sup> ))check-out(( <sup>±</sup> ))	
		(b) Prosthetic (( <sup>±</sup> ))check-out(( <sup>±</sup> ))	
		(c) Activities of daily living (( <sup>±</sup> ))check-out(( <sup>±</sup> )); initial 30 minutes, <u>each visit</u>	
		97701 each additional 15 minutes .....	12.0
		97720 Extremity testing for strength, dexterity or stamina((:)); initial 30 minutes, <u>each visit</u> .....	24.0
		97721 each additional 15 minutes .....	12.0
		<del>((97740) Kinetic activities to increase coordination, strength and/or range of motion, one area (i.e., any two extremities or trunk), initial 30 minutes .....</del>	<del>24.0</del>
		<del>97741 each additional 15 minutes .....</del>	<del>12.0</del>
		<u>(97740, 97741 have been deleted. To report, see 97530, 97531)</u>	
		97752 Muscle testing, torque curves during isometric and isokinetic exercise (e.g., by use of Cybex machine) .....	24.0

	Unit Value		Unit Value
Other Procedures			
97799 Unlisted physical medicine service or procedure . . . . .	BR	-22	UNUSUAL SERVICES: When the service(s) provided is greater than that usually required for the listed procedure, it may be identified by adding modifier '-22' to the usual procedure number. A report may also be appropriate.
<b>AMENDATORY SECTION</b> (Amending Order 83-23, filed 8/2/83)			
✓WAC 296-21-125 ANESTHESIA. (1) Values for anesthesia services are listed for each procedure in the surgical section and for certain procedures in other sections. These values are to be used only when the anesthesia is personally administered by a licensed physician and surgeon who remains in constant contact attendance during the procedure for the sole purpose of rendering such anesthesia service. These values include usual pre- and post-operative visits, the administration of the anesthetic and the administration of fluids and/or blood incident to the anesthesia or surgery.		-23	UNUSUAL ANESTHESIA: Periodically, a procedure, which usually required either no anesthesia or local anesthesia, because of unusual circumstances must be done under general anesthesia. This circumstance may be reported by adding the modifier '-23' to the procedure code of the basic service.
(2) "STANDBY SERVICES": When an anesthesiologist is required to participate in the general care of the patient during a surgical procedure, but does not administer anesthesia, these services may be charged on the basis of detention or on the basis of the indicated anesthesia value in accordance with the extent of the services rendered.		-30	ANESTHESIA SERVICE: Add this modifier (- 30) to the usual procedure number and use value listed in "Anes." column for normal, uncomplicated anesthesia.  (((For therapeutic hypothermia, see 96250, 96255)))
(3) In procedures where no value is listed, the basic portion of the calculated value will be the same as listed for a comparable procedure.		-47	ANESTHESIA BY SURGEON: When regional or general anesthesia is provided by the surgeon use the "basic" anesthesia value without the added value for time. (Note: Surgical units and anesthesia units are not the same dollar value.) List separately from the surgical service provided and identify by adding this modifier (-47) to the usual procedure number.  (For local infiltration, digital block or topical anesthesia, see WAC 296-21-125, item 5)
(4) Local infiltration, digital block or topical anesthesia administered by the operating surgeon is included in the unit value for the original surgical procedure.			
(5) SUPPLEMENTAL SKILLS: When warranted by the necessity of supplemental skills, values for the services of the two or more physicians will be allowed.			
(6) Adjunctive services provided during anesthesia and certain other circumstances may warrant an additional charge.			
<b>ANESTHESIA MODIFIERS</b>			
Since the values of anesthesia services are related to the procedure for which the anesthesia was performed, the anesthesia service is billed under the code number of the procedure. Add appropriate anesthesia modifier -30 to -99 to the procedure number to indicate that billing is for anesthesia service and not the medical or surgical procedure.			
Listed values for most procedures may be modified under certain circumstances. When applicable, the modifying circumstances should be identified by the addition of the appropriate "modifier code number" (including hyphen) after the usual procedure number. The value should be listed as a single modified total for the procedure. (When multiple modifiers are applicable to a single procedure, see modifier code -99.)			
		<del>(-99)</del>	<del>MULTIPLE ANESTHESIA MODIFIERS: Two or more modifiers may be necessary to identify the anesthesia service (e.g., anesthesia performed on a critically ill patient under hypothermic technique). Identify by adding this modifier (- 99) to the usual procedure number and briefly indicate the modifying circumstances . . . . . BR+))</del>
		-75	<u>CONCURRENT CARE, SERVICES RENDERED BY MORE THAN ONE PHYSICIAN: When the patient's condition requires the additional services of more than one physician, each physician may identify his or</u>

	Unit Value	Unit Value
		((above 30°C)) ..... ((5-0)) 10.0
		((99120— below 30°C ..... 10-0))
-95	SUPERVISORY ANESTHESIA: Supervisory anesthesia is allowable to the supervising anesthesiologist when provided in the hospital and when the registered nurse anesthetist is not in the employ of the supervising anesthesiologist. The basic value is paid to the supervising anesthesiologist and the time units are paid to the nurse anesthetist. Identify by adding modifier -95 to the procedure code.	99125 Anesthesia complicated by extracorporeal circulation, e.g., heart pump oxygenator bypass or pump assist, with or without hypothermia ..... 10.0 99130 Anesthesia complicated by hyperbaric or compression chamber pressurization ..... BR((+)) 99135 Anesthesia (( <del>employed in</del> )) complicated by utilization of controlled hypotension..... BR 99140 Anesthesia complicated by emergency conditions (specify) (An emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part.) ..... 20.0
-99	MULTIPLE ANESTHESIA MODIFIERS: Two or more modifiers may be necessary to identify the anesthesia service (e.g., anesthesia performed on a critically ill patient under hypothermic technique). Identify by adding this modifier (-99) to the usual procedure number and briefly indicate the modifying circumstances ..... BR	

AMENDATORY SECTION (Amending Order 81-28, filed 11/30/81, effective 1/1/82)

WAC 296-21-128 SPECIAL SERVICES AND BILLING PROCEDURES—ANESTHESIA.

Many anesthesia services are provided under particularly difficult circumstances depending on factors such as extraordinary condition of patient, notable operative conditions, unusual risk factors. This section includes a list of important qualifying circumstances that significantly impact on the character of the anesthetic service provided. These procedures would not be reported alone but would be reported as additional procedure numbers qualifying an anesthesia procedure or service.

	Unit Value
	(((ANESTHESIA)
99105	Anesthesia risk as when patient has incapacitating systemic disease that is constant threat to life ..... 2.0)) <u>QUALIFYING CIRCUMSTANCES:</u> (More than one may be selected.)
99100	Anesthesia for patient of extreme age, under one year and over seventy ..... BR
99110	Anesthesia complicated by prone position and/or intubation to avoid surgical field ..... 1.0
((99115))	99116 Anesthesia complicated by utilization of total body hypothermia

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-22-010 GENERAL INFORMATION AND INSTRUCTIONS. Rules and billing procedures pertaining to all practitioners rendering services to injured workers are presented in the general information section beginning with WAC 296-20-010. Some commonalities are repeated here for the convenience of those doctors referring to the surgery section. Definitions and rules unique to surgery are also included here. Doctor's services rendered for office, home, hospital, consultations and other services are listed in the medicine section.

(1) Listed values for all surgical procedures include the surgery, local infiltration, digital block or topical anesthesia when used and the normal uncomplicated follow-up care for the period indicated in days in the column headed "follow-up days."

(2) Follow-up care for diagnostic procedures (e.g., endoscopy, injection procedures for radiography, etc.) includes only that care related to recovery from the diagnostic procedure itself. Care of the condition for which the diagnostic procedure was performed or other concomitant conditions is not included and may be charged for in accordance with the services rendered.

(3) Follow-up care for therapeutic surgical procedures includes only that care usually a part of the surgical service. Complications, exacerbations, recurrence or the presence of other diseases or injuries requiring additional services concurrent with the procedure(s) or during the listed period of normal follow-up care may warrant additional charges. (See modifier -68.)

When an additional surgical procedure(s) is carried out within the listed period of follow-up care for a previous surgery, the follow-up periods will continue concurrently to their normal terminations.

(4) PREOPERATIVE VISITS AND SERVICES: Under most circumstances the immediate preoperative visit in the hospital or elsewhere necessary to examine the patient,

complete the hospital records, and initiate the treatment program is included in the listed value for the surgical procedure.

Additional charges may be warranted for preoperative services under the following circumstances:

(a) When the preoperative visit is the initial visit (e.g., an emergency, etc.) and prolonged detention or evaluation is required to prepare the patient or to establish the need for and type of surgical procedure.

(b) When the preoperative visit is a consultation as defined in WAC 296-21-030.

(c) When procedures not usually part of the basic surgical procedure (e.g., bronchoscopy prior to chest surgery, etc.) are provided during the immediate preoperative period.

(5) **CONCURRENT SERVICES BY MORE THAN ONE PHYSICIAN:** Charges for concurrent services of two or more physicians may be warranted under the following circumstances:

(a) Medical services provided during the surgical procedure or in the postoperative period (e.g., diabetic management, operative monitoring of cardiac or brain conditions, management of postoperative electrolyte imbalance, etc.).

(b) **TWO SURGEONS:** Under certain circumstances the skills of two surgeons (e.g., a urologist and a general surgeon in the creation of an ileal conduit, etc.). By prior agreement, the total value may be apportioned in relation to the responsibility of work done. The total value may be increased by 25% in lieu of the assistant's charge. (See modifier -62.)

(c) **CO-SURGEONS:** Under certain circumstances, two surgeons (usually with similar skills) may function simultaneously as primary surgeons performing distinct parts of a total surgical service (e.g., two surgeons simultaneously applying skin grafts to different parts of the body of the same patient). By prior agreement, the total value may be apportioned in relation to the responsibility and work done. The total value may be increased by an appropriate amount in lieu of the usual assistant's charge. (See modifier -64.)

(d) **SURGICAL TEAM:** Under some circumstances highly complex procedures requiring the concomitant services of several physicians, often of different specialties, plus other highly skilled, specially trained personnel and various types of complex equipment are carried out under the surgical team concept with a single, global fee for the total service. The services included in the "global" charge vary widely and no single value can be listed. The value should be supported by a report to include itemization of the physician(s) services, paramedical personnel and equipment included in the "global" charge. (See modifier -66.)

(6) **ASTERISK (\*) PROCEDURES OR ITEMS:** Certain relatively small surgical services involve a readily identifiable surgical procedure but include variable preoperative and postoperative services (e.g., incision and drainage of an abscess, injection of a tendon sheath, manipulation of a joint under anesthesia, dilation of the urethra, etc.). Because of the indefinite pre and postoperative services the usual "package" concept for surgical services (see above) cannot be applied. Such procedures are identified by an

asterisk (\*) preceding or following the procedure code number.

Where an asterisk (\*) precedes or follows a procedure number and its value, the following rules apply:

(a) The services as listed includes the surgical procedure only. Associated pre and postoperative services are not included.

(b) Preoperative services are considered as one of the following:

(i) When the asterisk (\*) procedure is carried out at the time of an initial visit (new patient) and this procedure constitutes the major service at that visit, procedure number 99025 is listed in lieu of the usual initial visit as an additional service.

(ii) When the asterisk (\*) procedure is carried out at the time of an initial or other visit involving significant identifiable services (e.g., removal of a small skin lesion at the time of a comprehensive history and physical examination), the appropriate visit is listed in addition to the asterisk (\*) procedure and its follow-up care.

(iii) When the asterisk (\*) procedure is carried out at the time of a follow-up (established patient) visit and this procedure constitutes the major service at that visit, no visit service is usually added.

(iv) When the asterisk (\*) procedure requires hospitalization, an appropriate hospital visit is listed in addition to the asterisk (\*) procedure and its follow-up care.

(c) All postoperative care is to be added on a service-by-service basis (e.g., office or hospital visit, cast change, etc.).

(d) Complications are added on a service-by-service basis (as with all surgical procedures).

(7) **MULTIPLE OR BILATERAL SURGICAL PROCEDURES:**

(a) When multiple (~~or bilateral~~) surgical procedures which add significant time or complexity to patient care are performed at the same operative session. (See modifier ~~(=50)~~ -51.)

(b) When bilateral surgical procedures which add significant time or complexity to patient care are performed at the same operative session. (See modifier -50.)

(c) Incidental procedures (e.g., incidental appendectomy, incidental scar incision, puncture of ovarian cysts, simple lysis of adhesions, simple repair of hiatal hernia, etc.) do not warrant an additional charge. (See modifier -52.) THESE PROCEDURES MUST BE AUTHORIZED IN ADVANCE.

(8) **SURGERY AND FOLLOW-UP CARE PROVIDED BY DIFFERENT PHYSICIANS:** When one physician performs the surgical procedure itself and another provides the follow-up care, the value may be apportioned between them by agreement along with notification to the department of the fee distribution. (See modifier -54 or -55.)

(9) **ANESTHESIA BY SURGEON:** When regional or general anesthesia is provided by the surgeon, value as "basic" value for anesthesia procedure without added value for time. (See modifier -47) (For local infiltration, digital block or topical anesthesia, see WAC 296-22-010, item 1.)

(10) In cases where the claimant does not survive, the percentage of the flat fee paid the physician shall be commensurate with the services rendered.

(11) The emergency room will be considered the office for those physicians providing regular emergency room care to the hospital and fees will be allowed on this basis.

(12) Materials supplied by physician: Supplies and materials provided by the physician, e.g., sterile trays/drugs, over and above those usually included with the office visit or other services rendered may be listed separately. List drugs, trays, supplies, and materials provided. Identify as 99070.

(13) Separate or multiple procedures: It is appropriate to designate multiple procedures that are rendered on the same date by separate entries. (See Modifier -50 below.)

(14) Special report: A service that is rarely provided, unusual, variable, or new may require a special report in determining medical appropriateness of the service. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure, and the time, effort, and equipment necessary to provide the service. Additional items which may be included are: Complexity of symptoms, final diagnosis, pertinent physical findings (such as size, location, and number of lesion(s), if appropriate), diagnostic and therapeutic procedures (including major and supplementary surgical procedures, if appropriate), concurrent problems, and follow-up care. See WAC 296-20-01002 for "BR" By Report instructions.

(15) Surgery modifiers: (For other modifiers, see appropriate sections.)

Listed values and procedures may be modified under certain circumstance. When applicable, the modifying circumstance should be identified by the addition of the appropriate "modifier code number" which is a two digit number placed after the usual procedure number from which it is separated by a hyphen. If more than one modifier is used, the "multiple modifiers" placed first after the procedure code indicates one or more additional modifier codes will follow. All modifiers and their respective codes are listed in Appendix A. Modifiers commonly used in surgery are as follows:

Unit  
Value

-20      When the surgical service is performed using the techniques of micro-surgery in an operating room and under the operating microscope, the modifier -20 may be added to the surgical procedure. The use of this modifier is not warranted when surgery is done with the aid of a magnifying loupe or magnifying binoculars worn by the surgeon. A special report may be appropriate to document the necessity of the micro-surgical approach. The total value of the surgical procedure may be increased by 20%. A special report may be appropriate to document the necessity of the

Unit  
Value

micro-surgical approach. The department will publish a list of surgical procedures that have approval for this modifier.

-22      UNUSUAL SERVICES: When the service(s) provided is greater than that usually required for the listed procedure, it may be identified by adding modifier '-22' to the usual procedure number. List modified value. A report may be required.

-23      UNUSUAL ANESTHESIA: Periodically, a procedure, which usually requires either no anesthesia or local anesthesia, because of unusual circumstances must be done under general anesthesia. This circumstance may be reported by adding the modifier '-23' to the procedure code of the basic service. . . . . BR

-25      DIGITAL RADIOLOGY (e.g., digital subtraction angiography, digital fluoroscopy, digital radiography). When this technique is utilized, the modifier '-25' may be appended to the appropriate five digit number of the radiologic procedure to indicate that the digital modality was applied. The modifier would be applied to both the supervision and interpretation service and complete procedure. When the supervision and interpretation service code is utilized and the injection is done by a second physician, the modifier need not be applied to the surgical injection codes.

-26      PROFESSIONAL COMPONENT: Certain procedures (e.g., laboratory, radiology, electrocardiogram, specific diagnostic and therapeutic services) are a combination of a physician component and a technical component. When the physician component is reported separately, the service may be identified by adding the modifier '-26' to the usual procedure number. . . . . BR

-47      ANESTHESIA BY SURGEON: When regional or general anesthesia is provided by the surgeon, it may be reported by adding to modifier '-47' to the basic service. (This does not include local anesthesia.)

Use the "basic" anesthesia value only. (Note: Surgical units and anesthesia units are not of the same dollar

	Unit Value		Unit Value
values.) List separately from the surgical service provided and identify by adding this modifier '-47' to the usual procedure number. (For local infiltration, digital block or topical anesthesia, see WAC 296-21-125, item 5.)			
<u>-50</u> <u>BILATERAL PROCEDURE: Unless otherwise identified in the listings, bilateral procedures requiring a separate incision that are performed at the same operative session, should be identified by the appropriate five digit code describing the first procedure. The second (bilateral) procedure is identified by adding modifier -50 to the procedure number and value at 50% of the listed value(s) unless otherwise indicated.</u>		-54	SURGICAL PROCEDURE ONLY: When one physician performs the surgical procedure and another provides the pre and/or postoperative management surgical services may be identified by adding the modifier '-54' to the usual procedure number. Value may be apportioned between them by agreement.
<del>((=50))</del>		-55	POSTOPERATIVE MANAGEMENT ONLY: When one physician performs the postoperative management and another has performed the surgical procedure, the post operative component may be identified by adding the modifier '-55' to the usual procedure number. Value may be apportioned between them by agreement.
<u>-51</u> <u>MULTIPLE ((OR BILATERAL)) PROCEDURES: When multiple ((or bilateral)) procedures which add significant time or complexity to patient care are provided at the same operative session, identify and value the first or major procedure as listed. Identify secondary or lesser procedure(s) by '((-50)) -51' to the usual procedure number(s) and value at 50% of the listed value(s) unless otherwise indicated.</u>		-56	PREOPERATIVE MANAGEMENT ONLY: When one physician performs the preoperative care and evaluation and another physician performs the surgical procedure, the preoperative component may be identified by adding the modifier '-56' to the usual procedure number.  Value is apportioned as per agreement between practitioners involved.
-52 REDUCED VALUES: Under certain circumstances, the listed value for a procedure is reduced or eliminated at the physician's election. Under these circumstances, the service provided can be identified by its usual procedure number and the addition of modifier '-52', signifying that the service is reduced. For example:  (a) Incidental procedures (e.g., incidental appendectomies, incidental scar excisions, puncture of ovarian cysts, simple lysis of adhesions, simple repair of a hiatal hernia, etc.) do not warrant an additional charge.  (b) When the listed value is reduced in conformity with a ground rule (e.g., rereduction of a fracture).  (c) When charges for multiple procedures (e.g., multiple lacerations, etc.) are reduced at the physician's election to achieve an appropriate total charge.		-62	TWO SURGEONS: Under certain circumstances the skills of two surgeons (usually with different skills) may be required in the management of a specific surgical problem (e.g., a urologist and a general surgeon in the creation of an ileal conduit, etc.). By prior agreement, the total value may be apportioned in relation to the responsibility and work done. The total value may be increased by 25% in lieu of the assistant's charge. Under these circumstances the services of each surgeon should be identified by adding this modifier '-62' to the joint procedure number(s) and valued as agreed upon.  (Usual charges for surgical assistance may also be warranted if still another physician is required as part of the surgical team.)
		-64	CO-SURGEONS: Under certain circumstances, two surgeons (usually with similar skills) may function simultaneously as primary surgeons performing distinct parts of a total



Unit Value

Unit Value

surgical service (e.g., two surgeons simultaneously applying skin grafts to different parts of the body or two surgeons repairing different fractures in the same patient). By prior agreement, the total value may be apportioned in relation to the responsibility and work done. The total value may be increased by 25% in lieu of the usual assistant's charge. Under these circumstances the services of each surgeon should be identified by adding this modifier '-64' to the joint procedure number(s) and valued as agreed upon.

(Usual charges for surgical assistance may also be warranted if still another physician is required as part of the surgical team.)

-66 SURGICAL TEAM: Under some circumstances, highly complex procedures requiring the concomitant services of several physicians, often of different specialties, plus other highly skilled, specially trained personnel and various types of complex equipment are carried out under the "surgical team" concept. Such circumstances should be identified by adding this modifier '-66' to the basic procedure number. The value should be supported by a report to include itemization of the physician(s) services, paramedical personnel and equipment included in the charge . . . . . BR((+))

-68 COMPLICATIONS: Complications or circumstances requiring unusual additional services during the listed follow-up period may warrant additional charges on a fee-for-service basis. Identify these conditions by adding this modifier '-68' to the usual procedure number(s) for the additional service(s) rendered and indicate the appropriate value(s). May require a report.

-75 CONCURRENT CARE, SERVICES RENDERED BY MORE THAN ONE PHYSICIAN: When the patient's condition requires the additional services of more than one physician, each physician may identify his or her services by adding the modifier '-75' to the basic service performed.

-76 REPEAT PROCEDURE BY SAME PHYSICIAN: The physician may need to

indicate that a procedure or service was repeated subsequent to the original service. This may be reported by adding the modifier '-76' to the procedure code of the repeated service.

-77 REPEAT PROCEDURE BY ANOTHER PHYSICIAN: The physician may need to indicate that a basic procedure performed by another physician had to be repeated. This may be reported by adding modifier '-77' to the repeated service.

-80 ASSISTANT SURGEON: Surgical assistant services are identified by adding this modifier '-80' to the usual procedure number(s) and are valued at 20% of the listed value of the surgical procedure(s)

OR

-81 MINIMUM ASSISTANT SURGEON ALLOWANCE: Identify by adding this modifier '-81' to the usual procedure number and value at . . . . . 1.7

-90 REFERENCE (OUTSIDE) LABORATORY: When laboratory procedures are performed by a party other than the treating or reporting physician, the procedure may be identified by adding the modifier '-90' to the usual procedure number.

-99 MULTIPLE MODIFIERS: Under certain circumstances, two or more modifiers may be necessary to completely delineate a service. In such situations, modifier '-99' should be added to the procedure number and other applicable modifiers may be listed as part of the description of the service . . . . . BR((+))

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

✓ WAC 296-22-017 UNLISTED SERVICE OR PROCEDURE. A service or procedure may be provided that is not listed in this fee schedule. When reporting such a service, the appropriate "unlisted procedure" code may be used to indicate the service, identifying it by "special report" as discussed in WAC 296-22-01701 below. The "unlisted procedures" and accompanying codes for SURGERY are as follows:

- 15999 Unlisted procedure, excision pressure ulcer
- 17999 Unlisted procedure, integumentary system
- 19499 Unlisted procedure, breast

- 20999 Unlisted procedure, musculoskeletal system, general
- 21499 Unlisted procedure, head
- 21899 Unlisted procedure, neck or thorax
- 22899 Unlisted procedure, spine
- 22999 Unlisted procedure, abdomen, musculoskeletal system
- 23929 Unlisted procedure, shoulder
- 24999 Unlisted procedure, humerous or elbow
- 25999 Unlisted procedure, forearm or wrist
- 26989 Unlisted procedure, hands or fingers
- 27299 Unlisted procedure, pelvis or hip joint
- 27599 Unlisted procedure, femur or knee
- 27899 Unlisted procedure, leg or ankle
- 28899 Unlisted procedure, foot or toes
- 29799 Unlisted procedure, casting or strapping
- 30999 Unlisted procedure, nose
- 31299 Unlisted procedure, accessory sinuses
- 31599 Unlisted procedure, larynx
- 31899 Unlisted procedure, trachea, bronchi
- 32999 Unlisted procedure, lungs and pleura
- 33999 Unlisted procedure, cardiac surgery
- 36299 Unlisted procedure, vascular injection
- 37799 Unlisted procedure, vascular surgery
- 38999 Unlisted procedure, hemic or lymphatic system
- 39499 Unlisted procedure, mediastinum
- 39599 Unlisted procedure, diaphragm
- 40799 Unlisted procedure, lips
- 40899 Unlisted procedure, vestibule of mouth
- 41599 Unlisted procedure, tongue, floor of mouth
- 41899 Unlisted procedure, dentoalveolar structures
- 42299 Unlisted procedure, palate, uvula
- 42699 Unlisted procedure, salivary glands or ducts
- 42999 Unlisted procedure, pharynx, adenoids, or tonsils
- 43499 Unlisted procedure, esophagus
- 43999 Unlisted procedure, stomach
- 44799 Unlisted procedure, intestine
- 44899 Unlisted procedure, Meckel's diverticulum and the mesentary
- 45999 Unlisted procedure, rectum
- 46999 Unlisted procedure, anus
- 47399 Unlisted procedure, liver
- 47999 Unlisted procedure, biliary tract
- 48999 Unlisted procedure, pancreas
- 49999 Unlisted procedure, abdomen, peritoneum and omentum
- 53899 Unlisted procedure, urinary system
- 55899 Unlisted procedure, male genital system
- 58999 Unlisted procedure, female genital system
- 59899 Unlisted procedure, maternity care and delivery
- 60699 Unlisted procedure, endocrine system

- 64999 Unlisted procedure, nervous system
- 66999 Unlisted procedure, anterior segment of eye
- 67299 Unlisted procedure, posterior segment
- 67399 Unlisted procedure, ocular muscle
- 67599 Unlisted procedure, orbit
- 67999 Unlisted procedure, eyelids
- 68399 Unlisted procedure, conjunctiva
- 68899 Unlisted procedure, lacrimal system
- 69399 Unlisted procedure, external ear
- 69799 Unlisted procedure, middle ear
- 69949 Unlisted procedure, inner ear
- 69979 Unlisted procedure, temporal bone, middle fossa approach.

AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

✓WAC 296-22-020 SKIN, SUBCUTANEOUS AND AREOLAR TISSUES.

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
*10000 Incision and drainage of infected or noninfected subaceous cyst; one lesion .....	*0.4	0	3.0
10001 second lesion .....	0.2		<u>3.0</u>
10002 more than two lesions .....	0.1		<u>3.0</u>
10003* Incision and drainage of infected or noninfected epithelial inclusion cyst ("sebaceous cyst") with complete removal of sac and treatment of cavity .....	.8	0	3.0
(For excision, see 11400, et seq.)			
*10020 Incision and drainage of furuncle .....	*0.4	0	3.0
*10040 Acne surgery: (e.g., marsupialization, opening, or removal of multiple milia, comedones, cysts, pustules) .....	*0.3	0	3.0
*10060 Incision and drainage of abscess (e.g., carbuncle, suppurative hidradenitis, and other cutaneous or subcutaneous abscesses); simple .....	0.4	0	3.0
10061 complicated .....	BR+		3.0
*10080 Incision and drainage of pilonidal cyst; simple .....	*0.4	0	3.0
10081 complicated .....	BR+		3.0
(For excision of pilonidal cyst, see 11770-11772)			
*10100 Incision and drainage of onychia or paronychia, single or simple ..	*0.4	0	3.0
10101 multiple or complicated .....	BR+		3.0
*10120 Incision and removal of foreign body, subcutaneous tissues; simple .....	*0.4	0	3.0
10121 complicated .....	BR+		3.0
*10140 Incision and drainage of hematoma, simple .....	*0.4	0	3.0
10141 complicated .....	BR+		3.0
*10160 Puncture aspiration of abscess, hematoma, bulla, or cyst .....	*0.3	0	3.0
<u>10180 Incision and drainage, complex, postoperative wound infection...</u>	<u>BR</u>		<u>3.0</u>
(For secondary closure of surgical wound, see 12020, 12021, 13160)			

**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

**WAC 296-22-021 EXCISION-DEBRIDEMENT.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>DEBRIDEMENT</b>			
(For dermabrasions, see 15780-15800)			
(For nail debridement, see 11700-11711)			
(For burn(s), see 16000-16030)			
*11000 Debridement of extensive eczematous or infected skin; up to 10% of body surface	*0.4	0	3.0
11001 each additional 10% of the body surface	0.2		3.0
11040 Debridement; skin, partial thickness	BR+		3.0
11041 skin, full thickness	BR		3.0
11042 skin and subcutaneous tissue	BR		3.0
11043 skin, subcutaneous tissue, and muscle	BR		3.0
11044 skin, subcutaneous tissue, muscle, and bone	BR		3.0

**PARING OR CURETTEMENT**

11050* Paring or curettement of benign lesion with or without chemical cauterization (such as verrucae or clavi); single lesion	0.5	0	3.0
11051 two to four lesions	0.6		3.0
11052 more than four lesions	0.7		3.0

**EXCISION AND SIMPLE CLOSURE**

(Not reconstructive surgery; for reconstructive surgery see repair-complex)

(For electro-surgical and other methods, see 17000 et seq.)

**BIOPSY**

11100 Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed (separate procedure); one lesion	0.6	7	3.0
11101 each additional lesion	0.2	7	3.0

(For biopsy of conjunctiva, see 68100; eyelid, see 67810)

**EXCISION-BENIGN LESIONS**

Excision (including simple closure) of benign lesions of skin or subcutaneous tissues (e.g., cicatricial, fibrous, inflammatory, congenital, cystic lesions), including local anesthesia. See appropriate size and area below.

(For electro-surgical and other methods see 17000 et seq.)

*11200 Excision, skin tags, multiple fibrocuteaneous tags, any area; up to 15	*0.4	0	3.0
11201 each additional 10 lesions	0.2		3.0
(For electro-surgical destruction, see 17200, 17201)			
(For multiple lesions, see WAC 296-22-010, item 7)			
11400 Excision, benign lesion, except skin tag (unless listed elsewhere), trunk, arms or legs; lesion diameter up to 0.5 cm	0.6	15	3.0
11401 lesion diameter 0.5 to 1.0 cm	0.8	15	3.0
11402 lesion diameter 1.0 to 2.0 cm	1.0	15	3.0
11403 lesion diameter 2.0 to 3.0 cm	1.2	15	3.0
11404 lesion diameter 3.0 to 4.0 cm	1.4	15	3.0
11406 lesion diameter over 4.0 cm	1.6	15	3.0
<u>(For unusual or complicated excision, add modifier -22)</u>			
11420 Excision, benign lesion, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; lesion diameter up to 0.5 cm	0.8	15	3.0
11421 lesion diameter 0.5 to 1.0 cm	1.0	15	3.0
11422 lesion diameter 1.0 to 2.0 cm	1.2	15	3.0
11423 lesion diameter 2.0 to 3.0 cm	1.4	15	3.0
11424 lesion diameter 3.0 to 4.0 cm	1.6	15	3.0
11426 lesion diameter over 4.0 cm	1.8	15	3.0
<u>(For unusual or complicated excision, add modifier -22)</u>			
11440 Excision, other benign lesion (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter up to 0.5 cm	1.0	15	3.0
11441 lesion diameter 0.5 to 1.0 cm	1.2	15	3.0
11442 lesion diameter 1.0 to 2.0 cm	1.4	15	3.0
11443 lesion diameter 2.0 to 3.0 cm	1.6	15	3.0
11444 lesion diameter 3.0 to 4.0 cm	1.8	15	3.0
11446 lesion diameter over 4.0 cm	2.0	15	3.0
<u>(For unusual or complicated excision, add modifier -22)</u>			
(For eyelids involving more than skin, see also 67800 et seq.)			
11450 Excision of skin and subcutaneous tissue for hidradenitis, axillary; with primary suture	BR		3.0
11451 with other closure	BR		3.0
11462 Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with primary suture	BR		3.0
11463 with other closure	BR		3.0
11470 Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with primary closure	BR		3.0
11471 with other closure	BR		3.0

(When skin graft or flap is used for closure, use appropriate procedure code in addition)

(For bilateral procedure, add modifier -50)

		Unit Value	Follow-up Days=	Basic Anes@
<b>EXCISION-MALIGNANT LESIONS</b>				
Excision (including simple closure) or treatment by any other method (except radiation or chemosurgery) of malignant lesion of skin, including local anesthesia, each lesion:				
11600	Excision, malignant; lesion, trunk, arms, or legs; lesion diameter up to 0.5 cm . . . . .	1.2	90	3.0
11601	lesion diameter 0.5 to 1.0 cm . . . . .	1.6	90	3.0
11602	lesion diameter 1.0 to 2.0 cm . . . . .	2.0	90	3.0
11603	lesion diameter 2.0 to 3.0 cm . . . . .	2.4	90	3.0
11604	lesion diameter 3.0 to 4.0 cm . . . . .	2.8	90	3.0
11606	lesion diameter over 4.0 cm . . . . .	3.2	90	3.0
11620	Excision, malignant lesion, scalp, neck, hands, feet, genitalia; lesion diameter up to 0.5 cm . . . . .	2.0	90	3.0
11621	lesion diameter 0.5 to 1.0 cm . . . . .	3.0	90	3.0
11622	lesion diameter 1.0 to 2.0 cm . . . . .	4.0	90	3.0
11623	lesion diameter 2.0 to 3.0 cm . . . . .	5.0	90	3.0
11624	lesion diameter 3.0 to 4.0 cm . . . . .	6.0	90	3.0
11626	lesion diameter over 4.0 cm . . . . .	7.0	90	3.0
11640	Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter up to 0.5 cm . . . . .	3.0	90	3.0
11641	lesion diameter 0.5 to 1.0 cm . . . . .	4.0	90	3.0
11642	lesion diameter 1.0 to 2.0 cm . . . . .	5.0	90	3.0
11643	lesion diameter 2.0 to 3.0 cm . . . . .	6.0	90	3.0
11644	lesion diameter 3.0 to 4.0 cm . . . . .	7.0	90	3.0
11646	lesion diameter over 4.0 cm . . . . .	8.0	90	3.0
(For eyelids involving more than skin, see also 67800 et seq.)				
<b>NAILS</b>				
(For drainage of paronychia or onychia, see 10100, 10101)				
*11700	Debridement nails, manual, five or less . . . . .	*0.3	0	3.0
11701	each additional five or less . . . . .	0.15		
11710	Debridement of nails, electric grinder, five or less . . . . .	*0.4	0	3.0
11711	each additional five or less . . . . .	0.2		3.0
*11730	Avulsion of nail plate, partial or complete, simple; single . . . . .	*0.4	0	3.0
11731	second nail plate . . . . .	0.2		
11732	each additional nail plate . . . . .	0.1		
11740	Evacuation of subungual hematoma . . . . .	0.3	0	3.0
11750	Excision of nail and nail matrix, partial or complete (e.g., ingrown or deformed nail), for permanent removal . . . . .	2.0	30	3.0
(For skin graft, if used, see 15050)				
11760	Reconstruction of nail bed; simple . . . . .	2.5	0	3.0
11762	complicated . . . . .	3.0	0	3.0
<b>MISCELLANEOUS</b>				
(For incision of pilonidal cyst, see 10080, 10081)				
11770	Excision of pilonidal cyst or sinus, simple . . . . .	2.0	30	3.0
11771	extensive . . . . .	7.0	60	3.0
11772	complicated . . . . .	BR+		3.0

(For hemangioma, see 11400-11446, 13100-15730)

(For hidradenitis, see 10060-10061, ((11400-11446, 13100-15730)) 11450-11471)

(For lipoma, see 11400-11446, 13100-15730)

(For lymph node dissection, see 38700-38780)

(For ulcer, vascular or inflammatory, see 11400-11446, 13100-15730)

**AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)**

**WAC 296-22-022 INTRODUCTION.**

		Unit Value	Follow-up Days=	Basic Anes@
*11900	Injection, intralesional; up to and including seven lesions . . . . .	*0.4	0	3.0
*11901	more than seven lesions . . . . .	*0.72	0	3.0
(For veins, see 36470, 36471)				
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin; up to 6.0 sq cm . . . . .	BR		3.0
11921	6.0 to 20.0 sq cm . . . . .	BR		3.0
11922	each additional 20.0 sq cm . . . . .	BR		3.0
11950	Subcutaneous injection of "filling" material (e.g., silicone); up to 1 cc . . . . .	BR		3.0
11951	1 to 5 cc . . . . .	BR		3.0
11952	5 to 10 cc . . . . .	BR		3.0
11954	over 10 cc . . . . .	BR		3.0
11960	Insertion of tissue expander . . . . .	BR		3.0
11970	Replacement of tissue expander with permanent prosthesis . . . . .	BR		3.0

**AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)**

**WAC 296-22-023 REPAIR.** The repair of wounds may be classified as simple, intermediate or complex.

**SIMPLE REPAIR** is used when the wound is superficial; i.e., involving skin and/or subcutaneous tissues, without significant involvement of deeper structures, and which requires simple suturing. For closure with adhesive strips, list appropriate visit only.

**INTERMEDIATE REPAIR** includes the repair of wounds that, in addition to the above, require layer closure. Such wounds usually involve deeper layers such as fascia or muscle, to the extent that at least one of deeper layers requires separate closure.

**COMPLEX REPAIR** includes the repairs of wounds requiring reconstructive surgery, complicated wound closures, skin grafts or unusual and time consuming techniques of repair to obtain the maximum functional and cosmetic result. It may include creation of the defect and necessary preparation for repairs or the debridement and repair of complicated lacerations or avulsions.

Instructions for listing services at time of wound repair.

1. The repaired wound(s) should be measured and recorded in centimeters, whether curved, angular or stellate.

2. When multiple wounds are repaired, add together the lengths of those in the same classification (see above) and report as a single item.

When more than one classification of wounds is repaired, list the more complicated as the primary procedure and the less complicated as the secondary procedure, using modifier '-50'.

3. Decontamination and/or debridement: Only when gross contamination requires prolonged cleansing is this to be considered a separate procedure. Debridement is considered a separate procedure only when appreciable amounts of devitalized or contaminated tissue are removed.

4. Involvement of nerves, blood vessels and tendons: Report under appropriate system (nervous, cardiovascular, musculoskeletal) for repair of these structures. The repair of the associated wound is included in the primary procedure unless it qualifies as a complex wound, in which case modifier '-50' applies.

Simple ligation of vessels in an open wound is considered as part of any wound closure.

Simple "exploration" of nerves, blood vessels or tendons exposed in an open wound is also considered part of the essential treatment of the wound and is not a separate procedure unless appreciable dissection is required.

		Unit Value	Follow-up Days=	Basic Anes@
12032*	2.5 cm to 7.5 cm	0.8	0	3.0
12034	7.5 cm to 12.5 cm	1.0	0	3.0
12035	12.5 cm to 20.0 cm	1.2	0	3.0
12036	20.0 cm to 30.0 cm	1.4	0	3.0
12037	over 30.0 cm	BR		3.0
12041*	Layer closure of wounds of neck, hands, feet and/or external genitalia; up to 2.5 cm	0.8	0	3.0
12042	2.5 cm to 7.5 cm	1.0	0	3.0
12044	7.5 cm to 12.5 cm	1.2	0	3.0
12045	12.5 cm to 20.0 cm	1.4	0	3.0
12046	20.0 cm to 30.0 cm	1.6	0	3.0
12047	over 30.0 cm	BR		3.0
12051*	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; up to 2.5 cm	1.0	0	3.0
12052	2.5 cm to 5.0 cm	1.2	0	3.0
12053	5.0 cm to 7.5 cm	1.4	0	3.0
12054	7.5 cm to 12.5 cm	1.6	0	3.0
12055	12.5 cm to 20.0 cm	1.8	0	3.0
12056	20.0 cm to 30.0 cm	2.0	0	3.0
12057	over 30.0 cm	BR		3.0

**AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)**

✓ **WAC 296-22-024 REPAIR—COMPLEX.** (Reconstructive procedures, complicated wound closure, skin grafts, pedicle flaps)

(For full thickness repair of lip or eyelid, see respective anatomical subsections)

**REPAIR—SIMPLE**

(Sum of lengths of repairs)

	Unit Value	Follow-up Days=	Basic Anes@
12001*	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); up to 2.5 cm	0.4	0 3.0
12002*	2.5 cm to 7.5 cm	0.6	0 3.0
12004*	7.5 cm to 12.5 cm	0.8	0 3.0
12005	12.5 cm to 20.0 cm	1.0	0 3.0
12006	20.0 cm to 30.0 cm	1.2	0 3.0
12007	over 30.0 cm	BR	3.0
12011*	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; up to 2.5 cm	0.6	0 3.0
12013*	2.5 cm to 5.0 cm	0.8	0 3.0
12014	5.0 cm to 7.5 cm	1.0	0 3.0
12015	7.5 cm to 12.5 cm	1.2	0 3.0
12016	12.5 cm to 20.0 cm	1.4	0 3.0
12017	20.0 cm to 30.0 cm	1.6	0 3.0
12018	over 30.0 cm	BR	3.0
12020	Treatment of superficial wound dehiscence; simple closure	BR	3.0
12021	with packing	BR	3.0

(For extensive or complicated secondary wound closure, see 13160)

**REPAIR—INTERMEDIATE**

12031*	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); up to 2.5 cm	0.6	0 3.0
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	Unit Value	Follow-up Days=	Basic Anes@
13100	Repair, complex, trunk; 1.0 cm to 2.5 cm	1.2	30 3.0
	(For up to 1.0 cm, see simple or intermediate repairs)		
13101	2.5 cm to 7.5 cm	3.0	30 3.0
13120	Repair, complex, scalp, arms, and/or legs; 1.0 cm to 2.5 cm	1.8	30 3.0
	(For up to 1.0 cm, see simple or intermediate repairs)		
13121	2.5 cm to 7.5 cm	4.0	30 3.0
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.0 cm to 2.5 cm	2.4	30 3.0
	(For up to 1.0 cm, see simple or intermediate repairs)		
13132	2.5 cm to 7.5 cm	6.0	30 3.0
13150	Repair, complex, eyelids, nose, ears and/or lips; up to 1.0 cm	2.0	30 3.0
	(See also 40650-40654, 67952-67975)		
13151	1.0 cm to 2.5 cm	3.0	30 3.0
13152	2.5 cm to 7.5 cm	8.0	30 3.0
13160	Secondary closure of surgical wound dehiscence, extensive or complicated	BR	3.0

(For packing or simple secondary wound closure, see 12020, 12021)

	Unit Value	Follow-up Days=	Basic Anes@
13300 Repair, unusual, complicated, over 7.5 cm, any area . . . . .	BR		3.0
<b>ADJACENT TISSUE TRANSFER OR REARRANGEMENT</b>			
(For full thickness repair of lip or eyelid, see respective anatomical subsections)			
Excision and/or repair by adjacent tissue transfer or rearrangement (e.g., Z-plasty, W-plasty, V-Y plasty, rotation flap, advancement flap, double pedicle flap). When applied in repairing lacerations, the procedures listed must be developed by the surgeon to accomplish the repair. They do not apply when direct closure or rearrangement of traumatic wounds incidentally result in these configurations.			
(Skin graft necessary to close secondary defect considered an additional procedure)			
14000 Adjacent tissue transfer or rearrangement, trunk; defect up to 10 sq cm . . . . .	4.0	60	3.0
14001 defect 10 sq cm to 30 sq cm . . . . .	6.0	60	3.0
14020 Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect up to 10 sq cm . . . . .	6.0	60	3.0
14021 defect 10 sq cm to 30 sq cm . . . . .	8.0	60	3.0
14040 Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect up to 10 sq cm . . . . .	8.0	60	3.0
14041 defect 10 sq cm to 30 sq cm . . . . .	10.0	60	3.0
14060 Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect up to 10 sq cm . . . . .	10.0	60	3.0
14061 defect 10 sq cm to 30 sq cm . . . . .	14.0	60	3.0
(For eyelid, full thickness, see 67952 et seq.)			
14300 Adjacent tissue transfer or rearrangement, more than 30 sq cm, unusual or complicated, any area . . . . .	BR		3.0
14350 Filleted finger or toe flap, including preparation of recipient site . . . . .	BR		3.0

**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

✓ **WAC 296-22-025 FREE SKIN GRAFTS.**

Identify by the size and location of the defect (recipient area) and the type of graft; includes simple debridement of granulations or recent avulsion.

When a primary procedure such as orbitectomy, radical mastectomy or deep tumor removal requires skin graft for definitive closure, see appropriate anatomical subsection for primary procedure and this section for skin graft.

(Repair of donor site requiring skin graft or local flaps to be added as additional procedure)

	Unit Value	Follow-up Days=	Basic Anes@
15000 Excisional preparation or creation of recipient site by excision of essentially intact skin (including subcutaneous tissue), scar, or other lesion prior to repair with free skin graft (list as separate service in addition to skin graft)	*3.6		3.0
(For appropriate skin grafts, see 15050-15261; list the free graft separately by its procedure number when the graft, immediate or delayed is applied)			
*15050 Pinch graft, single or multiple, to cover small ulcer, tip of digit or other minimal open area (except on face), up to defect size 2 cm diameter . . . . .	*1.2	0	3.0
15100 Split graft, trunk, scalp, arms, legs, hands and/or feet (except multiple digits); up to 100 sq cm or each one percent of body area of infants and children (except 15050) . . . . .	6.0	45	3.0
15101 each additional 100 sq cm, or each one percent of body area of infants and children, or part thereof . . . . .	1.2		3.0
15120 Split graft, face, eyelids, mouth, neck, ears, orbits, genitalia, and/or multiple digits; up to 100 sq cm, or each one percent of body area of infants and children (except 15050) . . . . .	11.0	45	3.0
15121 Each additional 100 sq cm, or each one percent of body area of infants and children, or part thereof . . . . .	2.0		
(For eyelids, see also ((67952)) 67961 et seq.)			
15200 Full thickness graft, free, including direct closure of donor site, trunk; up to 20 sq cm . . . . .	4.0	45	3.0
15201 each additional 20 sq cm . . . . .	2.0		
15220 Full thickness graft, free, including direct closure of donor site, scalp, arms and/or legs; up to 20 sq cm . . . . .	6.0	45	3.0
15221 each additional 20 sq cm . . . . .	3.0		
15240 Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; up to 20 sq cm . . . . .	8.0	45	3.0
(For finger tip graft, see 15050)			
(For repair of syndactyly, fingers, see 26560-26562)			
15241 each additional 20 sq cm . . . . .	4.0		3.0
15260 Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; up to 20 cm . . . . .	10.0	45	3.0
15261 each additional 20 sq cm . . . . .	5.0		
(For eyelids, see also ((67952)) 67961 et seq.)			

	Unit Value	Follow-up Days=	Basic Anes@
(Repair of donor site requiring skin graft or local flaps, to be added as additional separate procedure)			
15350 Homograft, skin	5.0	45	3.0
15400 Heterograft, skin	6.0	45	3.0
15410 Free transplantation of skin flap by microsurgical technique, including microvascular anastomosis; up to 100 sq cm	5.0	45	3.0
15412 between 101 and 160 sq cm	6.0	45	3.0
15414 between 161 and 230 sq cm	7.0	45	3.0
15416 over 230 sq cm	BR		3.0

**PEDICLE FLAPS (SKIN AND DEEP TISSUES)**

Regions listed refer to the recipient area (not donor site) when flap is being attached in transfer or to final site.

Regions listed refer to donor site when tube is formed for later transfer or when "delay" of flap is prior to transfer.

Procedures 15500-15730 do not include extensive immobilization, e.g., large plaster casts and other immobilizing devices are considered additional separate procedures.

(Repair of donor site requiring skin graft or local flaps is considered an additional separate procedure)

15500 Formation of tube pedicle without transfer, or major "delay" of large flap without transfer; on trunk	7.0	45	3.0
15505 on scalp, arms or legs	7.0	45	3.0
15510 on forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet	7.0	45	3.0
15515 on eyelids, nose, ears or lips	7.0	45	3.0
15540 Primary attachment of open or tubed pedicle flap to recipient site requiring minimal preparation; to trunk	9.0	45	3.0
15545 to scalp, arms and legs	9.0	45	3.0
15550 to forehead, cheeks, chin, mouth, neck, axillae, genitalia, or hands ((except 15580)), feet	9.0	45	3.0
(For cross finger pedicle flap, see 15580)			
15555 to eyelids, nose, ears and lips	9.0	45	3.0
15580 cross finger pedicle flap, including free graft to donor site	9.0	45	3.0
(For major debridement or excisional preparation of recipient area at the time of attachment of pedicle flap, see 15700-15730)			
15600 Intermediate "delay" of any flap, primary "delay" of small flap, or sectioning pedicle of tubed or direct flap; at trunk	4.0	45	3.0
15610 at scalp, arms and legs	5.0	45	3.0
15620 at forehead, cheeks, chin, neck, axillae, genitalia, hands (except 15625), or feet	6.0	45	3.0
15625 section pedicle of cross finger flap	6.0	45	3.0
15630 at eyelids, nose, ears and lips	6.0	45	3.0

15650 Transfer, intermediate, of any pedicle flap (e.g., abdomen to wrist, "Walking" tube), any location	BR+		3.0
15700 Excision of lesion and/or excisional preparation of recipient site and attachment of direct or tubed pedicle flap; trunk	9.0	45	3.0
15710 scalp, arms and legs	11.0	45	3.0
15720 forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet	16.0	45	3.0
15730 eyelids, nose, ears or lips	16.0	45	3.0

(For eyelids, nose, ears, or lips, see also anatomical area)

(For revision, defatting or rearranging of transferred pedicle flap or skin graft, see 13100-14300)

**OTHER GRAFTS**

15740 Graft, island pedicle flap	12.0	90	3.0
15745 myocutaneous flap	BR	90	3.0
15750 neurovascular pedicle flap	10.0	90	3.0
15755 free flap (microvascular transfer)	BR	90	3.0
15760 composite (full thickness of external ear or nasal ala), including primary closure, donor area	10.0	45	3.0
15770 derma-fat-fascia	12.0	60	3.0
15775 Punch graft for hair transplant; 1 to 15 punch grafts	0.5	90	3.0
15776 more than 15 punch grafts	BR+		3.0

(For strip transplant, 15220)

**MISCELLANEOUS PROCEDURES**

15780 Abrasion of skin for removal of scars, tattoos, actinic changes (keratoses), primary or secondary; total face	12.0	90	3.0
15785 regional (1/4 face, cheeks, chin, forehead or elsewhere)	4.0	90	3.0
15786* Abrasion; single lesion (e.g., keratosis, scar)	0.5	0	3.0
15787 each additional four lesions or less	0.3		3.0
15790 Superficial chemosurgery (acid peel) total face and neck	BR+		3.0
15791 regional, face, neck, or elsewhere	BR+		3.0
15800 Abrasion of skin, total face, with combined superficial chemosurgery (acid peel) of remaining face (eyelids, neck, shoulders)	16.0	90	3.0
15810 Salabrasion; up to 20 sq cm	BR		3.0
15811 20 sq cm and over	BR		3.0
15820 Blepharoplasty, lower eyelids;	12.0	30	3.0
15821 with extensive herniated fat pads	14.0	30	3.0
(See also 67916, 67917, 67923, 67924)			
15822 Rhytidectomy; upper eyelids	8.0	30	3.0
15823 with excessive skin weighting down lids	12.0	30	3.0
(For bilateral blepharoplasty, add modifier -50)			
(See also 67916, 67917, 67923, 67924)			
15824 Rhytidectomy; forehead	10.0	30	3.0
15826 glabellar frown	8.0	30	3.0

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
<del>((15827 submental fat pad . . . . . 8.0 30 3.0))</del>				skin flap closure (e.g., advancement, rotation, rhomboid, bipedicle); . . . . .	20.0		3.0
<u>(15827 is deleted. To report use 15838)</u>				with osteotomy . . . . .	<u>BR</u>		<u>3.0</u>
15828 cheeks, chin and neck . . . . .	30.0	45	3.0	15935 <u>Excision, sacral pressure ulcer, with other flap closure; . . . . .</u>	<u>BR</u>		<u>3.0</u>
15829 subcutaneous musculoponeurotic system (SMAS) flap . . . . .	<u>BR</u>		<u>3.0</u>	15937 <u>with osteotomy . . . . .</u>	<u>BR</u>		<u>3.0</u>
<u>(For bilateral rhytidectomy, add modifier -50)</u>				<u>(To identify other flap closure, use also code number for specific flap)</u>			
15831 Excision, excessive skin and subcutaneous tissue (including lipectomy); abdomen (abdominoplasty) . . . . .	30.0	45	3.0	15940 Excision, ischial decubitus ulcer; direct suture . . . . .	<u>BR</u>		<u>3.0</u>
15832 thighs . . . . .	25.0	45	3.0	15941 with osteotomy (ischietomy) . . . . .	<u>BR</u>		<u>3.0</u>
15833 legs . . . . .	30.0	45	3.0	<del>((15942 skin and muscle flap closure . . . . .</del>	<del>BR</del>		<del>3.0</del>
15834 hips . . . . .	30.0	45	3.0	15943 <del>skin and muscle flap closure, with osteotomy . . . . .</del>	<del>BR</del>		<del>3.0</del>
15835 buttocks . . . . .	30.0	45	3.0	<u>(15942, 15943 have been deleted. To report, use 15944-15946)</u>			
15836 arms . . . . .	25.0	45	3.0	15944 <u>Excision, ischial pressure ulcer, with local or regional skin flap closure; . . . . .</u>	<u>BR</u>		<u>3.0</u>
15837 forearms . . . . .	25.0	45	3.0	with osteotomy . . . . .	<u>BR</u>		<u>3.0</u>
15838 submental fat pad . . . . .	<u>BR</u>		<u>3.0</u>	15945 <u>Excision, ischial pressure ulcer, with osteotomy, with muscle flap or myocutaneous flap closure . . . . .</u>	<u>BR</u>		<u>3.0</u>
15839 other area . . . . .				15946			
<u>(For bilateral procedure, add modifier -50)</u>	<u>BR</u>		<u>3.0</u>	<u>(To identify muscle or myocutaneous flap closure, use also code number for specific flap)</u>			
15840 Graft for facial nerve paralysis; free fascia graft, (including obtaining fascia) . . . . .	30.0	90	3.0	15950 Excision, trochanteric ((decubitus)) pressure ulcer; ((direct)) with primary suture . . . . .	<u>BR</u>		<u>3.0</u>
<u>(For bilateral procedure, add modifier -50)</u>				with osteotomy . . . . .	<u>BR</u>		<u>3.0</u>
15841 free muscle graft (including obtaining graft) . . . . .	35.0	45	3.0	15951 Excision, trochanteric pressure ulcer, with local rotation skin flap closure . . . . .	<u>BR</u>		<u>3.0</u>
15842 free muscle graft by microsurgical technique . . . . .	35.0	45	3.0	15952 skin flap closure, with osteotomy . . . . .	<u>BR</u>		<u>3.0</u>
15845 reanimation, muscle transfers . . . . .	<u>BR+</u>		<u>3.0</u>	15953 Excision, trochanteric pressure ulcer, with bipedicle flap closure; . . . . .	<u>BR</u>		<u>3.0</u>
<u>(For intravenous fluorescein examination of blood flow in graft or flap, see 15860)</u>				with osteotomy . . . . .	<u>BR</u>		<u>3.0</u>
<u>(For nerve transfers, decompression, or repair, see 64830-64876, 64905-64907, 69720-69725, 69740-69745, 69955)</u>				15954 Excision, trochanteric pressure ulcer, with muscle or myocutaneous flap closure; . . . . .	<u>BR</u>		<u>3.0</u>
15851 Removal of sutures in hospital or emergency room under anesthesia . . . . .	<u>BR</u>		<u>3.0</u>	15955 with osteotomy . . . . .	<u>BR</u>		<u>3.0</u>
15860 Intravenous injection of agent (e.g., fluorescein) to test blood flow in flap or graft . . . . .	<u>BR</u>		<u>3.0</u>	15956 Excision, trochanteric pressure ulcer, with muscle or myocutaneous flap closure; . . . . .	<u>BR</u>		<u>3.0</u>
				with osteotomy . . . . .	<u>BR</u>		<u>3.0</u>
<b>DECUBITUS ULCERS (PRESSURE SORES)</b>				<u>(To identify muscle or myocutaneous flap closure, use also code number for specific flap)</u>			
15920 Coccygectomy; primary suture . . . . .	<u>BR</u>		<u>3.0</u>	15960 Excision, ((calcaneal decubitus)) heel pressure ulcer; with primary suture . . . . .	<u>BR</u>		<u>3.0</u>
15922 with flap closure . . . . .	<u>BR</u>		<u>3.0</u>	with osteotomy . . . . .	<u>BR</u>		<u>3.0</u>
<del>((15930 Excision, sacral decubitus ulcer, with skin flap closure . . . . .</del>	<del>BR</del>		<del>3.0</del>	<del>((15962 with pinch graft . . . . .</del>	<del>BR</del>		<del>3.0</del>
<u>(15930 has been deleted. To report, use 15934)</u>				15963 <del>skin flap closure, with osteotomy . . . . .</del>	<del>BR</del>		<del>3.0</del>
15931 Excision, sacral decubitus ulcer; with primary suture . . . . .	13.0		3.0	<u>(For free skin graft to close ulcer or donor site, see 15000 et seq))</u>			
<del>((15932 with osteotomy . . . . .</del>	<del>BR</del>		<del>3.0</del>	<u>(15962, 15963, have been deleted. To report use 15964-15967)</u>			
<u>(15932 has been deleted)</u>				15964 Excision, heel pressure ulcer, with local skin flap closure; . . . . .	<u>BR</u>		<u>3.0</u>
15933 with osteotomy ((and primary suture)) . . . . .	<u>BR</u>		<u>3.0</u>	with osteotomy . . . . .	<u>BR</u>		<u>3.0</u>
15934 <del>((with skin flap closure))</del> Excision, sacral pressure ulcer, with local or regional				15965 Excision, heel pressure ulcer, with other flap closure; . . . . .	<u>BR</u>		<u>3.0</u>
				15966			



	Unit Value	Follow- up Days=	Basic Anes@
15967 with ostectomy . . . . .	BR		3.0
<u>(To identify other flap closure, use also code number for specific flap)</u>			

**AMENDATORY SECTION** (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

**WAC 296-22-026 BURNS, LOCAL TREATMENT.**

	Unit Value	Follow- up Days=	Basic Anes@
15970 Excision, leg pressure ulcer, with primary suture;	BR		3.0
15971 with ostectomy	BR		3.0
15972 Excision, leg pressure ulcer, with local skin flap(s);	BR		3.0
15973 with ostectomy . . . . .	BR		3.0
15974 Excision, leg pressure ulcer, with muscle or myocutaneous flap closure; . . . . .	BR		3.0
15975 with ostectomy . . . . .	BR		3.0
<u>(To identify muscle or myocutaneous flap closure, use also code number for specific flap)</u>			
15980 Excision, knee pressure ulcer, with local skin flap closure; . . . . .	BR		3.0
15981 with ostectomy . . . . .	BR		3.0
15982 Excision, knee pressure ulcer, with other flap closure; . . . . .	BR		3.0
15983 with ostectomy . . . . .	BR		3.0
<u>(To identify other flap closure, use also code number for specific flap)</u>			
15999 Unlisted procedure, excision pressure ulcer . . . . .	BR		3.0
<u>(For free skin graft to close ulcer or donor site, see 15000 et seq.)</u>			

Procedures 16000-16030 refer to local treatment of burned surface only.

List percentage of body surface involved and depth of burn.

(For necessary related medical services (e.g., hospital visits, detention) in management of burned patients, see appropriate services in medicine section.)

	Unit Value	Follow- up Days=	Basic Anes@
(*)16000 Initial treatment, first degree burn, when no more than local treatment is required . . . . .	(*)0.3	0	
(*)16010 Dressings and/or debridement, initial or subsequent;			

	Unit Value	Follow- up Days=	Basic Anes@
(*)16015 under anesthesia, small . . . . .	(*)0.8	0	3.0
*16020 without anesthesia, office or hospital, small . . . . .	*2.0	0	3.0
*16025 without anesthesia, medium (e.g., whole face or whole extremity) . . . . .	*0.4	0	
(*)16030 without anesthesia, large (e.g., more than one extremity) . . . . .	*0.6	0	
16035 Escharotomy . . . . .	(*)0.8	0	3.0

**AMENDATORY SECTION** (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

**WAC 296-22-027 DESTRUCTION.**

	Unit Value	Follow- up Days=	Basic Anes@
<u>(For electrosurgical destruction of malignant skin lesions, see 11600-11646)</u>			
<u>(For condylomata, see 46900-46933, 54050-54065, 56500-56515)</u>			
*17000 Destruction by any method, with or without surgical curettment, all facial lesions or premalignant lesions in any location, including local anesthesia; one lesion . . . . .	*0.6	0	3.0
17001 second and third lesions, each . . . . .	0.3		
17002 over 3 lesions, each additional lesion . . . . .	0.15		
17010 complicated lesion(s) . . . . .	BR		3.0
*17100 Destruction by any method of benign skin lesions on any area other than the face, including local anesthesia; one lesion . . . . .	*0.4	0	3.0
17101 second lesion . . . . .	0.2		
17102 over two lesions, each additional lesion up to 15 lesions . . . . .	0.1		
17104 15 or more lesions . . . . .	0.1		
17105 complicated lesions . . . . .	BR		3.0
*17110 Destruction by any method of flat (plane, juvenile) warts or molluscum contagiosum, milia, up to 15 lesions . . . . .	*0.4	0	3.0
<u>(Retreatment same as office visit)</u>			
*17200 Electrosurgical destruction of multiple tags; up to 15 lesions . . . . .	*0.4	0	3.0
17201 each additional 10 lesions . . . . .	0.2		3.0
<u>(For excision of fibrocuteaneous tags, see 11200, 11201)</u>			
*17250 Chemical cauterization of a wound . . . . .	BR		3.0
<del>(+7300 Chemosurgery (Mohs type technique), malignancies of skin, including removal of lesion and microscopic delineation of margins and base; first stage fulguration and application of chemicals . . . . .</del>			

	Unit Value	Follow-up Days=	Basic Anes@
<del>17301</del> subsequent treatment, up to five microscopic sections . . . . .	<del>1.6</del>	<del>30</del>	<del>3.0</del>
<del>17302</del> subsequent treatment, over five additional microscopic sections . . . . .	<del>0.2)</del>		
<u>(17300-17302 have been deleted. To report use 17303-17310)</u>			
17303 Chemosurgery (Moh's technique), first stage, fixed tissue technique, including the removal of all gross tumor and application of fixative . . . . .	BR		3.0
17304 Chemosurgery (Moh's technique); first stage, fresh tissue technique, including the removal of all gross tumor and delineation of margins by means of up to five horizontal, microscopic specimens . . . . .	BR		3.0
17305 second stage, fixed or fresh tissue, up to 5 specimens . . . . .	BR		3.0
17306 third stage, fixed or fresh tissue, up to 5 specimens . . . . .	BR		3.0
17307 additional stage(s), up to 5 specimens, each stage . . . . .	BR		3.0
17310 more than 5 specimens, fixed or fresh tissue, any stage . . . . .	BR		3.0

(For initiation or follow-up care of topical chemotherapy (e.g. 5-FU or similar agents), see appropriate office visits)

(For initiation or follow-up care of topical chemotherapy (e.g., 5-FU or similar agents), see appropriate office visits)

*17340 Cryotherapy (CO <sub>2</sub> slush, liquid N <sub>2</sub> ) . . . . .	*0.3	0	
*17360 Chemical exfoliation for acne (e.g., acne paste, acid) . . . . .	*0.3	0	
*17380 Electrolysis epilation, each 1/2 hour . . . . .	*0.6	0	
<u>(For actinotherapy, see 96900)</u>			
17999 Unlisted procedure, skin, mucous membrane and subcutaneous tissue . . . . .	BR		3.0

**AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)**

**WAC 296-22-031 BREAST.**

	Unit Value	Follow-up Days=	Basic Anes@
*19100 Biopsy of breast, needle (separate procedure) . . . . .	*0.6	0	
19101 incisional . . . . .	3.6	30	3.0
19120 Excision of cyst, fibroadenoma or other benign tumor, aberrant breast tissue, duct lesion or nipple lesion (except 19140-19161), male or female, one or more lesions; ((unilateral)) . . . . .	5.0	30	3.0
<del>((19121 bilateral . . . . .</del>	<del>6.0</del>	<del>30</del>	<del>3.0)</del>

**EXCISION**

(All codes for bilateral procedures have been deleted. To report, add modifier -50)

	Unit Value	Follow-up Days=	Basic Anes@
19140 Mastectomy for gynecomastia through circumareolar or other incision, ((unilateral)) . . . . .	8.0	60	3.0
<del>((19141 bilateral . . . . .</del>	<del>10.0</del>	<del>60</del>	<del>3.0)</del>
19160 Mastectomy, partial (quadrectomy or more); ((unilateral)) . . . . .	6.0	60	3.0
<del>((19161 bilateral . . . . .</del>	<del>8.0</del>	<del>60</del>	<del>3.0)</del>
19162 with axillary lymphadenectomy . . . . .	BR		3.0
19180 Mastectomy, simple complete; ((unilateral)) . . . . .	8.0	45	3.0
<u>(For immediate or delayed insertion of implant, use 19340 or 19342)</u>			
<del>((19181 bilateral . . . . .</del>	<del>11.0</del>	<del>45</del>	<del>4.0)</del>
<u>(For gynecomastia, see 19140, 19141)</u>			
19182 Mastectomy, subcutaneous; ((unilateral)) . . . . .	10.0	60	3.0
<del>((19183 bilateral . . . . .</del>	<del>15.0</del>	<del>60</del>	<del>3.0)</del>
<del>19184 Mastectomy, subcutaneous, with immediate prosthetic implant; unilateral . . . . .</del>	<del>14.0</del>	<del>90</del>	<del>3.0</del>
<del>19185 bilateral . . . . .</del>	<del>18.0</del>	<del>90</del>	<del>3.0)</del>
<u>(When performed in conjunction with reduction mammoplasty, use also 19318)</u>			
<u>(19184-19187 have been deleted. To report, use 19182 with 19340 or 19342)</u>			
<u>(For supplemental skills of two surgeons, see WAC 296-22-010 item 5 and modifier -62)</u>			
<u>(For supply of prosthetic implant, see 99070)</u>			
<del>((19186 Mastectomy, subcutaneous, with delayed prosthetic implant; unilateral . . . . .</del>	<del>12.0</del>	<del>90</del>	<del>3.0</del>
<del>19187 bilateral . . . . .</del>	<del>16.0</del>	<del>90</del>	<del>3.0)</del>
19200 Mastectomy, radical, including breast, pectoral muscles, axillary lymph nodes((unilateral)) . . . . .	18.0	60	3.0
<del>((19205 bilateral . . . . .</del>	<del>25.0</del>	<del>60</del>	<del>3.0)</del>
<del>19211 Mastectomy, radical, including breast, pectoral muscles, axillary lymph nodes, with immediate prosthetic implant; unilateral . . . . .</del>	<del>21.0</del>	<del>60</del>	<del>3.0</del>
<del>19212 bilateral . . . . .</del>	<del>27.0</del>	<del>60</del>	<del>3.0)</del>
<del>19215 Mastectomy, radical, including breast, pectoral muscles, axillary lymph nodes, with delayed prosthetic implant; unilateral . . . . .</del>	<del>21.0</del>	<del>60</del>	<del>3.0</del>
<del>19216 bilateral . . . . .</del>	<del>24.0</del>	<del>60</del>	<del>3.0)</del>
<u>(19211-19216 have been deleted. To report, use 19200 with 19340 or 19342)</u>			
19220 Mastectomy, radical, including breast, pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)((unilateral)) . . . . .	26.0	60	11.0
<del>((19221 bilateral . . . . .</del>	<del>30.0</del>	<del>60</del>	<del>11.0)</del>
<del>19224 Mastectomy, radical, including breast, pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation); with immediate prosthetic implant; unilateral . . . . .</del>	<del>28.0</del>	<del>60</del>	<del>11.0)</del>

	Unit Value	Follow-up Days=	Basic Anes@
<del>19225</del> bilateral	<del>32.0</del>	<del>60</del>	<del>11.0</del>
<del>19228</del> Mastectomy, radical, including breast, pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation); with delayed prosthetic implant; unilateral	<del>30.0</del>	<del>60</del>	<del>11.0</del>
<del>19229</del> bilateral	<del>34.0</del>	<del>60</del>	<del>11.0</del>
(For supply of prosthetic implant, see 99070))			
(19224-19229 have been deleted. To report, use 19220 with 19340 or 19342)			
19240 Mastectomy, modified radical, with modified axillary dissection but leaving pectoral muscles(;; unilateral)	16.0	60	3.0
<del>((19245</del> bilateral	<del>20.0</del>	<del>60</del>	<del>3.0</del>
<del>19250</del> Mastectomy, modified radical, with modified axillary dissection but leaving pectoral muscles; with immediate prosthetic implant; unilateral	<del>24.0</del>	<del>60</del>	<del>3.0</del>
<del>19251</del> bilateral	<del>28.0</del>	<del>60</del>	<del>3.0</del>
<del>19254</del> Mastectomy, modified radical, with modified axillary dissection but leaving pectoral muscles; with delayed prosthetic implant; unilateral	<del>26.0</del>	<del>60</del>	<del>3.0</del>
<del>19255</del> bilateral	<del>30.0</del>	<del>60</del>	<del>3.0</del>
(19250-19255 have been deleted. To report, use 19240 with 19340 or 19342)			
(For supply of prosthetic implant, see 99070)			
19260 Excision of chest wall tumor including ribs	BR+		9.0
19271 Excision of chest wall tumor involving ribs, with plastic reconstruction; without mediastinal lymphadenectomy	BR+		9.0
19272 with mediastinal lymphadenectomy	BR		9.0
<b>Repair and reconstruction</b>			
<del>((19300</del> Mammoplasty, reduction or repositioning one stage operation; unilateral	<del>35.0</del>	<del>90</del>	<del>3.0</del>
<del>19301</del> one stage operation, bilateral	<del>40.0</del>	<del>90</del>	<del>3.0</del>
<del>19303</del> two stage operation, unilateral	<del>BR+</del>	<del></del>	<del>3.0</del>
<del>19304</del> two stage operation, bilateral	<del>BR</del>	<del></del>	<del>3.0</del>
<del>19310</del> Mammoplasty, augmentation, prosthetic (not including implants); unilateral	<del>18.0</del>	<del>90</del>	<del>3.0</del>
<del>19311</del> bilateral	<del>30.0</del>	<del>90</del>	<del>3.0</del>
(For supply of implants, see 99070)			
(For mastectomy with prosthetic implant, immediate or delayed; see 19184-19187, 19211-19216, 19224-19229, 19250-19255))			
(19300-19304 have been deleted. To report, see 19316, 19318)			
(19310, 19311 have been deleted. To report, use 19325)			
(All codes for bilateral procedures have been deleted. To report, add modifier -50)			

	Unit Value	Follow-up Days=	Basic Anes@
19316 Mastopexy	BR	90	3.0
19318 Reduction mammoplasty	BR	90	3.0
19324 Mammoplasty, augmentation; without prosthetic implant	BR	90	3.0
19325 with prosthetic implant	BR	90	3.0
(For flap or graft, use also appropriate number)			
19328 Removal of intact mammary implant	BR	30	3.0
19330 Removal of mammary implant material(;; unilateral)	BR	30	3.0
<del>((19331</del> bilateral	<del>BR</del>	<del>30</del>	<del>3.0</del>
19340 Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	BR	30	3.0
19342 Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	BR	30	3.0
(For supply of implant, use 99070)			
(For preparation of custom breast implant, see 19396)			
19350 Reconstruction of nipple and/or areola(;; including labial or other grafts; unilateral)	BR	30	3.0
<del>((19351</del> bilateral	<del>BR</del>	<del>30</del>	<del>3.0</del>
19360 Breast reconstruction with muscle or myocutaneous flap	BR	90	3.0
(Use also code number for specific flap)			
19364 Breast reconstruction with free flap	BR	90	3.0
(Use also code number for specific flap)			
19366 Breast reconstruction with other technique	BR	90	3.0
(For microsurgical technique, add modifier -20)			
(For insertion of prosthesis, use also 19340 or 19342)			
19370 Open periprosthetic capsulotomy, breast	BR		3.0
19371 Periprosthetic capsulectomy, breast	BR		3.0
19380 Revision of reconstructed breast	BR		3.0
19396 Preparation of moulage for custom breast implant	BR		3.0
19499 Unlisted procedure, breast	BR		3.0

**AMENDATORY SECTION** (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

✓ WAC 296-22-036 GENERAL.

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
*20000 Incision of soft tissue abscess, secondary to osteomyelitis; superficial	*0.4	0	3.0
20005 deep or complicated	BR		3.0
20010 with suction irrigation	BR		3.0

	Unit Value	Follow-up Days=	Basic Anes@
*20040 Drainage of infected bursa . . . . .	*0.6	0	3.0

**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

✓ **WAC 296-22-037 EXCISION.**

	Unit Value	Follow-up Days=	Basic Anes@
(For aspiration of bone marrow, see 85095)			
20200 Biopsy, muscle; superficial . . . . .	1.2	7	3.0
20205 deep . . . . .	2.4	15	3.0
20206* Biopsy, muscle, percutaneous needle . . . . .	BR		3.0
(For CT guidance, see 76360, 76361; for ultrasonic guidance, see 76942, 76943)			
(For percutaneous needle biopsy of soft tissue of spine, see 22012)			
<u>(For fine needle aspiration, preparation, and interpretation of smears, see 88170-88173)</u>			
(For excision of muscle tumor, deep, see specific anatomic section)			
20220 Biopsy, bone, trocar or needle; superficial (e.g., ilium, sternum, spinous process, ribs) . . . . .	1.2	7	3.0
20225 deep (vertebral body, femur) . . . . .	4.0	15	3.0
20240 Biopsy, excisional; superficial (e.g., ilium, sternum, spinous process, ribs,) trochanter of femur . . . . .	3.0	21	3.0
20245 deep (e.g., humerus, ischium, femur) . . . . .	5.0	30	3.0
20250 Biopsy, vertebral body, open; thoracic . . . . .	BR		3.0
20251 lumbar or cervical . . . . .	BR		3.0
(For sequestrectomy, osteomyelitis or drainage of bone abscess, see anatomical area)			

**AMENDATORY SECTION** (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

✓ **WAC 296-22-039 REIMPLANTATION.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>REIMPLANTATION</b>			
20802 Reimplantation, arm; complete . . . . .	BR		3.0
20804 incomplete (nonviable extremity with soft tissue pedicle) . . . . .	BR		3.0
20808 Reimplantation, hand; complete . . . . .	BR		3.0
20812 incomplete (nonviable extremity with soft tissue pedicle) . . . . .	BR		3.0
20816 Reimplantation, digit; complete . . . . .	BR		3.0
20820 incomplete (nonviable extremity with soft tissue pedicle) . . . . .	BR		3.0
20832 Replantation, leg; complete . . . . .	BR		3.0
20834 incomplete (nonviable extremity with soft tissue pedicle) . . . . .	BR		3.0

	Unit Value	Follow-up Days=	Basic Anes@
20838 Replantation, foot; complete . . . . .	BR		3.0
20840 incomplete (nonviable extremity with soft tissue pedicle) . . . . .	BR		3.0

**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

✓ **WAC 296-22-040 GRAFTS (OR IMPLANTS).**

Codes for obtaining autogenous bone, cartilage, tendon, fascia lata grafts, or other tissues, the rough separate incisions are to be used only when graft is not already listed as part of basic procedure. Listed value applies and WAC 296-22-010, item 7 is not to be applied to procedures 20900-20922.

(For alloplastic or heterologous grafts, see instructions, WAC 296-22-035)

	Unit Value	Follow-up Days=	Basic Anes@
20900 Bone graft, any donor area; minor or small (e.g., dowel or button) . . . . .	2.4	0	3.0
20902 major or large . . . . .	4.8	0	3.0
20910 Cartilage graft, costochondral . . . . .	4.8	0	3.0
20920 Fascia lata graft; by stripper . . . . .	2.0	0	3.0
20922 by incision and area exposure, complex or sheet . . . . .	4.0	0	3.0
20924 Tendon graft, from a distance (e.g., palmaris, toe extensor, plantaris) . . . . .	BR		3.0
20926 Tissue grafts, other (e.g., paratenon, fat, dermis, etc.) . . . . .	BR		3.0

**MISCELLANEOUS**

20950 Monitoring of interstitial fluid pressure (e.g., wick catheter technique, needle manometer technique) in detection of muscle compartment syndrome . . . . .	BR		3.0
20955 Fibula graft with microvascular anastomosis . . . . .	BR		3.0
20960 Rib graft with microvascular anastomosis . . . . .	BR		3.0
20970 Osteocutaneous graft (iliac crest and inguinal groin flap) with microvascular anastomosis . . . . .	BR		3.0
20971 rib . . . . .	BR		3.0
20972 metatarsal . . . . .	BR		3.0
20973 great toe with web space . . . . .	BR		3.0
20974 Electrical stimulation to aid bone healing; noninvasive (nonoperative) . . . . .	BR		3.0
(use 20974 in addition to code for appropriate bony procedure when applicable)			
20975 invasive (operative) . . . . .	BR		3.0
(use 20975 in addition to code for appropriate bony procedure when applicable)			
20976 percutaneous insertion of electrodes . . . . .	BR		3.0
(use 20976 in addition to code for appropriate bony procedure when applicable)			

	Unit Value	Follow-up Days=	Basic Anes@
20999 Unlisted procedure, musculoskeletal system, general . . . . .	BR		3.0

**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

**WAC 296-22-042 HEAD.**

	Unit Value	Follow-up Days=	Basic Anes@
(Skull, facial bones and temporomandibular joint)			
<b>INCISION</b>			
(For drainage of superficial abscess and hematoma, see 20000)			
(For removal of embedded foreign body from dentoalveolar structure, see ((418105)) 41805, 41806)			
21010 Arthrotomy, temporomandibular joint; unilateral . . . . .	BR		3.0
21011 bilateral . . . . .	BR		3.0

	Unit Value	Follow-up Days=	Basic Anes@
<b>EXCISION</b>			
(For biopsy, see 20220, 20240)			
21020 Craniectomy ((or)) for sequestrectomy ((for osteomyelitis)) . . . . .	BR		8.0
(For craniectomy for osteomyelitis, see 61501)			
(For other craniectomies, see 61304 et seq.)			
21030 Excision of benign tumor or cyst of facial bone other than mandible . . . . .	BR		5.0
21034 Excision of malignant tumor of facial bone other than mandible . . . . .	BR		5.0
21040 Excision of benign cyst or tumor of mandible; simple . . . . .	5.0	90	5.0
21041 complex . . . . .	BR		5.0
21044 Excision of malignant tumor of mandible; . . . . .	BR		5.0
21045 radical resection . . . . .	BR		5.0
(For bone graft, see 21215)			
21050 Arthrectomy, temporomandibular joint; unilateral . . . . .	18.0	90	5.0
21051 bilateral . . . . .	20.0	90	5.0
21060 Meniscectomy, temporomandibular joint; unilateral . . . . .	18.0	90	5.0
21061 bilateral . . . . .	20.0	90	5.0
21070 Coronoidectomy (separate procedure); unilateral . . . . .	18.0	90	5.0
21071 bilateral . . . . .	20.0	90	5.0

	Unit Value	Follow-up Days=	Basic Anes@
<b>INTRODUCTION OR REMOVAL</b>			
(For application or removal of caliper or tongs, see 20660, 20665)			
*21100 Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure) . . . . .	*2.0	0	3.0
21110 Application of interdental fixation device for conditions other			

	Unit Value	Follow-up Days=	Basic Anes@
21116 than fracture or dislocation . . . . .	8.0	90	3.0
Injection procedure for temporomandibular arthrotomography . . . . .	BR		
(For temporomandibular arthrotomography, see 70332)			

**REPAIR, REVISION OR RECONSTRUCTION**

	Unit Value	Follow-up Days=	Basic Anes@
(For cranioplasty, see 62140-62145)			
21200 Osteoplasty of mandible for prognathism, micrognathism . . . . .	30.0	90	5.0
21202 mandible, segmental . . . . .	BR	90	5.0
21203 mandibular ramus (osteotomy) . . . . .	BR	90	5.0
21204 maxilla, total . . . . .	BR	90	5.0
21206 maxilla, segmental . . . . .	BR	90	5.0
21207 reduction genioplasty . . . . .	BR		5.0
21210 Graft, bone; nasal, maxillary and malar areas (includes obtaining graft) . . . . .	20.0	120	5.0

	Unit Value	Follow-up Days=	Basic Anes@
(For cleft palate repair, see 42200-42225)			
21215 mandible (includes obtaining graft) . . . . .	20.0	120	5.0
21230 Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft) . . . . .	18.0	120	5.0
21235 ear cartilage to nose or ear (includes obtaining graft) . . . . .	12.0	60	5.0
21239 Implant, chin, homologous, heterologous, or alloplastic . . . . .	BR		5.0
21240 Arthroplasty, temporomandibular joint; unilateral . . . . .	BR+		5.0
((21241 bilateral . . . . .	BR		5.0))

(21241 has been deleted. To report bilateral procedure, use modifier -50)

(If bone or cartilage graft is used for temporomandibular joint arthroplasty, use 20900-20910)

	Unit Value	Follow-up Days=	Basic Anes@
21242 Arthroplasty, temporomandibular joint, with alloplastic material (e.g., silicone) . . . . .	BR		5.0
21250 Osteoplasty of maxilla and/or other facial bones for midface hypoplasia or retrusion (LeFort type operation); without bone graft . . . . .	BR		5.0
21254 with bone graft . . . . .	BR		5.0
21260 Orbital hypertelorism correction (periorbital) osteotomies, bilateral, with bone grafts; extracranial approach . . . . .	BR		5.0
21261 combined intra- and extracranial approach . . . . .	BR		5.0
21263 with forehead advancement . . . . .	BR		5.0
21267 Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach . . . . .	BR		5.0
21268 combined intra- and extracranial approach . . . . .	BR		5.0
21270 Reconstruction for Treacher Collins syndrome (periorbital and zygomatic reconstruction with multiple bone grafts) . . . . .	BR		5.0
21275 Secondary revision for orbitocraniofacial reconstruction . . . . .	BR		5.0

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
				including zygomatic arch and malar tripod, with internal skeletal fixation and multiple surgical approaches . . . . .			
				13.0 90 3.0			
				((21380 Treatment of orbital floor "blow-out" fracture without manipulation . . . . . Sv.&))			
				(21380 has been deleted. If necessary to report, use appropriate medical encounter code)			
				21385 Open treatment of orbital floor "blowout" fracture; transantral approach (Caldwell-Luc type operation) . . . . .			
				12.0 90 3.0			
				21386 periorbital approach . . . . . 13.0 90 3.0			
				21387 combined approach . . . . . 15.0 90 3.0			
				21390 periorbital approach, with alloplastic or other implant . . . . . 14.0 90 3.0			
				21395 periorbital approach with bone graft (includes obtaining graft) . . . . . 18.0 90 3.0			
				21400 Treatment of fracture of orbit, except "blowout"; without manipulation . . . . . SV			
				21401 with manipulation . . . . . 6.0 90 3.0			
				21406 Open treatment of fracture of orbit, except "blowout"; without implant . . . . . 7.0 90 3.0			
				21407 with implant . . . . . 8.0 90 3.0			
				((21420 Treatment of closed or open maxillary fracture without manipulation))			
				(21420 has been deleted. If necessary to report, use appropriate medical encounter code)			
				21421 Treatment of palatal or alveolar ridge fractures (LeFort I type); closed manipulation with interdental wire fixation or fixation of denture or splint . . . . . 7.0 90 3.0			
				21422 open treatment . . . . . 12.0 90 3.0			
				21431 Treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint . . . . . 8.0 90 4.0			
				21432 Open treatment of craniofacial separation (LeFort III type); with wiring and/or local fixation . . . . . BR 4.0			
				21433 complicated (e.g., multiple approaches) . . . . . BR 5.0			
				21435 complicated, fixation by head cap, halo device, multiple surgical approaches, internal fixation, and/or wiring teeth . . . . . ((BR+)) BR 5.0			
				(For removal of internal or external fixation device, see 20670)			
				21440 Manipulative treatment of alveolar ridge fracture (separate procedure) . . . . . BR 5.0			
				21445 Open treatment of alveolar ridge fracture (separate procedure) . . . . . BR 5.0			
				21450 Treatment of closed or open mandibular fracture without manipulation . . . . . Sv.&			
				21451 with manipulation, may include external fixation . . . . . BR 5.0			
				21452 Treatment of open mandibular fracture; without manipulation . . . . . BR 5.0			
				(For reconstruction of skull by bone flaps, see 61555)			
21280	BR		5.0				
21282	BR		5.0				
21295							
				(e.g., treatment of benign masseteric hypertrophy); extraoral approach . . . . . BR 5.0			
21296	BR		5.0				
				intraoral approach . . . . . BR 5.0			
FRACTURE AND/OR DISLOCATION							
21300		Sv.&					
				Treatment of closed skull fracture without operation . . . . .			
				(For operative repair, see 62000-62010)			
21310		Sv.&					
				Treatment of closed or open nasal fracture without manipulation . . . . .			
*21315							
				Manipulative treatment nasal bone fracture; without stabilization . . . . . *1.1 0 3.0			
21320			3.0	90			3.0
21325			4.0	90			3.0
21330			9.5	90			3.0
				complicated, with internal and/or external skeletal fixation . . . . .			
21335			17.0	90			3.0
				with concomitant open of fractured septum . . . . .			
21337	BR			90			3.0
				Treatment of closed nasal septal fracture . . . . .			
21338	BR			90			3.0
				Open treatment of nasoethmoid fracture; without external fixation . . . . .			
21339	BR			90			3.0
				with external fixation . . . . .			
21340	BR						3.0
				Treatment of closed or open nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus . . . . .			
21345	BR						3.0
				Treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint . . . . .			
21346	BR						3.0
				Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation . . . . .			
21347	BR						3.0
				with multiple approaches . . . . .			
				((21350 Treatment of closed or open fracture of malar area, including zygomatic arch and malar tripod without manipulation . . Sv.&))			
				(21350 has been deleted. If necessary to report, use appropriate medical encounter code)			
*21355			*1.0	2			3.0
				Manipulative treatment of closed or open fracture of malar area, including zygomatic arch and malar tripod, towel clip technique . . . . .			
21360			7.0	90			3.0
				Open treatment of closed or open depressed malar fracture, including zygomatic arch and malar tripod . . . . .			
21365							
				Open treatment of closed or open complicated (e.g., multiple fractures) of malar area, . . . . .			

	Unit Value	Follow-up Days=	Basic Anes@
21453 with manipulation . . . . .	BR		<u>5.0</u>
21454 Open treatment of closed or open mandibular fracture with external fixation . . . . .	BR		<u>5.0</u>
21455 Closed manipulative treatment by interdental fixation of closed or open mandibular fracture . . . . .	8.0	90	5.0
21461 Open treatment of closed or open mandibular fracture; with or without interdental fixation . . . . .	16.0	90	5.0
21462 with interdental fixation . . . . .	16.0	90	5.0
21465 <u>Open treatment of mandibular condylar fracture . . . . .</u>	<u>BR</u>		<u>5.0</u>
21470 Open treatment of complicated closed or open mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints . . . . .	<del>BR</del> <u>BR</u>		5.0
21480 Uncomplicated treatment of temporomandibular dislocation, initial or subsequent . . . . .	Sv.&		3.0
21485 Complicated manipulate treatment of temporomandibular dislocation, initial or subsequent . . . . .	<del>BR</del> <u>BR</u>		3.0
21490 Open treatment of temporomandibular dislocation . . . . .	<del>BR</del> <u>BR</u>		3.0
(For interdental wire fixation, see 21462)			
21493 Treatment of closed or open hyoid fracture; without manipulation . . . . .	SV		
21494 with manipulation . . . . .	7.0	90	3.0
21495 Open treatment of closed or open hyoid fracture . . . . .	8.0	90	3.0
(For treatment of fracture of larynx, see 31584-31586)			
21497 Interdental wiring, for condition other than fracture . . . . .	BR		<u>3.0</u>
21499 Unlisted procedure, head . . . . .	BR		<u>3.0</u>

**AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)**

**WAC 296-22-051 NECK (SOFT TISSUES) AND THORAX.**

	Unit Value	Follow-up Days=	Basic Anes@
(For cervical spine, see 22100, et seq.)			
(For injection of fracture site or trigger point, see 20550)			
(For abdominal fascial transplant, see 22910)			

**INCISION**

	Unit Value	Follow-up Days=	Basic Anes@
(For incision and drainage of abscess or hematoma, superficial, see 10060)			
21501 Incision and drainage, deep abscess or hematoma; . . . . .	5.0	30	3.0
21502 with partial rib ostectomy . . . . .	6.0	30	3.0

	Unit Value	Follow-up Days=	Basic Anes@
21510 Incision, deep, with opening of bone cortex for osteomyelitis or bone abscess; . . . . .	7.0	30	3.0
21511 with suction irrigation . . . . .	8.0	30	3.0
<b>EXCISION</b>			
21550 Excisional biopsy, soft tissues . . . . .	7.0	30	3.0
21555 Excision benign tumor; subcutaneous . . . . .	7.0	30	3.0
21556 deep, subfascial, intramuscular . . . . .	8.0	30	3.0
(For excision of chest wall tumor involving ribs, e.g., radical excision, see 19260, 19270)			
21600 Excision of rib, partial . . . . .	6.0	60	5.0
(For radical resection of chest wall and rib cage for tumor, see 19260)			
(For radical debridement of chest wall and rib cage for injury, see 11040-11044)			
21610 Costotransversectomy (separate procedure) . . . . .	<del>BR</del> <u>BR</u>		5.0
21615 Excision first and/or cervical rib for outlet compression syndrome or other cause; . . . . .	<del>BR</del> <u>16.6</u>	<u>60</u>	
21616 with sympathectomy . . . . .	<u>BR</u>		
21620 Ostectomy of sternum, partial . . . . .	<del>BR</del> <u>BR</u>		5.0
21630 Radical resection of sternum for tumor; . . . . .	<del>BR</del> <u>BR</u>		5.0
21632 with mediastinal lymphadenectomy . . . . .	<u>BR</u>		5.0
21633 for osteomyelitis . . . . .	<u>BR</u>		<u>5.0</u>

**REPAIR, REVISION OR RECONSTRUCTION**

(((For repair of deep wounds, see 20800)))			
(For superficial wound, see General Section under Repair-Simple)			
21700 Division of scalenus anticus; without resection of cervical rib . . . . .	10.0	60	3.0
21705 with resection of cervical rib . . . . .	12.0	60	5.0
21720 Division of sternocleidomastoid for torticollis, open operation; without cast application . . . . .	8.0	60	3.0
(For transection of spinal accessory and cervical nerves, see 63191, 63192, 64722)			
21725 with cast application . . . . .	9.0	60	3.0
21740 Reconstructive repair of pectus excavatum or carinatum . . . . .	26.0	120	11.0
21741 Xiphoid resection pectus excavatum . . . . .	BR		<u>11.0</u>

**FRACTURE AND/OR DISLOCATION**

21800 Treatment of rib fracture; closed, uncomplicated, each . . . . .			Sv.&
21805 open or complicated, each . . . . .	<del>BR</del> <u>BR</u>		5.0
21810 closed or open requiring external fixation ("flail chest") . . . . .	<del>BR</del> <u>BR</u>		5.0

	Unit Value	Follow-up Days=	Basic Anes@
21820 Treatment of sternum fracture; closed .....	Sv.&		
21825 open .....	BR+		5.0

(For sternoclavicular dislocation, see 23520-23532)

MISCELLANEOUS

21899 Unlisted procedure, neck or thorax .....	BR		5.0
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AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

✓ WAC 296-22-053 SPINE (VERTEBRAL COLUMN).

	Unit Value	Follow-up Days=	Basic Anes@
(Cervical, thoracic (dorsal), and lumbar spine)			
(For injection procedure for myelography, see 63510-63520)			
(For injection procedure for discography, see 63530-63535)			

EXCISION

22010 Biopsy, spinal soft tissues; superficial .....	1.2	7	3.0
22011 deep .....	2.4	15	3.0
22012* Biopsy, spinal soft tissues, percutaneous needle .....	BR		3.0

(For CT guidance, see 76360, 76361; for ultrasonic guidance, see 76942, 76943)

(For fine needle aspiration, preparation, and interpretation of smears, see 88170-88173)

22030 Excision, benign tumor, subcutaneous .....	3.0	15	3.0
22031 Excision, benign tumor, deep, subfascial, intramuscular; cervical .....	4.0	15	3.0
22032 thoracic .....	3.0	15	3.0
22033 lumbar .....	3.0	15	3.0

(For discectomy without arthrodesis (excision of intervertebral disc), see ~~(63400-63415)~~ 63020-63076)

(For laminectomy, Gill procedure, see 63010)

22100 Partial resection of vertebral component, spinous processes (e.g., "kissing" spines); cervical ..	8.0	90	8.0
22101 thoracic .....	8.0	90	7.0
22102 lumbar .....	8.0	90	7.0
22105 Partial resection of vertebral component for tumor (e.g., partial facetectomy without primary grafting); cervical .....	12.0	90	8.0
22106 thoracic .....	12.0	90	7.0
22107 lumbar .....	12.0	90	7.0
22110 Partial excision of vertebrae (craterization, saucerization) for osteomyelitis, cervical; .....	BR		8.0
22111 with suction irrigation .....	BR		8.0

	Unit Value	Follow-up Days=	Basic Anes@
22112 Partial excision of vertebrae (craterization, saucerization) for osteomyelitis, thoracic; .....	BR		7.0
22113 with suction irrigation .....	BR		7.0
22114 Partial excision of vertebrae (craterization, saucerization) for osteomyelitis, lumbar; .....	BR		7.0
22115 with suction irrigation .....	BR		7.0
22120 Radical resection of vertebral body or component with primary grafting, includes obtaining graft; cervical .....	(BR+)		8.0
22121 thoracic .....	BR		7.0
22122 lumbar .....	BR		7.0
22128 Radical resection of vertebral body or component with prosthetic replacement, including fabrication of prosthesis; cervical .....	BR		7.0
22129 thoracic .....	BR		7.0
22130 lumbar .....	BR		7.0

(For repair of pseudarthrosis, see 22600-22735)

INTRODUCTION

(For injection procedure for myelography, see 62284)

(For injection procedure for discography, see 62290, 62291)

(For injection procedure, chemonucleolysis, single or multiple levels, see 62292-62293)

REPAIR, REVISION, RECONSTRUCTION

22200 Osteotomy of spine for correction fixed deformity (not scoliosis); anterior OR posterior, lumbar ..	32.0	180	7.0
22201 thoracic or cervical .....	40.0	180	7.0
22202 Osteotomy of spine for correction fixed deformity (not scoliosis); anterior AND posterior, lumbar ..	40.0	180	7.0
22203 cervical .....	46.0	180	7.0
22206 Osteotomy of spine for correction fixed deformity, single or multiple (including vertebral body resection), for scoliosis with or without internal fixation; transthoracic .....	32.0	180	7.0
22207 transabdominal or retroperitoneal .....	40.0	180	7.0

(For primary arthrodesis without osteotomy in scoliosis, see 22800-22840)

FRACTURE AND/OR DISLOCATION

22305 Treatment of vertebral process fracture, each .....	Sv.&		
22310 Treatment of vertebral body fracture and/or dislocation; without reduction; each .....	Sv.&		
22315 with or without anesthesia by manipulation or traction, each .....	7.0	180	3.0
22325 Open treatment of vertebral body fracture and/or dislocation; lumbar, each .....	24.0	180	7.0
22326 cervical, each .....	24.0	180	8.0
22327 thoracic, each .....	24.0	180	7.0



	Unit Value	Follow-up Days=	Basic Anes@
Procedural codes 22330-22371 are for a SINGLE level procedure; for additional levels, see 22730-22735			
22330	28.0	180	8.0
22335			
22345	31.0	180	8.0
	30.0	180	7.0
(For cervicocranial fusion, see 22620)			
22355	26.0	180	7.0
22356	26.0	180	7.0
22360			
	30.0	180	7.0
22361	30.0	180	7.0
22370			
			7.0
			7.0
22371			7.0
22379			7.0

MANIPULATION

<del>((22500 Manipulation of the spine, any region, . . . . . 0.3 0))</del>			
<u>((22500 Manipulation of spine not requiring anesthesia has been deleted. To report, use 97260))</u>			
*22505 requiring anesthesia . . . . .	*1.4	0	3.0

ARTHRODESIS WITH DISKECTOMY (Intervertebral disk excision, laminotomy or laminectomy and fusion)

Procedural codes 22550-22565 are for SINGLE level procedure; for additional levels, see 22730-22735.

(For diskectomy without arthrodesis, see 63020-63076)			
22550	28.0	180	8.0
22552	32.0	180	8.0
22555	28.0	180	7.0

FOR THORACIC OR LUMBAR ARTHRODESIS WITH DISKECTOMY AND FUSION SEE CODES 22562 AND 22563

22560			
	<del>((26.0 180 7.0))</del>		
NONCOVERED PROCEDURE			
22561			
	<del>((30.0 180 7.0))</del>		
NONCOVERED PROCEDURE			
22562	26.0	180	7.0
22563	30.0	180	7.0
22565	24.0	180	7.0

(For supplemental skills of two surgeons, see WAC 296-22-010, item 5b and modifier -62.)

ARTHRODESIS, PRIMARY OR REPAIR OF PSEUDARTHROSIS

Procedural codes 22600-22720 are for SINGLE level procedures; for additional levels, see 22730-22735.

22600	24.0	180	8.0
22605	28.0	180	8.0
22615	28.0	180	7.0
22617	29.0	180	8.0
22620	30.0	180	8.0
22640	24.0	180	7.0
22645	28.0	180	7.0
22655			
	<del>((32.0 180 7.0))</del>		
NONCOVERED PROCEDURE			
22670			

	Unit Value	Follow-up Days=	Basic Anes@
and/or internal fixation (includes obtaining graft) . . . . .	<del>(32.0)</del>	<del>180</del>	<del>7.0)</del>
<b>NONCOVERED PROCEDURE</b>			
22680 anterolateral or anterior interbody fusion, transthoracic approach (includes obtaining graft) . . . . .	<del>(BR+)</del>		
	<u>BR</u>		11.0
22700 Lumbar spine fusion, anterior interbody fusion (includes obtaining graft) . . . . .	24.0	180	7.0
(For supplemental skills of two surgeons, see WAC 296-22-010, item 5b and modifier -62.)			
22720 posterior approach, Harrington or Knodt rod distraction fusion, with iliac or other autogenous bone graft (includes obtaining graft) . . . . .	30.0	180	7.0
22730 Arthrodesis, primary or repair of pseudarthrosis, two levels (list separately in addition to code for single level arthrodesis, 22600-22720) . . . . .	6.0		<u>7.0</u>
22735 more than two levels (list separately in addition to code for single level arthrodesis, 22600-22720) . . . . .	<del>(BR+)</del>		
	<u>BR</u>		<u>7.0</u>

**ARTHRODESIS, PRIMARY FOR SCOLIOSIS**

	Unit Value	Follow-up Days=	Basic Anes@
(For single or multiple osteotomy type of scoliosis correction, see 22206, 22207)			
22800 Arthrodesis, primary for scoliosis (with or without postoperative cast), 6 or less vertebrae; local bone graft . . . . .	29.0	180	7.0
22801 with iliac or other autogenous bone graft . . . . .	30.0	180	7.0
22802 Arthrodesis, primary for scoliosis (with or without postoperative cast) seven or more vertebrae; local bone graft . . . . .	BR		7.0
22803 with iliac or other autogenous bone graft . . . . .	BR		7.0
22840 Posterior instrumentation; (e.g., Harrington rods technique) (list separately in addition to procedures 22800-22803) . . . . .	50.0	180	7.0
22842 segmental wiring (e.g., Luque technique) . . . . .	BR		<u>7.0</u>
(List separately in addition to procedures 22800-22803)			
<u>(For somatosensory testing, see 95925)</u>			
22845 Anterior instrumentation (e.g., Dwyer instrumentation) (list separately in addition to procedures 22800-22803) . . . . .	BR		<u>7.0</u>
22850 Removal of posterior instrumentation (e.g., Harrington rod) . . . . .	BR		<u>7.0</u>
22855 Removal of anterior instrumentation (e.g., Dwyer device) . . . . .	BR		<u>7.0</u>
(For presurgical braces, Milwaukee or other, casts of any type, see section on application of casts or strapping)			

(For spinal cord monitoring, use 95925)

**MISCELLANEOUS**

22899 Unlisted procedure, spine . . . . .	BR		<u>7.0</u>
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**AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)**

**WAC 296-22-061 ABDOMEN.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>EXCISION</b>			
22900 Excision, abdominal wall tumor, subfascial (e.g., desmoid) . . . . .	10.0	90	5.0
22910 Abdominal fascial transplants, bilateral (Lowman type procedure) (includes obtaining fascia) . . . . .	20.0	90	5.0
<b>MISCELLANEOUS</b>			
22999 Unlisted procedure, abdomen, musculoskeletal system . . . . .	BR		<u>5.0</u>

**AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)**

**WAC 296-22-063 SHOULDER.**

	Unit Value	Follow-up Days=	Basic Anes@
(Clavicle, scapula, humerus head and neck, sternoclavicular joint, acromioclavicular joint and shoulder joint)			
<b>INCISION</b>			
23000 Removal of subdeltoid (or intratendinous) calcareous deposits . . . . .	6.0	60	3.0
(For excision of subdeltoid bursa, see 23110)			
23020 Capsular contracture release (Sever type procedure) for Erb's palsy . . . . .	11.0	60	3.0
(For incision and drainage procedures, superficial, see 10000-10160)			
23030 Incision and drainage; deep abscess or hematoma . . . . .	BR		<u>3.0</u>
23031 infected bursa . . . . .	BR		<u>3.0</u>
23035 Incision, deep, with opening of cortex for osteomyelitis or bone abscess; . . . . .	BR		<u>3.0</u>
23036 with suction irrigation . . . . .	BR		<u>3.0</u>
23040 Arthrotomy with exploration, drainage, or removal of foreign body, glenohumeral joint . . . . .	11.0	60	3.0
(For incision and drainage procedures, superficial, see 10000-10160)			
23042 with suction irrigation . . . . .	12.0	60	3.0
23044 Arthrotomy with exploration, drainage or removal of foreign			

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
body, acromioclavicular, sternoclavicular joint	10.0	60	3.0	23210	scapula		
<b>EXCISION</b>							
23101	11.0	60	3.0	23220	Radical resection for tumor, proximal humerus;		3.0
23105	11.0	60	4.0	23221	with autogenous bone gmy	BR for	3.0
23106	BR		3.0		(For K wire or pin insertion or removal, see 20650, 20670, 20680)		
23110	6.0	60	3.0	23330	Removal of foreign body; subcutaneous	8.0	60
23120	8.5	60	3.0	23331	deep (e.g., prosthetic removal)	11.0	60
23125	16.0	60	3.0	23332	complicated, including "total shoulder"	BR	3.0
23130	8.5	60	3.0	23350	Injection procedure for shoulder arthrography	0.6	0
23140	6.0	60	3.0		(For shoulder arthrography, see 73040)		
23145	9.0	120	3.0	23355	Arthroscopy, shoulder diagnostic (separate procedure)	7.0	3.0
23146	11.0	120	3.0	23356	Arthroscopy, shoulder, surgical; debridement with cartilage shaving and/or drilling and/or resection of reactive synovium	9.9	60
23150	6.0	120	3.0	23357	with synovial biopsy	7.5	60
23155	9.0	120	3.0	23358	with removal of loose body	7.5	60
23156	11.0	120	3.0		(When shoulder arthroscopy is performed in conjunction with arthrotomy, see modifier ((-50)) -51)		
23170	BR		3.0	<b>REPAIR, REVISION OR RECONSTRUCTION</b>			
23171	BR		3.0		((For <del>neurorrhaphy</del> or neuroplasty, 64700 et seq.)		
23172	BR		3.0		(For repair of deep wound, see 20800))		
23173	BR		3.0		(For sternoclavicular reconstruction, see 23530)		
23174	BR		3.0		(For acromioclavicular joint reconstruction, see 23550)		
23175	BR		3.0	23395	Muscle transfer, any type for paralysis of shoulder or upper arm; single	20.0	90
23180	5.0	60	3.0		multiple	BR	4.0
23181	5.0	60	4.0	23397	Scapulopexy (e.g., Sprengel's deformity or for paralysis)	22.0	90
23182	6.0	60	4.0	23400	Tenomyotomy; single	7.0	60
23183	5.0	60	4.0	23405	multiple through same incision	13.0	60
23184	6.0	60	4.0	23410	Repair of ruptured supraspinatus tendon or musculotendinous cuff; acute	14.0	120
23185	5.0	60	4.0	23412	chronic	16.0	120
23190	7.0	60	3.0	23415	Coracoacromial ligament release for chronic ruptured supraspinatus tendon	6.5	3.0
23195	BR		3.0	23420	Repair of complete shoulder cuff avulsion, chronic (includes acromionectomy)	18.0	120
					Tenodesis for rupture of long tendon of biceps	12.0	90
23200	BR		3.0	23440	Resection or transplantation of long tendon of biceps, for chronic		

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
23450	12.0	90	3.0	23580			
tenosynovitis				Treatment of open scapular fracture, with uncomplicated soft tissue closure	5.0	90	3.0
23455	17.0	90	3.0	23585	12.0	90	3.0
Capsulorrhaphy for recurrent dislocation, anterior; Putti-Platt procedure or Magnuson type operation				Open treatment of closed or open scapular fracture juxtaarticular			
23460	19.0	90	3.0	23600			
Bankhart type operation				Treatment of closed humeral (surgical or anatomical neck) fracture; without manipulation	Sv.& 5.0	90	3.0
23462	20.0	120	3.0	23605			
Capsulorrhaphy for recurrent dislocation, anterior, any type; with bone block				with manipulation			
23465	18.0	120	3.0	23610			
with coracoid process transfer				Treatment of open humeral (surgical or anatomical neck) fracture, with uncomplicated soft tissue closure	7.0	90	3.0
23470	17.0	90	3.0	23615			
Capsulorrhaphy for recurrent dislocation, posterior, with or without bone graft				Open treatment of closed or open humeral (surgical or anatomical neck) fracture, with or without internal or external skeletal fixation	12.0	90	3.0
(For sternoclavicular and acromioclavicular reconstruction, see 23530 or 23550)				23620			
23472	20.0	120	3.0	Treatment of closed greater tuberosity fracture; without manipulation	Sv.& 3.5	90	3.0
Arthroplasty with proximal humeral implant (e.g., Neer type operation)				23625			
23477	BR		3.0	with manipulation			
Arthroplasty with glenoid and proximal humeral replacement (e.g., total shoulder)				23630			
(For removal of total shoulder implants, see 23331, 23332)				Open treatment of closed or open greater tuberosity fracture, with or without internal or external skeletal fixation	9.0	90	3.0
(For osteotomy proximal humerus, see 24400)				23650			
23480	10.0	90	3.0	Treatment of closed shoulder dislocation, with manipulation; without anesthesia	Sv.& *1.2	0	3.0
Osteotomy, clavicle, with or without internal fixation				*23655			
23485	13.0	120	3.0	requiring anesthesia			
with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)				23658			
				Treatment of open shoulder dislocation, with uncomplicated soft tissue closure	BR		3.0
<b>FRACTURE AND/OR DISLOCATION</b>				23660			
23500	Sv.& 3.0	90	3.0	Open treatment of closed or open shoulder dislocation	12.0	90	3.0
Treatment of closed clavicular fracture; without manipulation				23665			
23505	5.0	90	3.0	Treatment of closed shoulder dislocation, with fracture of greater tuberosity, with manipulation	3.0	90	3.0
Treatment of open clavicular fracture, with uncomplicated soft tissue closure				23670			
23515	9.0	90	3.0	Open treatment of closed or open shoulder dislocation, with fracture of greater tuberosity	12.0	90	3.0
Open treatment of closed or open clavicular fracture, with or without internal or external skeletal fixation				23675			
23520	Sv.& 2.8	90	3.0	Treatment of closed shoulder dislocation, with surgical or anatomical neck fracture, with manipulation	4.0	90	3.0
Treatment of closed sternoclavicular dislocation; without manipulation				23680			
23525	10.0	90	5.0	Open treatment of closed or open shoulder dislocation, with surgical or anatomical neck fracture	14.0	90	3.0
with manipulation							
23530	12.0	90	5.0	<b>MANIPULATION</b>			
Open treatment of closed or open Sternoclavicular dislocation, acute or chronic				*23700			
23532	Sv.& 2.4	45	3.0	Manipulation under anesthesia, including application of fixation apparatus (dislocation excluded)	*1.2	0	3.0
with fascial graft (includes obtaining graft)							
23540	12.0	90	3.0	<b>ARTHRODESIS</b>			
Treatment of closed acromioclavicular dislocation, without manipulation				23800			
23545	12.0	90	3.0	Arthrodesis, shoulder joint, with or without local bone graft	20.0	120	3.0
with manipulation				23802			
23550	15.0	90	3.0	with primary autogenous graft (includes obtaining graft)	24.0	120	3.0
Open treatment of closed or open acromioclavicular dislocation, acute or chronic							
23552	Sv.& 2.8	90	3.0	<b>AMPUTATION</b>			
with fascial graft (includes obtaining graft)				23900			
23570	12.0	90	3.0	Interthoracoscapular amputation (forequarter)	24.0	90	11.0
Treatment of closed scapular fracture; without manipulation				23920			
23575	15.0	90	3.0	Disarticulation of shoulder	18.0	90	5.0
with manipulation (with or without shoulder joint involvement)				23921			
				secondary closure or scar revision	5.0	30	3.0
				<b>MISCELLANEOUS</b>			
				23929			
				Unlisted procedure, shoulder	BR		3.0

**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

✓ **WAC 296-22-067 HUMERUS (UPPER ARM) AND ELBOW.**

	Unit Value	Follow-up Days=	Basic Anes@
(Elbow area includes head and neck of radius and olecranon process.)			
<b>INCISION</b>			
(For incision and drainage procedures, superficial, see 1000-10160)			
23930 Incision and drainage; deep abscess or hematoma	5.0	15	3.0
23931 infected bursa	5.0	15	3.0
23935 Incision, deep, with opening of cortex for osteomyelitis or bone abscess;	8.0	15	3.0
23936 with suction irrigation	8.0	15	3.0
24000 Arthrotomy, elbow, with exploration, drainage, or removal of foreign body;	10.0	60	3.0
24001 with suction irrigation	8.0	15	3.0
<b>EXCISION</b>			
(For muscle or bone biopsy, see 20200-20245)			
24065 Biopsy, soft tissues; superficial	2.0	7	3.0
24066 deep	3.0	15	3.0
24075 Excision, benign tumor; subcutaneous	4.0	15	3.0
24076 deep, subfascial or intramuscular	4.5	15	3.0
24100 Arthrotomy, elbow, for synovial biopsy only	10.0	60	3.0
24101 with joint exploration, with or without biopsy, with or without removal of foreign body	12.0	60	3.0
24102 for synovectomy	14.0	90	3.0
24105 Excision, olecranon bursa	4.8	60	3.0
24110 Excision or curettage of bone cyst or benign tumor, humerus;	9.5	60	3.0
24115 with primary autogenous graft (includes obtaining graft)	12.5	120	3.0
24116 with homogenous or other nonautogenous graft	13.0	120	3.0
24120 Excision or curettage of bone cyst or bone tumor of head or neck of radius or olecranon process	8.0	60	3.0
24125 with primary autogenous graft (includes obtaining graft)	10.0	120	3.0
24126 with homogenous or other nonautogenous graft	11.0	120	3.0
24130 Excision, radial head	8.0	60	3.0
(For replacement with implant, see 24366)			
24134 Sequestrectomy for osteomyelitis or bone abscess, shaft or distal humerus;	BR		<u>3.0</u>
24135 with suction irrigation	BR		<u>3.0</u>
24136 Sequestrectomy for osteomyelitis or bone abscess, radial head or neck;	BR		<u>3.0</u>
24137 with suction irrigation	BR		<u>3.0</u>

	Unit Value	Follow-up Days=	Basic Anes@
24138 Sequestrectomy for osteomyelitis or bone abscess, olecranon process;	BR		<u>3.0</u>
24139 with suction irrigation	BR		<u>3.0</u>
24140 Partial excision of bone (craterization, saucerization or diaphysectomy), for osteomyelitis, humerus;	7.0	60	3.0
24144 with suction irrigation	8.0	60	3.0
24145 Partial excision of bone (craterization, saucerization or diaphysectomy,) for osteomyelitis, radial head or neck;	7.0	6.0	3.0
24146 with suction irrigation	8.0	6.0	3.0
24147 Partial excision of bone (craterization, saucerization or diaphysectomy) for osteomyelitis, olecranon process;	7.0	60	3.0
24148 with suction irrigation	8.0	60	3.0
24150 Radical resection for tumor, shaft or distal humerus; . . . . .((BR+))	BR		3.0
24151 with autogenous bone graft (includes obtaining graft)	BR		<u>3.0</u>
24152 Radical resection for tumor, radial head or neck;	BR		<u>3.0</u>
24153 with autogenous bone graft (includes obtaining graft)	BR		<u>3.0</u>
24155 Resection of elbow joint (arthrectomy)	BR		<u>3.0</u>
<b>INTRODUCTION OR REMOVAL</b>			
(For K wire or pin insertion or removal, see 20650, 20670, 20680)			
(For arthrocentesis or needling of bursa or joint, see 20605)			
24160 Implant removal; elbow joint	6.0	60	3.0
24164 radial head	4.8	60	3.0
24200 Removal of foreign body; subcutaneous	BR		<u>3.0</u>
24201 deep	BR		<u>3.0</u>
24220 Injection procedure for elbow arthrography	BR		<u>3.0</u>
(For elbow arthrography, see 73085)			
(For injection of tennis elbow, see 20550)			
<b>REPAIR, REVISION, AND RECONSTRUCTION</b>			
(For neurorrhaphy or neuroplasty, arm, see ((64700)) 64702 et seq.)			
(For repair of deep wound, see 20800)			
24301 Muscle or tendon transfer, any type, single (excluding 24330) .((BR+))	BR		3.0
24305 Tendon lengthening; single, each	7.0		3.0
24310 Tenotomy, open, elbow to shoulder, single, each	5.0	30	3.0
24320 Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brookes type procedure) . . . . .((BR+))	BR		3.0
24330 Flexor-plasty, elbow (e.g., Steindler type advancement);	8.0	90	3.0
24331 with extensor advancement	8.0	90	3.0
24340 Tenodesis for rupture of biceps tendon at elbow	14.0	90	3.0

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
24342	14.0	90	3.0	24540	7.0	90	3.0
24350	6.0	30	3.0	24542	11.0	90	3.0
24351	5.0	30	3.0	24545	10.0	90	3.0
24352	6.0	30	3.0	24560	Sv.&		
24354	7.0		3.0	24565	4.0	90	3.0
24356	BR		3.0	24570	6.0	90	3.0
24360	BR		3.0	24575	9.0	90	3.0
24361	BR		3.0	24576	SV		
24362	BR		3.0	24577	4.0	90	3.0
24363	BR		3.0	24578	5.0	90	3.0
24365	10.0	120	3.0	24579	7.0	90	3.0
24366	BR		3.0	24580	8.0	90	3.0
24400	12.0	90	3.0	24581	SV		
24410	14.0	90	3.0	24583	9.0	90	3.0
24420	BR		3.0	24585	12.0	90	3.0
24430	17.0	90	3.0	24586	BR		3.0
24435	20.0	120	3.0	24587	BR		3.0
24470	7.0	120	3.0				
24495	BR		3.0				
<b>FRACTURE AND/OR DISLOCATION</b>							
24500	Sv.&			24588	BR		3.0
24505	5.0	90	3.0				
24510	7.0	90	3.0				
24515	11.0	90	3.0	24600	Sv.&		
24530	Sv.&			*24605	*1.0	0	3.0
24531	BR		3.0	24610	6.0	45	3.0
24535	5.0	90	3.0	24615	12.0	90	3.0
24536	9.0	90	3.0	24620	4.0	90	3.0
24538	10.0	90	3.0	24625			

**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

**WAC 296-22-071 FOREARM AND WRIST.**

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
with dislocation of the radial head), with uncomplicated soft tissue closure .....	6.0	90	3.0				
24635 Open treatment of closed or open Monteggia type fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with or without internal or external skeletal fixation .....	12.0	90	3.0				
*24640 Treatment of radial head subluxation in child, "nursemaid elbow," with manipulation ....	Sv.&			25000 Tendon sheath incision; at radial styloid for De Quervain's disease	4.4	30	3.0
24650 Treatment of closed radial head or neck fracture; without manipulation .....	Sv.&			25005 at wrist for other stenosing tenosynovitis .....	4.0	30	3.0
24655 with manipulation .....	3.0	90	3.0	(For decompression median nerve or for carpal tunnel syndrome, see 64721)			
24660 Treatment of open radial head or neck fracture, with uncomplicated soft tissue closure .....	4.0	90	3.0	25020 Decompression fasciotomy, flexor and/or extensor compartment; ..	3.5	30	3.0
24665 Open treatment of closed or open radial head or neck fracture, with or without internal fixation or radial head excision .....	8.0	90	3.0	25023 with debridement of nonviable muscle and/or nerve .....	4.0	30	3.0
24666 with implant .....	9.0	90	3.0	(For decompression fasciotomy with brachial artery exploration, see 24495)			
24670 Treatment of closed ulnar fracture, proximal end (olecranon process); without manipulation ..	Sv.&			(For incision and drainage procedures, superficial, see 10000-10160)			
24675 with manipulation .....	3.0	90	3.0	25028 Incision and drainage; deep abscess or hematoma .....	1.0	30	3.0
24680 Treatment of open ulnar fracture, proximal end (olecranon process), with uncomplicated soft tissue closure .....	4.0	90	3.0	25031 infected bursa .....	1.5	30	3.0
24685 Open treatment of closed or open ulnar fracture proximal end (olecranon process), with or without internal or external skeletal fixation .....	8.0	90	3.0	25035 Incision, deep, with opening of cortex for osteomyelitis or bone abscess; .....	2.0	30	3.0
<b>MANIPULATION</b>				25036 with suction irrigation .....	2.5	30	3.0
*24700 Manipulation under general anesthesia (includes application of traction or other fixation device)	*1.0	0	3.0	25040 Arthrotomy with exploration, drainage, or removal of loose or foreign body, infection, radiocarpal or mediocarpal joint; .....	5.0	60	3.0
<b>ARTHRODESIS</b>				25041 with suction irrigation .....	5.5	60	3.0
24800 Arthrodesis, elbow joint; with or without local or homogenous bone graft .....	16.0	120	3.0	<b>EXCISION</b>			
24802 with primary autogenous bone graft (includes obtaining graft) .....	16.0	120	3.0	25065 Biopsy, soft tissues; superficial ..	2.0	7	3.0
<b>AMPUTATION</b>				25066 deep .....	3.0	15	3.0
24900 Amputation, arm through humerus; with primary closure ....	10.0	90	3.0	25075 Excision, benign tumor; subcutaneous .....	4.0	15	3.0
24920 open, ((flap or)) circular (guillotine) .....	9.0	90	3.0	25076 deep, subfascial or intramuscular .....	4.0	15	3.0
24925 secondary closure or scar revision .....	3.0	30	3.0	25085 Capsulotomy, wrist (e.g., for contracture) .....	4.0	15	3.0
24930 reamputation .....	10.0	90	3.0	25100 Arthrotomy, wrist joint, for biopsy .....	5.0	60	3.0
24931 with implant .....	10.0	90	3.0	25101 with joint exploration, with or without biopsy, with or without removal of foreign body ..	7.0	60	3.0
24935 Stump elongation .....	3.0	90	3.0	25105 for synovectomy .....	8.0	90	3.0
24940 Cineplasty, upper extremity, complete procedure .....	BR		3.0	25107 Arthrotomy, distal radioulnar joint for excision triangular cartilage .....	9.0	60	3.0
<b>MISCELLANEOUS</b>				25110 Excision, lesion of tendon sheath	3.0	30	3.0
24999 Unlisted procedure, humerus or elbow .....	BR		3.0	25111 Excision of ganglion, wrist (dorsal or volar); primary .....	5.0	30	3.0
				25112 recurrent .....	4.0	30	3.0
				(For hand or finger, see 26160)			
				25115 Radical excision of bursa synovia of wrist, or forearm tendon sheaths (e.g., tenosynovitis, fungus, Tbc., or other granulomas, rheumatoid arthritis); flexors ...	10.0	60	3.0
				25116 extensors (with or without			

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
transposition of dorsal retinaculum) . . . . .	10.0	60	3.0	25248	BR		
(For finger synovectomies, see 26145)				25250	BR		3.0
25118 Synovectomy, extensor tendon sheaths, wrist, single compartment; . . . . .	10.0	60	3.0	25251	BR		3.0
25119 with resection of distal ulna . .	11.0	60	3.0	<b>REPAIR, REVISION OR RECONSTRUCTION</b>			
25120 Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); . .	7.0	60	3.0	(For repair of deep wounds, see 20800)			
(For head or neck of radius or olecranon process, see 24120, 24126)				(For neurorrhaphy or neuroplasty, see 64700 et seq.)			
25125 with primary autogenous graft (includes obtaining graft) . . . .	10.0	120	3.0	25260	7.0	90	3.0
25126 with homogenous or other nonautogenous graft . . . . .	10.0	120	3.0	25263	1.5	90	3.0
25130 Excision or curettage of bone cyst or benign tumor of carpal bones . . . . .	5.0	60	3.0	25265	3.0	90	3.0
25135 with primary autogenous graft (includes obtaining graft) . . . .	7.0	120	3.0	25270	5.0	90	3.0
25136 with homogenous or other nonautogenous graft . . . . .	7.0	120	3.0	25272	1.5	90	3.0
25145 Sequestrectomy for osteomyelitis or bone abscess; . . . . .	BR		3.0	25274	8.0	90	3.0
25146 with suction irrigation . . . . .	BR		3.0	25280	7.0	90	3.0
25150 Partial excision of bone (craterization, saucerization or diaphysectomy) for osteomyelitis, ulna . . . . .	5.0	60	3.0	25290	4.0	90	3.0
25151 radius . . . . .	5.0	60	3.0	25295	1.0	90	3.0
25153 radius or ulna, with suction irrigation . . . . .	5.5	60	3.0	25300	8.0	90	3.0
(For head or neck of radius or olecranon process, see 24145, 24148)				25301	6.0	90	3.0
25170 Radical resection for tumor, radius or ulna . . . . .	BR		3.0	25310	9.5	90	3.0
25210 Carpectomy, one bone . . . . .	7.0	60	3.0	25312	8.0	90	3.0
(For carpectomy with implant, see 25441-25445)				25315	8.0	90	3.0
25215 all bones or proximal row . . . .	10.0	60	3.0	25316	9.0	90	3.0
25230 Radial styloidectomy (separate procedure) . . . . .	5.0	60	3.0	25317	12.0	120	3.0
25240 Excision distal ulna (Darrach type procedure) . . . . .	6.0	60	3.0	25318	13.0	120	3.0
(For implant replacement, distal ulna, see 25442)				25320			
(For obtaining fascia for interposition, see 20920, 20922)							
<b>INTRODUCTION OR REMOVAL</b>							
(For K wire, pin, or rod insertion or removal, see 20650, 20670, 20680)				25330	21.1	120	3.0
25246 Injection procedure for wrist arthrography . . . . .	BR			25331	8.0	120	3.0
(For wrist arthrography, see 73115)				25332	BR		3.0
(For foreign body removal, superficial see 20520)					BR		3.0
				25335			
				25350	10.0	90	3.0



	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
25355 middle or proximal third ...	12.0	90	3.0				
25360 Osteotomy, ulna .....	10.0	90	3.0				
25365 radius and ulna .....	14.0	90	3.0	25560 Treatment of closed radial and ulnar shaft fractures; without manipulation .....	8.0	90	3.0
25370 Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure), radius OR ulna .....	12.0	90	3.0	25565 with manipulation .....	Sv.& 5.4	90	3.0
25375 radius AND ulna .....	18.0	90	3.0	25570 Treatment of open radial and ulnar shaft fractures, with uncomplicated soft tissue closure .....	6.0	90	3.0
25390 Osteoplasty, radius OR ulna; shortening .....	BR+		3.0	25575 Open treatment of closed or open radial and ulnar shaft fractures, with or without internal or external skeletal fixation .....	12.0	90	3.0
25391 lengthening with autogenous bone graft .....	BR		3.0	25600 Treatment of closed distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, without manipulation ...	Sv.& 4.0	90	3.0
25392 Osteoplasty, radius AND ulna; shortening .....	BR		3.0	25605 with manipulation .....	4.0	90	3.0
25393 lengthening with autogenous bone graft .....	BR		3.0	25610 Treatment of closed, complex, distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, requiring manipulation; without external skeletal fixation or percutaneous pinning .....	6.0	90	3.0
25400 Repair of nonunion or malunion, radius OR ulna; without graft (e.g., compression technique, etc.) .....	14.0	90	3.0	25611 with external skeletal fixation or percutaneous pinning .....	8.0	120	3.0
25405 with iliac or other autogenous bone graft (includes obtaining graft) .....	17.0	120	3.0	25615 Treatment of open distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, without fracture of ulnar styloid, with uncomplicated soft tissue closure .....	5.0	90	3.0
25415 Repair of nonunion or malunion, radius AND ulna; without graft (e.g., compression technique, etc.) .....	20.0	90	3.0	25620 Open treatment of closed or open distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, with or without fracture of the ulnar styloid, with or without internal or external skeletal fixation .....	8.0	90	3.0
25420 with iliac or other autogenous bone graft (includes obtaining graft) .....	23.0	120	3.0	25622 Treatment of closed carpal scaphoid (navicular) fracture; without manipulation .....	SV 4.0	90	3.0
25425 Repair of defect with autogenous bone graft; radius OR ulna .....	14.0	120	3.0	25624 with manipulation .....	4.0	90	3.0
25426 radius AND ulna .....	20.0	120	3.0	25626 Treatment of open carpal scaphoid (navicular) fracture, with uncomplicated soft tissue closure .....	5.0	90	3.0
25440 Repair of nonunion, scaphoid (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation) .....	14.0	120	3.0	25628 Open treatment of closed or open carpal scaphoid (navicular) fracture, with or without skeletal fixation .....	8.0	90	3.0
25441 Arthroplasty with prosthetic replacement; distal radius .....	18.0	120	3.0	25630 Treatment of closed carpal bone fracture (excluding carpal scaphoid (navicular)); without manipulation, each bone .....	Sv.& 4.0	90	3.0
25442 distal ulna .....	12.5	120	3.0	25635 with manipulation, each bone .....	4.0	90	3.0
25443 scaphoid (navicular) .....	15.5	120	3.0	25640 Treatment of open carpal bone fracture (excluding carpal scaphoid (navicular)); without manipulation, each bone .....	5.0	90	3.0
25444 lunate .....	15.5	120	3.0	25645 Open treatment of closed or open carpal bone fracture (excluding carpal scaphoid (navicular)), each bone .....	6.0	90	3.0
25445 trapezium .....	15.5	120	3.0	25650 Treatment of closed ulnar styloid fracture .....	BR		3.0
25446 distal radius and partial or entire carpus ("total wrist") .....	20.0	120	3.0				
25449 Arthroplasty with removal of implant .....	BR	120	3.0				
25450 Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna .....	6.0	120	3.0				
25455 distal radius AND ulna .....	8.0	120	3.0				
<b>FRACTURE AND/OR DISLOCATION</b>							
25500 Treatment of closed radial shaft fracture; without manipulation ..	Sv.& 4.2	90	3.0	25660 Treatment of closed radiocarpal or intercarpal dislocation, one or			
25505 with manipulation .....	4.2	90	3.0				
25510 Treatment of open radial shaft fracture, with uncomplicated soft tissue closure .....	5.0	90	3.0				
25515 Open treatment of closed or open radial shaft fracture, with or without internal or external skeletal fixation .....	8.0	90	3.0				
25530 Treatment of closed ulnar shaft fracture; without manipulation ..	Sv.& 4.0	90	3.0				
25535 with manipulation .....	4.0	90	3.0				
25540 Treatment of open ulnar shaft fracture with uncomplicated soft tissue closure .....	5.0	90	3.0				
25545 Open treatment of closed or open ulnar shaft fracture, with or							

**AMENDATORY SECTION** (Amending Order 83-23,  
filed 8/2/83)

✓ **WAC 296-22-073 HAND AND FINGERS.**

	Unit Value	Follow-up Days=	Basic Anes@
more bones, with manipulation . . . (( <b>*+2</b> ))	<u>1.2</u>	0	3.0
25665 Treatment of open radiocarpal dislocation or intercarpal, one or more bones, with uncomplicated soft tissue closure . . . . .	4.0	45	3.0
25670 Open treatment of closed or open radiocarpal or intercarpal dislocation, one or more bones . . . . .	8.0	90	3.0
25675 Treatment of closed distal radioulnar dislocation with manipulation . . . . .	3.2	60	3.0
25676 Open treatment of closed or open distal radioulnar dislocation, acute or chronic . . . . .	6.0	90	3.0
25680 Treatment of closed trans-scaphoperilunar type of fracture dislocation, with manipulation . . . . .	6.0	45	3.0
25685 Open treatment of closed or open trans-scaphoperilunar type of fracture dislocation . . . . .	12.0	90	3.0
25690 Treatment of lunate dislocation, with manipulation . . . . .	4.0	90	3.0
25695 Open treatment of lunate dislocation . . . . .	8.0	90	3.0
<b>MANIPULATION</b>			
*25700 Manipulation of wrist joint under general anesthesia . . . . .	*1.0	0	3.0
<b>ARTHRODESIS</b>			
25800 Arthrodesis, wrist joint, without bone graft . . . . .	12.0	120	3.0
25805 with sliding graft . . . . .	14.0	120	3.0
25810 with iliac or other autogenous bone graft (includes obtaining graft) . . . . .	16.0	120	3.0
<u>25815 Arthrodesis, intercarpal . . . . .</u>	<u>BR</u>		<u>3.0</u>
<b>AMPUTATION</b>			
25900 Amputation, forearm, through radius and ulna . . . . .	9.0	90	3.0
25905 open (( <b>flap or</b> )), circular (guillotine) . . . . .	8.0	90	3.0
25907 secondary closure or scar revision . . . . .	3.0	30	3.0
25909 reamputation . . . . .	9.0	90	3.0
25915 Krukenberg procedure . . . . .	9.0	90	3.0
25920 Disarticulation through wrist . . . . .	8.0	90	3.0
25922 secondary closure or scar revision . . . . .	3.0	90	3.0
25924 reamputation . . . . .	9.0	90	3.0
25927 Transmetacarpal amputation; . . . . .	10.0	90	3.0
25929 secondary closure or scar revision . . . . .	3.0	90	3.0
25931 reamputation . . . . .	10.0	90	3.0
<b>MISCELLANEOUS</b>			
25999 Unlisted procedure, forearm or wrist . . . . .	<u>BR</u>		<u>3.0</u>

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
(For drainage of paronychia, see 10100, 10101)			
*26010 Drainage of finger tip abscess; simple . . . . .	*0.72	0	3.0
26011 complicated (e.g., felon, etc.) (( <b>BR+</b> ))	<u>BR</u>		3.0
26020 Drainage of tendon sheath, one digit and/or palm . . . . .	4.0	30	3.0
(For drainage of simple abscess, see 10020, 10060)			
26025 Drainage of palmar bursa; single, ulnar or radial . . . . .	5.0	30	3.0
26030 multiple or complicated . . . (( <b>BR+</b> ))	<u>BR</u>		3.0
26032 with suction irrigation . . . . .	5.0	30	3.0
26034 Incision, deep, with opening of cortex for osteomyelitis or bone abscess . . . . .	4.0	30	3.0
26035 Decompression fingers and/or hand, injection injury (e.g., grease gun, etc.) . . . . .	<u>BR</u>		
26040 Fasciotomy, palmar, for Dupuytren's contracture; closed (subcutaneous) . . . . .	3.6	60	3.0
26045 open, partial . . . . .	5.0	60	3.0
(For fasciectomy, see 26120-26128)			
26055 Tendon sheath incision for trigger finger . . . . .	5.0	30	3.0
*26060 Tenotomy, subcutaneous, single, each digit . . . . .	*1.2	0	3.0
26070 Arthrotomy with exploration, drainage or removal of loose or foreign body; carpometacarpal joint . . . . .	5.0	60	3.0
26075 metacarpophalangeal joint . . . . .	5.0	60	3.0
26080 interphalangeal joint, each . . . . .	4.0	60	3.0
<b>EXCISION</b>			
(For finger nail, see 11700-11750)			
(For biopsy, see 20200-20240)			
(For neuroma, see 64200-64210)			
26100 Arthrotomy for synovial biopsy; carpometacarpal joint . . . . .	5.0	60	3.0
26105 metacarpophalangeal joint . . . . .	5.0	60	3.0
26110 interphalangeal joint, each . . . . .	4.0	60	3.0
26115 Excision of benign tumor; subcutaneous . . . . .	4.0	15	3.0
26116 deep, subfascial, intramuscular . . . . .	4.0	30	3.0
26120 Fasciotomy palmer, simple, for Dupuytren's contracture, partial excision . . . . .	6.0	60	3.0
26122 up to 1/2 palmar fascia, with single digit involvement, with or without Z-plasty or other local tissue rearrangement . . . . .	10.0	60	3.0
(For fasciotomy, see 26040-26045)			

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
26124	Fasciectomy, palmar, complicated, requiring skin grafting (includes obtaining graft); with single digit involvement . . . . .	14.0	90	3.0			
26126	each additional digit . . . . .	18.0	90	3.0			
26128	each finger joint release . . . . .	BR					
	(For skin grafts, etc., see 14000-15240)						
26130	Synovectomy, carpometacarpal joint . . . . .	10.0	90	3.0	26320	Removal of implant from finger or hand . . . . .	BR 3.0
26135	Synovectomy, metocarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit . . . . .	5.0	90	3.0	<b>REPAIR, REVISION OR RECONSTRUCTION</b>		
26140	Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint . . . . .	5.0	90	3.0			
26145	Synovectomy, tendon sheath, radical (tenosynovectomy), flexor, palm or finger, single, each digit . . . . .	10.0	90	3.0			
	(For tendon sheath synovectomies at wrist, see 25115, 25116)				26350	Flexor tendon repair or advancement, single, not in "no man's land"; primary or secondary without free graft, each tendon . . . . .	7.0 120 3.0
26160	Excision of lesion of tendon sheath or capsule (e.g., cyst or ganglion) . . . . .	2.4	30	3.0	26352	secondary with free graft (includes obtaining graft), each tendon . . . . .	BR+ 3.0
	(For wrist ganglion, see 25111, 25112)				26356	Flexor tendon repair or advancement, single, in "no man's land"; primary, each tendon . . . . .	7.0 120 3.0
	(For trigger digit, see 26055)				26358	secondary with free graft (includes obtaining graft), each tendon . . . . .	BR 3.0
26170	Excision of tendon, palm, flexor, single (independent procedure), each . . . . .	(BR+) BR		3.0	26370	Profundus tendon repair or advancement, with intact sublimis; primary . . . . .	((BR)) 11.8 120 3.0
26180	Excision of tendon, finger, flexor (separate procedure) . . . . .	(BR+) BR		3.0	26372	secondary with free graft (includes obtaining graft) . . . . .	BR 3.0
26200	Excision or curettage of bone cyst or benign tumor of metacarpal; . . . . .	6.0	60	3.0	26373	secondary without free graft . . . . .	BR 3.0
26205	with autogenous graft (includes obtaining graft) . . . . .	7.0	120	3.0	26390	Flexor tendon excision, implantation of plastic tube or rod for delayed tendon graft . . . . .	BR 3.0
26206	with homogenous or other nonautogenous graft . . . . .	7.0	120	3.0	26392	Removal of tube or rod and insertion of tendon graft (includes obtaining graft) . . . . .	BR 3.0
26210	Excision or curettage of bone cyst or benign tumor of proximal, middle or distal phalanx; . . . . .	5.0	60	3.0	26410	Extensor tendon repair, dorsum of hand, single, primary or secondary; without free graft, each tendon . . . . .	3.0 120 3.0
26215	with autogenous graft (includes obtaining graft) . . . . .	6.0	120	3.0	26412	with free graft (includes obtaining graft); each tendon . . . . .	(BR+) BR 3.0
26216	with homogenous or other nonautogenous graft . . . . .	6.0	120	3.0	26418	Extensor tendon repair, dorsum of finger, single, primary or secondary; without free graft, each tendon . . . . .	4.0 120 3.0
26230	Partial excision of bone (craterization, saucerization, or diaphysectomy) for osteomyelitis, metacarpal . . . . .	6.0	60	3.0	26420	with free graft (includes obtaining graft) each tendon . . . . .	(BR+) BR 3.0
26235	proximal or middle phalanx . . . . .	5.0	60	3.0	26426	Extensor tendon repair, central slip repair, secondary (boutonniere deformity); using local tissues . . . . .	4.0 120 3.0
26236	distal phalanx . . . . .	5.0	60	3.0	26428	with free graft (includes obtaining graft) . . . . .	BR
26250	Radical resection (ostectomy) for tumor, metacarpal; . . . . .	12.0	120	3.0	26432	Extensor tendon repair, distal insertion ("mallet finger"), closed, splinting with or without percutaneous pinning . . . . .	5.0 120 3.0
26255	with autogenous graft (includes obtaining graft) . . . . .	12.0	120	3.0	26433	Extensor tendon repair, open, primary or secondary repair; without graft . . . . .	6.0 120 3.0
26260	Radical resection (ostectomy) for tumor, proximal or middle phalanx . . . . .	10.0	120	3.0	26434	with free graft (includes obtaining graft) . . . . .	BR 3.0
26261	with autogenous graft (includes obtaining graft) . . . . .	10.0	120	3.0			
26262	Radical resection (ostectomy) for tumor, distal phalanx . . . . .	BR		3.0			
<b>INTRODUCTION OR REMOVAL</b>					26437	Extensor tendon realignment (for arthritis) . . . . .	BR 3.0

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
26440				26527			
Tenolysis, simple, flexor tendon, palm, OR finger, single, each tendon	5.0	60	3.0	Arthroplasty, carpometacarpal joint	BR		3.0
26442				26530			
palm AND finger, each tendon	6.0	60	3.0	Arthroplasty, metacarpophalangeal joint, single, each	7.0	90	3.0
26445				26531			
Tenolysis, extensor tendon, dorsum of hand or finger; each tendon	6.0	60	3.0	with prosthetic implant, single, each	9.0	90	3.0
26449				26535			
Tenolysis, complex, extensor tendon, dorsum of hand or finger, including hand and forearm	BR		3.0	Arthroplasty interphalangeal joint; single, each	8.0	90	3.0
(For fascia or other implant, see 20920, 20922)				26536			
26450				with prosthetic implant, single, each	11.3	90	3.0
Tenotomy, flexor, single, palm, open each	4.0	30	3.0	26540			
26455				Reconstruction, collateral ligament, metacarpophalangeal joint with tendon or fascial graft (includes obtaining graft)	10.0	90	3.0
Tenotomy, flexor, single, finger, open, each	5.0	30	3.0	26541			
26460				Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint	8.0	90	3.0
Tenotomy, extensor, hand or finger, single, each	BR+		3.0	26550			
26471				Pollicization of a digit	BR		3.0
Tenodesis; for proximal interphalangeal joint stabilization	8.0	120	3.0	26552			
26474				Reconstruction thumb with toe	BR		
for distal joint stabilization	7.0	120	3.0	26555			
26476				Positional change of other finger	BR		3.0
Tendon lengthening, extensor, single, each	8.0	120	3.0	26557			
26477				Toe to finger transfer; first stage	BR		3.0
Tendon shortening, extensor, single, each	8.0	120	3.0	26558			
26480				each delay	BR		3.0
Tendon transfer or transplant, carpometacarpal area or dorsum of hand, single; without free graft, each	8.0	90	3.0	26559			
26483				second stage	BR		3.0
with free tendon graft (includes obtaining graft), each tendon	11.0	90	3.0	26560			
26485				Repair of syndactyly (web finger), each web space; with skin flaps	9.5	45	3.0
Tendon transfer or transplant, palmar, single, each tendon, without free tendon graft	10.0	90	3.0	26561			
26489				with skin flaps and grafts	12.5	45	3.0
with free tendon graft (includes obtaining graft), each tendon	11.0	90	3.0	26562			
26490				complex, involving bone, nails, etc.	BR		3.0
Opponens plasty, sublimis tendon transfer type	9.5	120	3.0	26565			
26492				Osteotomy for correction of deformity; metacarpal	8.0	90	3.0
tendon transfer with graft (includes obtaining graft)	11.0	120	3.0	26567			
26494				phalanx	5.0	90	3.0
hypotenar muscle transfer	12.0	120	3.0	26570			
26496				Bone graft, (includes obtaining graft); metacarpal	10.0	120	3.0
other methods	BR		3.0	26574			
(For thumb fusion in opposition, see 26820)				phalanx	7.0	120	3.0
26497				26580			
Sublimis transfer to correct claw finger; IV and V	BR		3.0	Repair cleft hand	BR		
26498				26585			
II, III, IV and V	BR		3.0	Repair bifid digit	BR		
26499				26590			
Correction claw finger, other methods	BR		3.0	Repair macrodactylia	BR		
26500				26591			
Tendon pulley reconstruction; with local tissues (separate procedure)	6.0	90	3.0	Repair, intrinsic muscles of hand (specify)	BR		3.0
26502				(For microsurgical technique, use modifier -20)			
with tendon or fascial graft (includes obtaining graft) (separate procedure)	8.0	90	3.0	26593			
26508				Release, intrinsic muscles of hand (specify)	BR		3.0
Thenar muscle release for thumb contracture	8.0	90	3.0	(For microsurgical technique, use modifier -20)			
26516				<b>FRACTURES AND/OR DISLOCATION</b>			
Capsulodesis for M-P joint stabilization; single digit	6.0	90	3.0	26600			
26517				Treatment of closed metacarpal fracture, single; without manipulation, each bone	Sv.& 2.4	90	3.0
two digits	8.0	90	3.0	26605			
26518				with manipulation, each bone	BR		3.0
three or four digits	10.0	90	3.0	26607			
26520				with manipulation, with skeletal fixation, each bone	BR		3.0
Capsulectomy for contracture, metacarpophalangeal joint, single, each	7.0	90	3.0	26610			
26525				Treatment of open metacarpal fracture, single, with uncomplicated soft tissue closure, each bone	3.0	90	3.0
interphalangeal joint, single, each	7.0	90	3.0	26615			
				Open treatment of closed or open metacarpal fracture, single, with or without internal or external skeletal fixation, each bone	7.0	90	3.0
				26641			
				Treatment of carpometacarpal dislocation, thumb, with manipulation	Sv.&		
				26645			
				Treatment of closed carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation;	4.0	45	3.0

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
26650	6.0	45	3.0	26744			
26655				Treatment of open articular fracture, involving metacarpophalangeal or proximal interphalangeal joint, with uncomplicated soft tissue closure, each	1.5	60	3.0
	5.0	45	3.0	26746			
26660	7.0	45	3.0	Open treatment of closed or open articular fracture, involving metacarpophalangeal or proximal interphalangeal joint, each	((2-5)) 6.0	60	3.0
26665				26750			
	10.0	90	3.0	Treatment of closed distal phalangeal fracture, finger or thumb; without manipulation, each	Sv. & *0.72	0	3.0
*26670				26755			
	*0.72	0	3.0	Treatment of open distal phalangeal fracture, finger or thumb, with uncomplicated soft tissue closure, each	1.2	30	3.0
26675	2.0	45	3.0	26760			
26680				Open treatment of closed or open distal phalangeal fracture, finger or thumb, each	2.0	45	3.0
	3.0	45	3.0	26770			
26685				Treatment of closed interphalangeal joint dislocation, single, with manipulation; without anesthesia	*0.72	0	3.0
	6.0	90	3.0	26775			
26686	BR			requiring anesthesia	1.2	45	3.0
*26700				26780			
	*0.72	0	3.0	Treatment of open interphalangeal joint dislocation, single, with uncomplicated soft tissue closure	1.6	45	3.0
26705	2.0	45	3.0	26785			
26710				Open treatment of closed or open interphalangeal joint dislocation, single	2.4	60	3.0
	3.0	45	3.0	<b>ARTHRODESIS</b>			
26715				26820			
	6.0	90	3.0	Fusion in opposition, thumb, with autogenous graft (includes obtaining graft)	10.0	120	3.0
26720				26841			
	Sv. & 1.6	45	3.0	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation;	8.0	120	3.0
26725				26842			
26727				with autogenous graft (includes obtaining graft)	10.0	120	3.0
	2.0	45	3.0	26843			
26730				Arthrodesis, carpometacarpal joint, digits, other than thumb;	8.0	120	3.0
	2.2	45	3.0	26844			
26735				with autogenous graft (includes obtaining graft)	10.0	120	3.0
	4.0	60	3.0	26850			
26740				Arthrodesis metacarpophalangeal joint, with or without internal fixation	7.0	120	3.0
	Sv. 2.0	60	3.0	26852			
26742				with autogenous graft (includes obtaining graft)	8.0	120	3.0
26743				26860			
	4.0	60	3.0	Arthrodesis, interphalangeal joint, with or without internal fixation	5.0	120	3.0
				26861			
				each additional interphalangeal joint	4.0	120	3.0
				26862			
				with autogenous graft (includes obtaining graft)	6.0	120	3.0
				26863			
				with autogenous graft (includes obtaining graft), each additional joint	5.0	120	3.0
				<b>AMPUTATION</b>			
				(For hand through metacarpal bones, see 25927)			
				26910			
				Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer	7.0	90	3.0
				(For repositioning, see 26550-26555)			

	Unit Value	Follow-up Days=	Basic Anes@
26951 Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure.....	3.5	45	3.0
26952 with local advancement flaps (V-Y, hood).....	5.0	45	3.0
(For repair of soft tissue defect requiring split or full thickness graft or other pedicle grafts, see 15050-15750)			

MISCELLANEOUS

26989 Unlisted procedure, hands or fingers.....	BR		3.0
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AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

WAC 296-22-079 PELVIS AND HIP JOINT.

(Including head and neck of femur)

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
(For perineal abscess, see 45020, 46050, 46060)			
(For incision and drainage procedures, superficial, see 10000-10160)			
26990 Incision and drainage; deep abscess or hematoma.....	BR		3.0
26991 infected bursa.....	BR		3.0
26992 Incision, deep, with opening of bone cortex for osteomyelitis or bone abscess;.....	BR		3.0
26995 with suction irrigation.....	BR		3.0
*27000 Tenotomy, adductor, subcutaneous, closed (separate procedure).	*1.0	0	3.0
27001 Tenotomy, adductor, subcutaneous, open; unilateral.....	3.0	45	3.0
27002 bilateral.....	4.0	45	3.0
27003 Tenotomy, adductor, subcutaneous, open; with obturator neurectomy; unilateral.....	5.0	45	3.0
27004 bilateral.....	6.0	45	3.0
27005 Tenotomy, iliopsoas, open (separate procedure).....	6.0	45	3.0
27006 Tenotomy, abductors, open (separate procedure).....	6.0	60	3.0
(For "hanging hip" procedure, see 27115)			
27010 Gluteal-iliotibial fasciotomy (Ober type procedure).....	6.0	45	3.0
27015 Iliac crest fasciotomy (Soutter or Campbell type procedure), stripping of ilium.....	8.0	90	3.0
27025 Ober-Yount fasciotomy, combined with spica cast, pins in tibia, wedging the cast, etc.; unilateral.....	10.0	90	3.0
27026 bilateral.....	12.0	90	3.0
27030 Arthrotomy, hip, for drainage; ..	14.0	90	3.0
27031 with suction irrigation.....	15.0	90	3.0
27033 Arthrotomy, hip, for exploration or removal of loose or foreign body.....	16.0	90	3.0

	Unit Value	Follow-up Days=	Basic Anes@
27035 Hip joint denervation, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral or obturator nerves.....	17.0	60	3.0
(For obturator neurectomy, see 64763-64768)			

EXCISION

27040 Biopsy, soft tissues; superficial ..	1.2	7	3.0
27041 deep.....	2.4	15	3.0
27047 Excision, benign tumor; subcutaneous.....	3.0	7	3.0
27048 deep, subfascial, intramuscular.....	4.0	15	3.0
27050 Arthrotomy, for biopsy; sacroiliac joint.....	6.0	90	3.0
27052 hip joint.....	14.0	90	3.0
27054 Arthrotomy for synovectomy, hip joint.....	20.0	90	3.0
27060 Excision; ischial bursa.....	5.0	60	3.0
27062 trochanteric bursa or calcification.....	4.0	60	3.0

(For arthrocentesis or needling of bursa, see 20610)

27065 Excision of bone cyst or benign tumor; superficial (wing of ilium, symphysis pubis or greater trochanter of femur) with or without autogenous bone graft.....	5.0	120	3.0
27066 deep, with or without bone graft.....	9.5	120	3.0
27067 with bone graft requiring separate incision.....	10.0	120	3.0
27070 Partial excision of bone (craterization, saucerization), for osteomyelitis; superficial (e.g., wing of ilium, symphysis pubis or greater trochanter of femur).....	6.0	60	3.0
27071 deep.....	12.0	60	3.0
27075 Radical resection for tumor or infection; wing of ilium; one pubic or ischial ramus or symphysis pubis.....	BR		5.0
27076 ilium, including acetabulum, both pubic rami, or ischium and acetabulum.....	BR		3.0
27077 innominate bone, total.....	BR		3.0
27078 ischial tuberosity and greater trochanter of femur.....	BR		3.0
27079 ischial tuberosity and greater trochanter of femur, with skin flaps.....	BR		3.0

(For amputation, either interpelviabdominal or hip disarticulation type, see 27290, 27295)

INTRODUCTION AND/OR REMOVAL

27086 Removal of foreign body; subcutaneous tissue.....	BR		3.0
27087 deep.....	BR		3.0
27088 deep, complicated.....	BR		3.0
(For wire or pin insertion, see 20650)			
27090 Removal of hip prosthesis; (separate procedure).....	14.0	90	3.0
27091 complicated, including "total hip".....	BR		7.0

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
27093 Injection procedure for hip arthrography; without anesthesia ...	BR		3.0	27178 closed manipulation with single or multiple pinning .....	21.0	120	5.0
27095 with anesthesia .....	BR		3.0	27179 osteoplasty of femoral neck (Heyman type procedure)....	16.0	120	5.0
(For hip arthrography, see 73525)				27181 osteotomy and internal fixation .....	24.0	120	5.0
<b>REPAIR, REVISION OR RECONSTRUCTION</b>				27185 Epiphyseal arrest by epiphysodes or stapling, greater trochanter ..	5.0	120	3.0
(For abdominal fascial transplant, bilateral (Lowman type procedure), see 22910)				<b>FRACTURES AND/OR DISLOCATIONS</b>			
(For repair of deep wound, see 20800)				27190 Treatment of closed sacral fracture; without manipulation .....	Sv. & BR		
27097 Hamstring recession, proximal ..	BR		3.0	27191 with manipulation .....	BR		3.0
27098 Adductor transfer to ischium ...	BR		3.0	27192 Open treatment of closed or open sacral fracture .....	((BR+)) <u>BR</u>		3.0
27100 Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft) .....	15.0	120	5.0	27195 Treatment of sacroiliac and/or symphysis pubis dislocation, without manipulation .....	Sv. & BR		3.0
27105 Transfer paraspinal muscle to hip (includes fascial or tendon graft)	16.0	120	3.0	27196 Treatment of sacroiliac and/or symphysis pubis dislocation, with anesthesia and with manipulation .....	BR		3.0
27110 Transfer iliopsoas to greater trochanter .....	18.0	120	3.0	27200 Treatment of closed coccygeal fracture .....	Sv. & BR		3.0
27111 to femoral neck .....	15.0	120	3.0	27201 Treatment of open coccygeal fracture .....	BR		3.0
27115 Muscle release, complete (hanging hip operation) .....	((BR+)) <u>BR</u>		5.0	27202 Open treatment of closed or open coccygeal fracture .....	BR		3.0
27120 Acetabuloplasty; (Whittman or Colonna type procedure) .....	24.0	120	6.0	27210 Treatment of closed iliac, pubic or ischial fracture, without manipulation, single .....	Sv. & BR		3.0
27122 resection femoral head (Girdlestone procedure) .....	20.0	120	7.0	27211 more than one .....	BR		3.0
27125 Arthroplasty; prosthesis .....	28.0	180	7.0	27212 Treatment of open iliac, pubic or ischial fracture, with uncomplicated soft tissue closure .....	Sv. & BR		3.0
27126 cup .....	26.0	180	6.0	27214 Open treatment of closed or open iliac, pubic or ischial fracture, with or without internal or external skeletal fixation .....	((BR+)) <u>BR</u>		4.0
27127 cup with acetabuloplasty .....	34.0	180	7.0	27220 Treatment of closed acetabulum (hip socket) fracture(s); without manipulation .....	Sv. & BR		3.0
27130 Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip replacement); simple .....	40.0	180	7.0	27222 with manipulation with or without skeletal traction ...	8.0	90	3.0
27131 complex .....	BR		7.0	27224 Open treatment of closed or open acetabulum (hip socket) fracture(s), with or without internal or external fixation, simple .....	22.0	90	5.0
27135 Secondary reconstruction or revision of arthroplasty, any type .....	((BR+)) <u>BR</u>		7.0	27225 complicated, intrapelvic approach .....	BR		5.0
27140 Osteotomy and transfer of greater trochanter (separate procedure) .....	12.0	90	3.0	27230 Treatment of closed femoral fracture, proximal end, neck; without manipulation .....	Sv. & BR		3.0
27146 Osteotomy, iliac, acetabular or innominate bone; .....	24.0	120	4.0	27232 with manipulation including skeletal traction .....	9.5	90	3.0
27147 with open reduction of hip				27234 Treatment of open femoral fracture, proximal end, neck; with uncomplicated soft tissue closure, with manipulation (including skeletal traction) .....	12.0	90	3.0
27151 with femoral osteotomy .....	27.0	120	4.0	27235 Treatment of closed or open femoral fracture, proximal end, neck, in situ pinning of undisplaced or impacted fracture .....	20.0	180	4.0
27156 with femoral osteotomy and with open reduction of hip	30.0	120	4.0	27236 Open treatment of closed or open femoral fracture, proximal end, neck, internal fixation or prosthetic replacement .....	22.0	120	6.0
27157 Acetabular augmentation (Wilson procedure) .....	BR	120	5.0				
27158 Osteotomy, pelvis, bilateral for congenital malformation .....	BR		5.0				
27161 Osteotomy, femoral neck, (separate procedure) .....	20.0	120	3.0				
27165 Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast .....	24.0	120	5.0				
27170 Bone graft for nonunion, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft) .....	24.0	120	6.0				
27175 Treatment of slipped femoral epiphysis; by traction, without reduction .....	Sv. & BR						
27176 by single or multiple pinning, in situ .....	20.0	120	3.0				
27177 Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft) .....	22.0	120	5.0				

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

✓ WAC 296-22-082 FEMUR (THIGH REGION) AND KNEE JOINT.

(Including tibial plateaus)

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
27238							
27240	Sv.&						
27242	9.5	90	3.0				
27244	12.0	90	3.0				
27246	20.0	120	6.0	27301			
27248	Sv.&			27303			
27250	7.0	90	5.0	27304			
27252	Sv.&			27305			
27253	4.8	120	3.0				
27254	15.0	180	5.0	27306			
27255	17.0	120	5.0	27307			
27256	22.0	180	5.0	27310			
27257	Sv.&			27311			
27258	4.5	45	3.0	27315			
27259	17.0	120	5.0	27320			
	BR	120	5.0				
<b>MANIPULATION</b>				<b>INCISION</b>			
*27275	*1.2	0	3.0				
<b>ARTHRODESIS</b>				<b>EXCISION</b>			
27280	14.0	120	5.0	27323	1.2	7	3.0
27281	20.0	120	5.0	27324	2.4	15	3.0
27282	BR			27327			
27284	24.0	180	5.0	27328	3.0	7	3.0
27286	26.0	180	5.0	27330	4.0	15	3.0
<b>AMPUTATION</b>				27331	12.0	90	3.0
27290	29.0	120	11.0	27332	13.0	90	3.0
27295	24.0	120	8.0	27333	14.0	90	3.0
<b>MISCELLANEOUS</b>				27334	20.0	90	3.0
27299	BR		5.0	27335	17.0	120	3.0
				27340	14.0	120	3.0
				27345	5.0	60	3.0
				27350	8.0	60	3.0
				27355	12.0	90	3.0
				27356	11.0	60	3.0
				27357	12.0	60	3.0
				27358	14.0	120	3.0
					15.0	120	3.0



	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
27360				27407			
Excision of bone, partial (craterization, saucerization or diaphysectomy), for osteomyelitis, femur, proximal tibia and/or fibula; .....	10.0	60	3.0	cruciate.....	16.0	120	3.0
27361				27408			
with suction irrigation .....	13.0	120	3.0	collateral, with pes anserinus transfer .....	14.0	120	3.0
27365				27409			
Radical resection for tumor (bone or soft tissue) .....	BR+		3.0	collateral and cruciate ligaments .....	18.0	120	3.0
<b>INTRODUCTION AND/OR REMOVAL</b>				27410			
(For arthrocentesis or needling of bursa or joint, see 20610)				Suture, secondary repair, torn, ruptured, or severed ligament, with or without meniscectomy, knee; collateral OR cruciate ligament .....	19.0	120	3.0
(For removal of Rush pin, intramedullary rod, etc., see 20680)				27411			
27370				medial ligament and capsule .....	19.0	120	3.0
Injection procedure for knee arthrography .....	0.6	0		27413			
(For knee arthrography, see 73580, 73581)				collateral or cruciate ligament, with pes anserinus transfer or fascial or tendon graft .....	23.0	120	3.0
27372				27414			
Removal foreign body, deep .....	BR			Suture, secondary repair, torn, ruptured, or severed ligament with or without meniscectomy, knee, collateral AND cruciate ligaments .....	22.0	120	3.0
27373				27415			
Arthroscopy, knee, diagnostic (separate procedure); .....	5.4		3.0	with pes anserinus transfer or fascial or tendon graft .....	23.0	120	3.0
27374				27416			
Arthroscopy, knee, surgical; debridement with cartilage shaving and/or drilling and/or resection of reactive synovium .....	(BR) 17.3	30	3.0	Advancement, pes anserinus, Slocum type procedure, (separate procedure) .....	14.0	120	3.0
(27375 Arthroscopy, knee has been revised as 27373)				27418			
27376				Anterior tibial tubercle plasty for chondromalacia patellae (Maquet procedure) .....	14.0	120	3.0
with synovial biopsy .....	14.7	90	3.0	27420			
27377				Reconstruction for recurrent dislocating patella; (Hauser type procedure) .....	14.0	120	3.0
with removal of loose body .....	15.7	90	3.0	27422			
27378				with extensor realignment and/or muscle advancement or release (Campbell, Goldthwaite, etc., type procedure) .....	15.0	120	3.0
with partial meniscectomy .....	16.7	90	3.0	27424			
27379				with patellectomy .....	17.0	120	3.0
with plica resection and/or shelf resection .....	(BR) 17.4	90	3.0	27425			
(When knee arthroscopy is performed in conjunction with arthrotomy, see Modifier -50)				Lateral retinacular release (any method) .....	6.0	120	3.0
<b>REPAIR, REVISION OR RECONSTRUCTION</b>				27430			
(For repair of deep wound, see 20800)				Quadriceps plasty (Bennett or Thompson type) .....	15.0	120	3.0
27380				27435			
Suture of infrapatellar tendon; primary .....	11.0	90	3.0	Capsulotomy, knee, posterior capsular release .....	14.0	90	3.0
27381				27436			
secondary reconstruction, including fascial or tendon graft ..	BR			Arthroscopy, knee, with internal fixation of osteochondral fragment .....	BR		3.0
27385				(When knee arthroscopy is performed in conjunction with arthrotomy, see modifier -50)			
Suture of quadriceps or hamstring muscle rupture; primary .....	13.0	90	3.0	27437			
27386				Arthroplasty, patella; without prosthesis .....	BR		3.0
secondary reconstruction, including fascial or tendon graft ..	15.0	90	3.0	27438			
27390				with prosthesis .....	22.0	120	3.0
Tenotomy, open, hamstring, knee to hip; single .....	6.0	45	3.0	27440			
27391				Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy .....	20.0	120	3.0
multiple, one leg .....	6.0	90	3.0	27441			
27392				multiple, bilateral .....	BR	120	3.0
multiple, bilateral .....	8.0	45	3.0	27442			
27393				Arthroplasty, knee, femoral condyles or tibial plateaus .....	24.0	120	3.0
Lengthening of hamstring tendon; single .....	8.0	90	3.0	27443			
27394				with debridement and partial synovectomy .....	BR		
multiple, one leg .....	12.0	90	3.0	27444			
27395				Arthroplasty, knee, total; fascial ..	28.0	120	3.0
multiple, bilateral .....	16.0	120	3.0	27445			
(For subcutaneous tenotomy, see 27300, 27302)				prosthetic (e.g., Walldius type) ..	28.0	120	3.0
27396				27446			
Transplant, hamstring tendon to patella; single .....	16.0	120	3.0	Arthroplasty, knee, total, condyle and plateau; medial OR lateral compartment .....	(BR) 43.5	120	3.0
27397				27447			
multiple .....	14.0	120	3.0	medial AND lateral compartments with or without patella resurfacing ("total knee") .....	40.0	120	3.0
27400				(For revision of total knee arthroplasty, see 27487)			
Tendon or muscle transfer, hamstrings to femur (Eggers type procedure) .....	16.0	120	3.0				
27405							
Suture, primary, torn, ruptured or severed ligament, with or without meniscectomy, knee; collateral ...	14.0	120	3.0				

		Unit Value	Follow- up Days=	Basic Anes@		Unit Value	Follow- up Days=	Basic Anes@
(For removal of total knee prosthesis, see 27488)								
27448	Osteotomy, femur, shaft or supracondylar, without fixation; unilateral	13.0	120	3.0	27508	19.0	90	3.0
27449	bilateral	15.0	120	3.0	27510	Sv.& 8.0	90	3.0
27450	Osteotomy, femur, shaft or supracondylar, with fixation; unilateral	19.0	90	3.0	27512			
27452	bilateral	24.0	120	3.0	27514	12.0	90	3.0
27454	Osteotomy, multiple, femoral shaft, with realignment on intramedullary rod (Sofield type procedure)	20.0	90	3.0	27516	20.0	90	3.0
27455	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock knee)), unilateral; before epiphyseal closure	12.0	90	3.0	27517	SV 7.0	120	3.0
27457	after epiphyseal closure	14.0	90	3.0	27518			
27460	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee), bilateral; before epiphyseal closure	18.0	90	3.0	27519	8.0	120	3.0
27462	after epiphyseal closure	21.0	90	3.0	27520	18.0	120	3.0
27465	Osteoplasty, femur; shortening	20.0	180	3.0	27522	Sv.& 4.0	90	3.0
27466	lengthening	26.0	180	3.0	27524			
27468	combined, lengthening and shortening with femoral segment transfer	40.0	180	4.0	27530	12.0	90	3.0
27470	Repair, nonunion or malunion, femur, distal to head and neck; without graft (e.g., compression technic, etc.)	20.0	120	3.0	27532	Sv.& 5.0	90	3.0
27472	with iliac or other autogenous bone graft (includes obtaining graft)	23.0	120	3.0	27534	8.0	90	3.0
27475	Epiphyseal arrest by epiphysiodesis or stapling; distal femur	14.0	120	3.0	27536			
27477	tibia and fibula, proximal	16.0	120	3.0	27537	14.0	90	3.0
27479	combined, distal femur, proximal tibia and fibula	20.0	120	3.0	27538	16.0	120	3.0
27485	Arrest, hemiepiphyseal, distal femur or proximal leg (e.g., for genu varus or valgus)	11.0	120	3.0	27540	Sv.& 14.0	90	3.0
27487	Secondary reconstruction for revision of total knee arthroplasty	BR			27550			
27488	Removal of knee prosthesis, including "total knee"	BR			27552	Sv.& 3.6	45	3.0
27490	Arthroscopy, knee, for meniscus repair (meniscorrhesis)	BR		3.0	27554	7.0	45	3.0
<u>(When knee arthroscopy is performed in conjunction with arthrotomy, add Modifier -50)</u>					27556			
<b>FRACTURES AND/OR DISLOCATION</b>								
27500	Treatment of closed femoral shaft fracture (including supracondylar); without manipulation (includes traction)	Sv.& 7.0	90	3.0	27557	15.0	90	3.0
27502	with manipulation				27560	BR	120	3.0
27504	Treatment of open femoral shaft fracture (including supracondylar), with uncomplicated soft tissue closure	11.0	90	3.0	(For recurrent dislocation, see 27420-27424)			
27506	Open treatment of closed or open femoral shaft fracture (including supracondylar), with or without				27562	3.6	45	3.0
					27564			

	Unit Value	Follow-up Days=	Basic Anes@
tissue closure .....	5.0	45	3.0
27566 Open treatment of closed or open patellar dislocation, with or without partial or total patellectomy .	12.0	90	3.0
(For recurrent dislocation, see 27420-27424)			

MANIPULATION

*27570 Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices) .....	*1.2	0	3.0
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ARTHRODESIS

27580 Fusion of knee, any technique ...	20.0	120	3.0
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AMPUTATION

27590 Amputation, thigh, through femur, any level; .....	14.5	120	4.0
27591 immediate fitting technique including first cast .....	BR	30	3.0
27592 open, ((flap or)) circular (guillotine) .....	14.0	120	4.0
27594 secondary closure or scar revision .....	Sv.&		3.0
27596 reamputation .....	BR+		4.0
27598 Disarticulation at knee .....	14.0	120	4.0

MISCELLANEOUS

27599 Unlisted procedure, femur or knee .....	BR		3.0
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AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-22-087 LEG (TIBIA AND FIBULA) AND ANKLE JOINT.

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
27600 Fasciotomy, leg, anterior compartment, for closed spaced decompression; .....	5.0	30	3.0
27602 including posterior compartment decompression .....	7.0	30	3.0
(For incision and drainage procedures, superficial, see 10000-10160)			
27603 Incision and drainage; deep abscess or hematoma .....	BR		
27604 infected bursa .....	SV		
27605 Tenotomy, Achilles tendon, subcutaneous (separate procedure); local anesthesia .....	1.0	0	3.0
27606 general anesthesia .....	2.0	0	3.0
27607 Incision, deep, with opening of bone cortex for osteomyelitis or bone abscess; .....	BR		3.0
27608 with suction irrigation .....	BR		30.0
27610 Arthrotomy, ankle, with exploration, drainage or removal of loose or foreign body; .....	9.0	60	3.0
27611 with suction irrigation .....	10.0	120	3.0
27612 Arthrotomy, ankle, posterior capsular release, with or without Achilles tendon lengthening (see also 27685) .....	10.0	60	3.0

(See also 27685)

EXCISION

27613 Biopsy, soft tissues; superficial ...	1.2	7	3.0
27614 deep .....	2.4	15	3.0
27618 Excision, benign tumor; subcutaneous .....	3.0	7	3.0
27619 deep, subfascial or intramuscular .....	4.0	15	3.0
27620 Arthrotomy (capsulotomy), ankle, for biopsy .....	9.0	60	3.0
27625 Arthrotomy, ankle, for synovectomy; .....	12.0	90	3.0
27626 including tenosynovectomy ....	14.0	90	3.0
27630 Excision of lesion of tendon, sheath or capsule (e.g., cyst or ganglion, etc.) .....	3.6	30	3.0
27635 Excision, or curettage, of bone cyst or benign tumor, tibia or fibula; .....	10.0	60	3.0
27637 with primary autogenous graft (includes obtaining graft) ....	13.0	120	3.0
27638 with primary homogenous graft .....	14.0	120	3.0
27640 Excision of bone, partial, (craterization, saucerization or diaphysectomy) for osteomyelitis; tibia ....	12.0	60	3.0
27641 fibula .....	10.0	60	3.0
27645 Resection for tumor, radical; tibia (BR+)	BR		3.0
27646 fibula .....	BR		3.0
27647 talus or calcaneus .....	BR		3.0

INTRODUCTION OR REMOVAL

(For arthrocentesis or needling of bursa or joint, see 20605)

(For removal of Rush pin, intramedullary rod, Lottes nail, etc., see 20680)

27648 Injection procedure for ankle arthrography .....	BR		
(For ankle arthrography, see 73615)			
(For ankle arthroscopy, see 27850-27853)			

REPAIR, REVISION OR RECONSTRUCTION

(For repair of deep wound, see 20800)

27650 Suture, primary, ruptured Achilles tendon .....	11.0	120	3.0
27652 with graft (includes obtaining graft) .....	14.0	120	3.0
27654 Suture, secondary, ruptured Achilles tendon, with or without graft .....	14.0	120	3.0
27656 Repair, fascial defect of leg ....	6.0	45	3.0
27658 Repair or suture of flexor tendon of leg; primary, without free graft, single, each .....	6.0	90	3.0
27659 secondary with or without free graft, single tendon, each .....	8.0	90	3.0
27664 Repair or suture of extensor tendon of leg; primary, without free graft, single, each .....	4.0	90	3.0
27665 secondary with or without free graft, single tendon, each .....	6.0	90	3.0

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
27675				27750			
Repair for dislocating peroneal tendons; without fibular osteotomy . . . . .	5.0	90	3.0	Treatment of closed tibial shaft fracture; without manipulation . . . . .	Sv.& 5.0	90	3.0
27676	6.0	90	3.0	with manipulation . . . . .	5.0	90	3.0
27680				27754			
Tenolysis, including tibia, fibula and ankle flexor, single . . . . .	5.0	60	3.0	Treatment of open tibial shaft fracture, with uncomplicated soft tissue closure . . . . .	6.5	90	3.0
27681				27756			
multiple (through same incision), each . . . . .	6.0	60	3.0	Open treatment of closed or open tibial shaft fracture, with internal or external skeletal fixation; simple . . . . .	12.0	90	3.0
27685				complicated . . . . .	(BR 17.9)	90	3.0
Lengthening or shortening of tendon; single (separate procedure) . . . . .	7.0	90	3.0	27758			
27686				multiple (through same incision), each . . . . .	8.0	120	3.0
27687				27760			
Gastrocnemius recession (e.g., Strayer procedure) . . . . .	7.0	120	3.0	Treatment of closed distal tibial fracture (medial malleolus); without manipulation . . . . .	Sv.& 3.0	90	3.0
(Toe extensors are considered as a group to be a single tendon when transplanted into midfoot)				27762			
27690				with manipulation . . . . .	3.0	90	3.0
Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (c.g., anterior tibial extensors into midfoot) . . . . .	8.0	120	3.0	27764			
27691				Treatment of open distal tibial fracture (medial malleolus) with uncomplicated soft tissue closure . . . . .	4.4	90	3.0
anterior tibial or posterior tibial through interosseous space . . . . .	10.0	120	3.0	27766			
27692				Open treatment of closed or open distal tibial fracture (medial malleolus), with fixation . . . . .	9.0	90	3.0
each additional tendon . . . . .	2.0			27780			
27695				Treatment of closed proximal fibula or shaft fracture; without manipulation . . . . .	Sv.& 3.0	90	3.0
Suture, primary, torn, ruptured or severed ligament, ankle; collateral both collateral ligaments . . . . .	10.0	120	3.0	27781			
27696				with manipulation . . . . .	3.0	90	3.0
27698				27782			
Suture, secondary repair, torn, ruptured or severed ligament; ankle, collateral (e.g., Watson-Jones procedure) . . . . .	14.0	120	3.0	Treatment of open proximal fibula or shaft fracture, with uncomplicated soft tissue closure . . . . .	4.0	90	3.0
27700				27784			
Arthroplasty, ankle; . . . . .	14.0	120	3.0	Open treatment of closed or open proximal fibula or shaft fracture, with or without internal or external skeletal fixation . . . . .	8.0	90	3.0
with implant ("total ankle") . . . . .	BR		3.0	27786			
27702				Treatment of closed distal fibular fracture (lateral malleolus); without manipulation . . . . .	Sv.& 3.0	90	3.0
27704				with manipulation . . . . .	3.0	90	3.0
27705				27788			
Removal of ankle implant . . . . .	BR		3.0	Treatment of open distal fibular fracture (lateral malleolus), with uncomplicated soft tissue closure . . . . .	4.0	90	3.0
27707				27792			
Osteotomy; tibia . . . . .	12.0	90	3.0	Open treatment of closed or open distal fibular fracture (lateral malleolus), with fixation . . . . .	9.0	90	3.0
27709				27800			
fibula . . . . .	7.0	90	3.0	Treatment of closed tibia and fibula fractures, shafts; without manipulation . . . . .	Sv.& 6.5	90	3.0
27712				with manipulation . . . . .	6.5	90	3.0
tibia and fibula . . . . .	14.0	90	3.0	27802			
27712				27804			
multiple, with realignment on intramedullary rod (Sofield type procedure) . . . . .	18.0	90	3.0	Treatment of open tibia and fibula fractures, shafts, with uncomplicated soft tissue closure (e.g., "pins above and below") . . . . .	8.0	90	3.0
(For osteotomy to correct genu varus (bowleg) or genu valgus (knock-knee), see 27455-27462)				27806			
27715				Open treatment of closed or open tibia and fibula fractures, shafts, with or without internal or external skeletal fixation . . . . .	14.5	90	3.0
Osteoplasty, tibia and fibula, lengthening . . . . .	24.0	90	3.0	27808			
27720				Treatment of closed bimalleolar ankle fracture, (including Potts); without manipulation . . . . .	Sv.& 5.0	90	3.0
Repair of nonunion or malunion, tibia, without graft (e.g., compression technic, etc.) . . . . .	18.0	90	3.0	with manipulation . . . . .	5.0	90	3.0
27722				27810			
with sliding graft . . . . .	20.0	120	3.0	Treatment of open bimalleolar ankle fracture, with uncomplicated soft tissue closure . . . . .	6.5	90	3.0
27724				27812			
with iliac or other autogenous bone graft (includes obtaining graft) . . . . .	22.0	120	3.0	Open treatment of closed or open bimalleolar ankle fracture, with or without internal or external skeletal fixation . . . . .	12.0	90	3.0
27725				27814			
by synostosis, with fibula, any method . . . . .	BR	120	3.0	Open treatment of closed or open bimalleolar ankle fracture, with or without internal or external skeletal fixation . . . . .	12.0	90	3.0
27727				27816			
Repair of congenital pseudarthrosis, tibia . . . . .	BR	120	3.0	Treatment of closed trimalleolar ankle fracture; without manipulation . . . . .	Sv.& 6.0	90	3.0
27730				with manipulation . . . . .	6.0	90	3.0
Epiphyseal arrest by epiphysiodesis or stapling, distal tibia . . . . .	12.0	120	3.0	27818			
27732				27820			
distal fibula . . . . .	6.0	120	3.0	Treatment of open trimalleolar ankle fracture, with uncomplicated soft tissue closure . . . . .	7.0	90	3.0
27734							
distal tibia and fibula . . . . .	14.0	120	3.0				
27740							
Epiphyseal arrest by epiphysiodesis or stapling, combined, proximal and distal tibia and fibula; . . . . .	18.0	120	3.0				
27742							
and distal femur . . . . .	22.0	120	3.0				
(For epiphyseal arrest of proximal tibia and fibula, see 27477)							

FRACTURES AND/OR DISLOCATIONS

**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

✓ WAC 296-22-091 FOOT.

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
27822							
27822							
27823							
27830							
27831							
27832							
27840							
*27842							
27844							
27846							
27848							
<b>ARTHROSCOPY</b>							
27850							
27851							
27852							
27853							
(When ankle arthroscopy is performed in conjunction with arthrotomy, see modifier ((=50) -51))							
<b>MANIPULATION</b>							
*27860							
<b>ARTHRODESIS</b>							
27870							
27871							
<b>AMPUTATION</b>							
27880							
27881							
27882							
*27884							
27886							
27888							
27889							
<b>MISCELLANEOUS</b>							
27899							
				28001			
				28002			
				28003			
				28004			
				28005			
				28006			
				28008			
				*28010			
				*28011			
				28020			
				28022			
				28024			
				28030			
				28035			
				<b>EXCISION</b>			
				28043			
				28045			
				28050			
				28052			
				28054			
				28060			
				28062			
				28070			
				28072			
				28080			
				28086			
				28088			

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
28090							
Excision of lesion of tendon or fibrous sheath or capsule (including synovectomy) (cyst or ganglion); foot	3.6	30	3.0	(For talus or calcaneus, see 27647)			
28092 toes	2.4	30	3.0				
28100				INTRODUCTION AND/OR REMOVAL			
Excision or curettage of bone cyst or benign tumor, talus or calcaneus;	6.0	60	3.0	(For arthrocenteses (injections or aspiration), see 20600, 20605)			
28102 with iliac or other autogenous bone graft (includes obtaining graft)	7.0	120	3.0	(For K wire or pin insertion or removal, see 20650, 20670)			
28103 with homogenous bone graft	8.0	120	3.0	28190 *Remove foreign body; subcutaneous	BR		3.0
28104				28192 deep	BR		3.0
Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal bones, except talus or calcaneus;	4.8	60	3.0	28193 complicated	BR		3.0
28106 with iliac or other autogenous bone graft (includes obtaining graft)	5.6	120	3.0	REPAIR, REVISION OR RECONSTRUCTION			
28107 with homogenous bone graft	6.6	120	3.0	28200 Repair or suture of tendon, foot, flexor, single; primary or secondary, without free graft, each tendon	6.0	90	3.0
28108				28202 secondary with free graft, each tendon (includes obtaining graft)	8.0	90	3.0
Excision or curettage of bone cyst or benign tumor, phalanges;	3.6	60	3.0	28208 Repair or suture of tendon, foot, extensor, single; primary or secondary, each tendon	2.8	90	3.0
28109 with homogenous bone graft	4.6	60	3.0	28210 secondary with free graft, each tendon (includes obtaining graft)	4.4	90	3.0
(For ostectomy, partial (e.g., hallux valgus, Silver type procedure) see 28290)				28220 Tenolysis, flexor, single	5.0	60	3.0
28110				28222 multiple (through same incision), each	6.0	60	3.0
Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)	2.4	60	3.0	28225 Tenolysis, extensor; single	2.8	60	3.0
28111				28226 multiple (through same incision), each	3.6	60	3.0
Ostectomy; complete excision of first metatarsal head	7.0	90	3.0	28230 Tenotomy, open, flexor, foot, single or multiple (separate procedure)	3.0	30	3.0
28112 other metatarsal head (second, third or fourth)	4.0	60	3.0	28232 toe, single (separate procedure)	1.4	30	3.0
28113 fifth metatarsal head	1.0	90	3.0	28234 Tenotomy, open, extensor, foot or toe	1.0	30	3.0
28114 all metatarsal heads with partial proximal phalangectomies (Clayton type procedure)	12.0	60	3.0	28236 Transfer of tendon, anterior tibial into tarsal bone (e.g., Lowman-Young type procedure)	5.0	120	3.0
28116				28238 Advancement of posterior tibial tendon with excision of accessory navicular bone (Kidner type procedure)	7.0	120	3.0
Ostectomy, excision of tarsal coalition	7.0	60	3.0	(For subcutaneous tenotomy, see 28010, 28011)			
28118				(For transfer or transplant of tendon with muscle redirection or rerouting, see 27690-27692)			
Ostectomy, calcaneus; partial (Cotton scoop type procedure)	7.0	60	3.0	(For extensor hallucis longus transfer, great toe, IP fusion, see 28760)			
28119 for spur, with or without plantar fascial release	BR		3.0	28240 Tenotomy or release, abductor hallucis muscle (McCaughey type procedure)	3.6	60	3.0
28120				28250 Division of plantar fascia and muscle ("Steindler stripping") (separate procedure)	6.0	60	3.0
Partial excision of bone (craterization, saucerization, sequestrectomy, or diaphysectomy) for osteomyelitis, talus or calcaneus;	6.0	60	3.0	28260 Capsulotomy, midfoot; medial release only (separate procedure)	BR		3.0
28121 with suction irrigation	7.0	60	3.0	28261 with tendon lengthening	BR		3.0
28122				28262 extensive, including posterior talotibial capsulotomy and			
Partial excision of bone (craterization, saucerization or diaphysectomy) for osteomyelitis, tarsal or metatarsal bone, except talus or calcaneus;	4.8	60	3.0				
28123 with suction irrigation	5.0	60	3.0				
28124							
Partial excision of bone (craterization, saucerization, or diaphysectomy) for osteomyelitis, phalanx	3.6	60	3.0				
28126							
Condylectomy, phalangeal base, single toe, each	8.0	60	3.0				
28130							
Talectomy (astragalectomy)	10.0	120	3.0				
28135							
Calcaneotomy	10.0	120	3.0				
28140							
Metatarsectomy	6.0	60	3.0				
28150							
Phalangectomy, single, each	3.6	30	3.0				
28153							
Resection, head of phalanx	6.0	30	3.0				
28160							
Hemiphalangectomy or interphalangeal joint excision, single, each	3.0	30	3.0				
28171							
Radical resection for tumor; tarsal (except talus or calcaneus)	BR		3.0				3.0
28173							
metatarsal	BR		3.0				
28175							
phalanx	BR		3.0				

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
				28400	Treatment of closed calcaneal fracture; without manipulation...		
				28405	with manipulation including Cotton or Bohler type reductions		
28264	BR		3.0				
	12.0	90	3.0				
28270							3.0
				28406	with manipulation and skeletal fixation	BR	120
28272	3.0	60	3.0	28410	Treatment of open calcaneal fracture, with uncomplicated soft tissue closure	4.0	90
	1.4	60	3.0	28415	Open treatment of closed or open calcaneal fracture, with or without internal or external skeletal fixation	10.0	90
28280	3.6	46	3.0	28420	with primary iliac or other autogenous bone graft (includes obtaining graft)	14.5	90
				28430	Treatment of closed talus fracture; without manipulation	Sv.&	
28285	4.8	90	3.0	28435	with manipulation	3.0	90
				28440	Treatment of open talus fracture, with uncomplicated soft tissue closure	4.0	90
28286	3.6	120	3.0	28445	Open treatment of closed or open talus fracture, with or without internal or skeletal fixation	10.0	90
				28450	Treatment of closed tarsal bone fracture (except talus and calcaneus); without manipulation, each	Sv.&	
28288	7.0	120	3.0			2.0	90
				28455	with manipulation, each		90
28290	4.8	60	3.0	28460	Treatment of open tarsal bone fracture (except talus and calcaneus), with uncomplicated soft tissue closure, each	3.0	90
				28465	Open treatment of closed or open tarsal bone fracture (except talus and calcaneus), with or without internal or external skeletal fixation, each	6.0	90
28292	7.0	120	3.0	28470	Treatment of closed metatarsal fracture; without manipulation, each	Sv.&	
				28475	with manipulation, each	2.2	90
28293	8.0	120	3.0	28480	Treatment of open metatarsal fracture, with uncomplicated soft tissue closure, each	3.0	90
28294	9.5	90	3.0	28485	Open treatment of closed or open metatarsal fracture, with or without internal or external skeletal fixation, each	6.0	90
28296	9.5	120	3.0	28490	Treatment of closed fracture great toe, phalanx or phalanges; without manipulation	Sv.&	
28298	7.0	120	3.0			1.2	30
28299	BR		3.0	28495	with manipulation		30
28300	9.5	90	3.0	28500	Treatment of open fracture great toe, phalanx or phalanges, with uncomplicated soft tissue closure	1.8	30
	9.0	90	3.0	28505	Open treatment of closed or open fracture great toe, phalanx or phalanges, with or without internal or external skeletal fixation	3.6	45
28302	8.0	90	3.0	28510	Treatment of closed fracture, phalanx or phalanges, other than great toe; without manipulation, each	Sv.&	
28304	8.0	90	3.0			1.0	30
28305	9.0	120	3.0	28515	with manipulation, each		30
28306	7.0	90	3.0	28520	Treatment of open fracture, phalanx or phalanges, other than great toe, with uncomplicated soft tissue closure, each	1.6	30
	5.6	90	3.0	28525	Open treatment of closed or open fracture, phalanx or phalanges;		
28308	BR	120	3.0				
28309	BR		3.0				
28310	2.8	90	3.0				
	2.0	90	3.0				
28312	BR		3.0				
28315	BR		3.0				
28320	BR		3.0				
	BR		3.0				
28322	4.8	120	3.0				

FRACTURE AND/OR DISLOCATION

	Unit Value	Follow-up Days=	Basic Anes@
other than great toe, with or without internal or external skeletal fixation, each	3.0	45	3.0
*28540 Treatment of closed tarsal bone dislocation; without anesthesia	*0.72	0	
28545 requiring anesthesia	2.0	45	3.0
28546 Treatment of closed tarsal bone dislocation, with percutaneous skeletal fixation	2.8		
28550 Treatment of open tarsal bone dislocation, with uncomplicated soft tissue closure	2.8	45	3.0
28555 Open treatment of closed or open tarsal bone dislocation, with or without internal or external skeletal fixation	6.0	90	3.0
*28570 Treatment of closed talotarsal joint dislocation; without anesthesia	*1.0	0	
28575 requiring anesthesia	2.4	45	3.0
28580 Treatment of open talotarsal joint dislocation, with uncomplicated soft tissue closure	3.2	45	3.0
28585 Open treatment of closed or open talotarsal joint dislocation, with or without internal or external skeletal fixation	10.0	90	3.0
*28600 Treatment of closed tarsometatarsal joint dislocation, without anesthesia	*0.72	0	
28605 requiring anesthesia	2.0	45	3.0
28606 Treatment of closed tarsometatarsal joint dislocation, with percutaneous skeletal fixation	3.0		3.0
28610 Treatment of open tarsometatarsal joint dislocation, with uncomplicated soft tissue closure	2.8	45	3.0
28615 Open treatment of closed or open tarsometatarsal joint dislocation, with or without internal or external skeletal fixation	6.0	90	3.0
*28630 Treatment of closed metatarsophalangeal joint dislocation; without anesthesia	*0.72	0	
28635 requiring anesthesia	1.4	45	3.0
28640 Treatment of open metatarsophalangeal joint dislocation, with uncomplicated soft tissue closure	2.0	45	3.0
28645 Open treatment of closed or open metatarsophalangeal joint dislocation	4.0	90	3.0
*28660 Treatment of closed interphalangeal joint dislocation; without anesthesia	*0.72	0	
28665 requiring anesthesia	1.2	45	3.0
28670 Treatment of open interphalangeal joint dislocation, with uncomplicated soft tissue closure	1.6	45	3.0
28675 Open treatment of closed or open interphalangeal joint dislocation	2.4	60	3.0
<b>ARTHRODESIS</b>			
28705 Pantalar arthrodesis	19.0	120	3.0
28715 Triple arthrodesis	15.0	120	3.0
28725 Subtalar arthrodesis (includes Grice type procedure)	12.0	120	3.0
28730 Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;	11.0	120	3.0
28735 with osteotomy as for flat foot correction	14.0	120	3.0
28737 Arthrodesis, midtarsal navicular-cuneiform, with tendon lengthening and advancement (Miller type			

	Unit Value	Follow-up Days=	Basic Anes@
28740 Arthrodesis, midtarsal or tarsometatarsal, single joint	7.0	120	3.0
28750 Arthrodesis, great toe; metatarsophalangeal joint	9.0	120	3.0
28755 interphalangeal joint	7.0	120	3.0
28760 Arthrodesis, great toe, interphalangeal joint, with extensor hallucis longus transfer to first metatarsal neck (Jones type procedure)	4.0	120	3.0
	6.0	120	3.0
(For ((hammer-toe)) hammertoe operation or interphalangeal fusion, see 28285)			
<b>AMPUTATION</b>			
28800 Amputation, foot; midtarsal (Chopart type procedure)	10.0	90	3.0
28805 transmetatarsal	10.0	90	3.0
28810 Amputation, metatarsal, with toe, single	6.0	90	3.0
28820 Amputation, toe; metatarsophalangeal joint	3.0	45	3.0
28825 interphalangeal joint	2.0	45	3.0
<b>MISCELLANEOUS</b>			
28899 Unlisted procedure, foot or toes	BR		3.0
(For skin grafts and flaps, see 15050-15770)			

**AMENDATORY SECTION** (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

**WAC 296-22-095 APPLICATION OF CASTS AND STRAPPING.**

The listed procedures apply when the cast application or strapping is a replacement procedure used during or after the period of follow-up care. Additional visits are reportable only if significant identifiable further services are provided at the time of the cast application or strapping.

Listed procedures include removal of cast or strapping.

	Unit Value	Follow-up Days=	Basic Anes@
<b>BODY AND UPPER EXTREMITY CASTS</b>			
29000 Application of halo type body cast (see 20661-20663 for insertion)	5.0	2	3.0
29010 Application of Risser jacket, localizer, body; only	3.0	2	3.0
29015 including head	3.6	2	3.0
29020 Application of turnbuckle jacket, body; only	3.0	2	3.0
29025 including head	3.6	2	3.0
29035 Application of body cast, shoulder to hips;	1.6	2	3.0
29040 including head, Minerva type	2.2	2	3.0
29044 including one thigh	2.0	2	3.0
29046 including both thighs	2.2	2	3.0
29049 Application; plaster figure of eight	0.6	2	3.0
29055 shoulder spica	1.8	2	3.0
29058 plaster Velpeau	0.8	2	3.0
29065 shoulder to hand (long arm)	0.8	2	3.0



	Unit Value	Follow-up Days=	Basic Anes@
29075 elbow to fingers (short arm) . .	0.6	2	3.0
29085 hand and lower forearm (gauntlet) . . . . .	0.6	2	3.0

**SPLINTS**

29105 Application of long arm splint (shoulder to hand) . . . . .	0.6	2	3.0
29125 Application of short arm (forearm and hand); static . . . . .	0.5	2	3.0
29126 dynamic . . . . .	0.8	2	3.0
29130 Application of finger splint; static . . . . .	0.3	2	3.0
29131 dynamic . . . . .	0.4	2	3.0

**STRAPPING—ANY AGE**

29200 Strapping; thorax . . . . .	0.4	0	
29220 low back . . . . .	0.5	0	
29240 shoulder (eg, Velpeau) . . . . .	0.6	0	
29260 elbow or wrist . . . . .	0.24	0	
29280 hand or finger . . . . .	0.2	0	

**LOWER EXTREMITY CASTS**

29305 Application of hip spica cast; unilateral . . . . .	2.0	2	3.0
29325 bilateral, or one and one-half spica . . . . .	2.4	2	3.0
<u>(For hip spica (body) cast, including thighs only, see 29046)</u>			
29345 Application of long leg cast (thigh to toes); . . . . .	1.1	2	3.0
29355 walking or ambulatory type . . . . .	1.3	2	3.0
29358 Application of long leg cast brace . . . . .	BR		
29365 Application of cylinder cast (thigh to ankle) . . . . .	1.0	2	3.0
29405 Application of short leg (below knee to toes); . . . . .	0.8	2	3.0
29425 walking or ambulatory type . . . . .	1.0	2	3.0
29435 Application of patellar tendon bearing (PTB) cast . . . . .	1.2	2	3.0
29440 Adding walker to previously applied cast . . . . .	0.3		
29450 Application of clubfoot cast with molding or manipulation, long or short leg; unilateral . . . . .	0.4	2	3.0
29455 bilateral . . . . .	0.8	2	3.0
<u>(If over age 24 months, see other lower extremity casts)</u>			

**SPLINTS**

29505 Application of long leg splint (thigh to ankle or toes) . . . . .	0.72	2	3.0
29515 Application of short leg splint (calf to foot) . . . . .	0.6	2	3.0

**STRAPPING—ANY AGE**

29520 Strapping; hip . . . . .	0.5	0	
29530 Knee . . . . .	0.4	0	
29540 Ankle . . . . .	0.3	0	
29550 toes . . . . .	0.3	0	
29580 Unna Boot . . . . .	0.4	0	
29590 Denis-Browne splint strapping . .	0.4	0	

**REMOVAL OR REPAIR**

(Codes for cast removals should be employed only for casts applied by another physician)

29700 Removal or bivalving; gauntlet, boot or body cast . . . . .	0.4	0	
29705 full arm or full leg cast . . . . .	0.4		

	Unit Value	Follow-up Days=	Basic Anes@
29710 shoulder or hip spica, Minerva or Risser jacket, etc. . . . .	0.5	0	
29715 turnbuckle jacket . . . . .	0.7	0	
29720 Repair of spica, body cast or jacket . . . . .	0.24	0	
29730 Windowing of cast . . . . .	0.24	0	
29740 Wedging of cast (except clubfoot casts) . . . . .	0.3	0	
29750 Wedging of clubfoot cast; unilateral . . . . .	0.3	0	
29751 bilateral . . . . .	0.4	0	

**MISCELLANEOUS**

29799 Unlisted procedure, casting or strapping . . . . .	BR		3.0
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**AMENDATORY SECTION** (Amending Order 81-28, filed 11/30/81, effective 1/1/82)

**WAC 296-22-100 NOSE RESPIRATORY SYSTEM.**

	Unit Value	Follow-up Days=	Basic Anes@
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**INCISION**

(For simple furuncle, see 10020)

*30000 Drainage abscess or hematoma, nasal, internal approach . . . . .	*1.2	0	3.0
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(For external approach, see 10020, 10060, 10140)

*30020 Drainage of abscess or hematoma, nasal septum . . . . .	*1.4	0	3.0
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(For lateral rhinotomy, see specific application, e.g., 30118, 30320)

**EXCISION**

(For excision of nasopharyngeal fibroma, see 42880)

(For biopsy of nasopharynx, see 42804)

30100 Biopsy, intranasal . . . . .	0.6	7	3.0
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(For biopsy skin of nose, see 11100, 11101)

30110 Excision of nasal polyp(s) simple; unilateral . . . . .	1.4	15	3.0
30111 bilateral . . . . .	BR		3.0

(30110, 30111 would normally be completed in an office setting)

30115 Excision, nasal polyp(s), extensive; unilateral . . . . .	4.0	30	3.0
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30116 bilateral . . . . .	BR		3.0
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(30115, 30116 would normally require the facilities available in a hospital setting)

30117 Excision, intranasal lesion; internal approach . . . . .	BR		
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30118 external approach (lateral rhinotomy) . . . . .	BR		
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30120 Excision or surgical planing of skin of nose for rhinophyma . . . . .	10.0	60	3.0
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30124 Excision dermoid cyst, nose; simple, skin, subcutaneous . . . . .	2.5	0	4.0
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	Unit Value	Follow-up Days=	Basic Anes@
30125 complex, under bone or cartilage	BR	30	4.0
30130 Excision turbinate, partial or complete	2.0	30	3.0
30140 Submucous resection turbinate, partial or complete	6.0	90	3.0
(For submucous resection of nasal septum, see 30500)			
30150 Rhinectomy; partial	BR		3.0
30160 total	BR		3.0
(For closure and/or reconstruction, primary or delayed, see integumentary System, 13150-13152, 14060-14300, 15120-15730, 15760, 20900-20910)			
<b>INTRODUCTION</b>			
*30200 Injection into turbinate(s), therapeutic	*0.48	0	
30210* Displacement therapy (Proetz type)	0.2	0	4.0
30220 Insertion, nasal septal prosthesis (button)	BR		4.0
<b>REMOVAL FOREIGN BODY</b>			
*30300 Removal foreign body; intranasal; office type procedure	*0.4	0	3.0
30310 requiring general anesthesia	2.0	7	3.0
30320 by lateral rhinotomy	BR		3.0
<b>REPAIR</b>			
(For obtaining tissues for graft, see 20900-20926, 21210)			
(See also repair-complex, 13000-15760 and 21210-21235)			
30400 Rhinoplasty, primary, lateral and alar cartilages and/or elevation of nasal tip	12.0	180	3.0
(For columellar reconstruction, see 13150 et seq.)			
30410 complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	18.0	180	3.0
30420 including major septal repair	20.0	180	3.0
30430 Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	3.0	45	3.0
30435 intermediate revision (bony work with osteotomies)	BR	45	3.0
30450 major revision (nasal tip work and osteotomies)	BR		4.0
30500 Submucous resection nasal septum, classic	8.0	90	3.0
(For submucous resection of turbinates, see 30140)			
30520 Septoplasty with or without cartilage implant, (separate procedure)	10.0	90	3.0
30540 Repair choanal atresia; intranasal	11.0	60	3.0
30545 transpalatine	20.0	365	3.0
*30560 Lysis intranasal synechia	*0.4	0	3.0
30580 Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)	10.0	90	3.0

	Unit Value	Follow-up Days=	Basic Anes@
30600 oronasal	BR+		3.0
30620 Reconstruction, functional, internal nose (septal or other septal dermatoplasty) (does not include obtaining graft)	10.0	90	3.0
30630 Repair nasal septal perforations	BR		3.0
<b>DESTRUCTION</b>			
*30800 Cauterization turbinates, unilateral or bilateral (separate procedure); superficial	*0.4	0	3.0
30805 intramural	1.4	7	3.0
30820 Cryosurgery of turbinates, unilateral or bilateral	BR		3.0
<b>OTHER PROCEDURES</b>			
(30900 Control of anterior nasal hemorrhage has been expanded into 30901-30904)			
*30901 Control nasal hemorrhage, anterior, simple (cauterization); unilateral	*0.6	0	
*30902 bilateral	*0.8		0
*30903 Control nasal hemorrhage, anterior, complex (cauterization); unilateral	BR		
*30904 bilateral	BR		
*30905 Control nasal hemorrhage, posterior, with posterior nasal packs; initial	*2.4	0	3.0
*30906 subsequent	*1.6	0	3.0
30915 Ligation, arteries, ethmoidal	10.0	30	3.0
30920 internal maxillary artery, transantral	BR		3.0
(For ligation external carotid artery, see 37600)			
30930 Fracture nasal turbinate(s) therapeutic	BR		3.0
30999 Unlisted procedure, nose	BR		3.0

**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

✓ **WAC 296-22-105 ACCESSORY SINUSES.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
*31000 Lavage by cannulation; maxillary sinus, unilateral (antrum puncture or natural ostium)	*0.4	0	3.0
*31001 maxillary sinuses, bilateral	*0.6	0	3.0
31002* sphenoid sinus	0.8	0	3.0
31020 Sinusotomy, maxillary (antrotomy); intranasal, unilateral	3.0	90	3.0
31021 intranasal, bilateral	6.0	90	3.0
31030 radical, unilateral (Caldwell-Luc) without removal of antrochoanal polyps	10.0	90	3.0
31031 radical, bilateral (Caldwell-Luc) without removal of antrochoanal polyps	12.0	90	3.0
31032 radical unilateral (Caldwell-Luc) with removal of antrochoanal polyps	11.0	((3-0))	3.0
31033 radical, bilateral (Caldwell-Luc) with removal of antrochoanal polyps	16.0	((3-0))	3.0

	Unit Value	Follow-up Days=	Basic Anes@
31040 Surgery on pterygomaxillary fossa contents by transantral approach.....	BR		<u>3.0</u>
(For transantral ligation of internal maxillary artery, see 30920)			
31050 Sinusotomy, sphenoid .....	11.0	30	3.0
31070 Sinusotomy, frontal; external, simple (trephine operation) ....	10.0	30	3.0
31075 transorbital, unilateral (for mucocele or osteoma, Lynch type) .....	16.0	180	3.0
31080 obliterative without osteoplastic flap, brow incision (includes ablation) .....	24.0	180	3.0
31081 obliterative, without osteoplastic flap, coronal incision (includes ablation) .....	BR		<u>3.0</u>
31084 obliterative, with osteoplastic flap, brow incision .....	BR		<u>3.0</u>
31085 obliterative, with osteoplastic flap, coronal incision .....	BR		<u>3.0</u>
31086 nonobliterative, with osteoplastic flap, brow incision .....	BR		<u>3.0</u>
31087 nonobliterative, with osteoplastic flap, coronal incision .....	BR		<u>3.0</u>
31090 Sinusotomy combined, three or more sinuses .....	26.0	180	3.0

EXCISION

31200 Ethmoidectomy; intranasal, anterior .....	6.0	90	3.0
31201 intranasal, total .....	10.0	90	3.0
31205 extranasal total .....	13.0	90	3.0
31225 Maxillectomy; without orbital exenteration .....	24.0	180	3.0
31230 with orbital exenteration (en bloc) .....	24.0	180	3.0

(For orbital exenteration as an independent procedure, see 65110 et seq.)

(For skin grafts, see 15120 et seq.)

OTHER PROCEDURES

(For hypophysectomy, transnasal or transeptal approach, see 61548)

(For transcranial hypophysectomy, see 61546)

(31245 has been deleted. For transnasal excision of pituitary tumor, see 61548)

31299 Unlisted procedure, accessory sinuses .....	BR		<u>3.0</u>
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AMENDATORY SECTION (Amending Order 81-28, filed 11/30/81, effective 1/1/82)

WAC 296-22-110 LARYNX.

	Unit Value	Follow-up Days=	Basic Anes@
EXCISION			
31300 Laryngotomy (thyrotomy, laryngofissure); with removal of tumor or laryngocele, cordectomy ..	16.0	90	6.0
31320 diagnostic .....	8.0	60	6.0

	Unit Value	Follow-up Days=	Basic Anes@
31360 Laryngectomy; total, without radical neck dissection .....	26.0	180	6.0
31365 total, with radical neck dissection .....	34.0	180	6.0
31367 subtotal supraglottic, without radical neck dissection .....	30.0	180	6.0
31368 subtotal supraglottic, with radical neck dissection .....	30.0	180	6.0
31370 Partial laryngectomy (hemilaryngectomy); horizontal .....	30.0	180	6.0
31375 laterovertical .....	20.0	180	6.0
31380 anterovertical .....	20.0	180	6.0
31382 antero-latero-vertical .....	20.0	180	6.0
31390 Pharyngolaryngectomy, with radical neck dissection; without reconstruction .....	BR		<u>6.0</u>
31395 with reconstruction .....	BR		<u>6.0</u>
31400 Arytenoidectomy or arytenoidopexy, external approach .....	20.0	180	6.0
(For endoscopic arytenoidectomy, see 31560)			
31420 Epiglottidectomy .....	16.0	180	6.0

INTRODUCTION

31500 Intubation, endotracheal, emergency procedure .....	1.4	0	
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(For injection procedure for bronchography, see 31656, 31708, 31710)

ENDOSCOPY

31505 Laryngoscopy, indirect (separate procedure); diagnostic .....	BR		
31510 with biopsy .....	BR		
31511 with removal of foreign body ..	BR		
31512 with removal of lesion .....	BR		
31513 with vocal cord injection .....	BR		
31515 Laryngoscopy, direct; for aspiration .....	0.6	0	
31520 diagnostic, newborn .....	2.4	7	4.0
31525 diagnostic, except newborn .....	4.0	7	4.0
31526 diagnostic, with operating microscope .....	BR		<u>4.0</u>
31527 with insertion of obturator ..	BR		<u>4.0</u>
31528 with dilatation, initial .....	BR		<u>4.0</u>
31529 with dilatation, subsequent ..	BR		<u>4.0</u>
31530 Laryngoscopy, operative, with foreign body removal; .....	6.0	30	4.0
31531 with operating microscope ..	BR		<u>4.0</u>
31535 Laryngoscopy, operative, with biopsy; .....	6.0	30	4.0
31536 with operating microscope ..	BR		
31540 Laryngoscopy, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; ..	6.0	90	4.0
31541 with operating microscope ..	BR		<u>4.0</u>
31560 Laryngoscopy, operative, with arytenoidectomy; .....	15.0	90	4.0
31561 with operating microscope ..	BR		
31570 Laryngoscopy with injection into vocal cord(s), therapeutic; .....	6.0	90	4.0
31571 with operating microscope ..	BR		<u>4.0</u>
31575 Laryngoscopy, flexible fiberoptic, diagnostic .....	BR	90	4.0
31576 with biopsy .....	BR	90	4.0
31577 with removal of foreign body ..	BR	90	4.0
31578 with removal of lesion .....	BR	90	4.0

REPAIR

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
31580 Laryngoplasty; for laryngeal web, two stage, with keel insertion and removal . . . . .	BR		<u>4.0</u>	31635 with removal of foreign body . .	5.6	30	4.0
31582 for laryngeal stenosis, with graft or core mold, including tracheotomy . . . . .	BR		<u>4.0</u>	31640 with excision of tumor . . . . .	5.0	30	4.0
31584 with open reduction of fracture . . . . .	BR		<u>4.0</u>	31645 with therapeutic aspiration of tracheo-bronchial tree, initial . .	4.0	30	4.0
31585 Treatment of closed laryngeal fracture; without manipulation . .	BR		<u>4.0</u>	31646 with therapeutic aspiration of tracheobronchial tree, subsequent . . . . .	2.6	30	4.0
31586 with closed manipulative reduction . . . . .	BR		<u>4.0</u>	(For catheter aspiration of tracheobronchial tree at bedside, see 31725)			
31590 Laryngeal reinnervation by neuromuscular pedicle . . . . .	BR	90	4.0	31650 with drainage of lung abscess or cavity, initial . . . . .	4.0	30	4.0
<b>DESTRUCTION</b>				31651 with drainage of lung abscess or cavity, subsequent . . . . .	2.6	30	4.0
31595 Section recurrent laryngeal nerve, therapeutic (separate procedure), unilateral . . . . .	BR	90	4.0	31656 with injection of contrast material for segmental bronchography (fiberscope only) . . . . .	4.0	30	4.0
<b>OTHER PROCEDURES</b>				31659 with other bronchoscopic procedures . . . . .	BR		<u>4.0</u>
31599 Unlisted procedure, larynx . . . . .	BR		<u>4.0</u>	<b>INTRODUCTION</b>			

**AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)**

**WAC 296-22-115 TRACHEA AND BRONCHI.**

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>				31700 Catheterization translottic (separate procedure) . . . . .	3.6	0	
31600 Tracheostomy, planned (separate procedure); . . . . .	5.4	15	5.0	31708 Instillation of contrast material for laryngography or bronchography, without catheterization . .	0.9	0	
31601 under two years . . . . .	6.0	15	6.0	31710 Catheterization for bronchography, with or without instillation of contrast material . . . . .	0.8	0	
31603 Tracheostomy, emergency procedure, transtracheal . . . . .	BR	90	5.0	(For bronchoscopic catheterization for bronchography, fiberscope only, see 31656)			
31605 Cricothyroid membrane . . . . .	BR		<u>4.0</u>	31715 Transtracheal injection for bronchography . . . . .	0.8	0	
31610 Tracheostomy, fenestration procedure with skin flaps . . . . .	7.0	15	4.0	(For detention time, see 99150, 99151)			
(For endotracheal intubation, see 31500)				31717 Catheterization with bronchial brush biopsy . . . . .	BR		
(For tracheal aspiration under direct vision, see 31515)				31719 Transtracheal (percutaneous) introduction of indwelling tube for therapy (tickle tube) . . . . .	BR		
31612 Tracheal puncture, percutaneous for aspiration of mucus (transtracheal aspiration) . . . . .	BR		<u>4.0</u>	31720 Catheter aspiration (separate procedure); nasotracheobronchial . . .	0.8	0	
31613 Tracheostoma revision; simple, without flap rotation . . . . .	BR	30	5.0	31725 tracheobronchial with fiberscope, bedside . . . . .	1.0	0	
31614 complex, with flap rotation . . . . .	BR	30	5.0	<b>REPAIR</b>			
<b>ENDOSCOPY</b>				31750 Tracheoplasty; cervical . . . . . ((BR+))			6.0
31615 Tracheoscopy through established tracheostomy incision . . . . .	BR		<u>4.0</u>	31755 tracheopharyngeal fistulization (Asai technique), each stage . . . . . ((BR+))			6.0
31620 Bronchoscopy; diagnostic, rigid bronchoscope . . . . .	3.6	30	4.0	31760 intrathoracic . . . . . ((BR+))			12.0
31621 diagnostic, fiberoptic bronchoscope (flexible) . . . . .	3.6	7	5.0	31770 Bronchoplasty; graft repair . . . . . ((BR+))			11.0
31625 with biopsy, rigid bronchoscope . . . . .	5.0	30	4.0	31775 excision stenosis and anastomosis . . . . . ((BR+))			11.0
31626 with biopsy, fiberoptic bronchoscope (flexible) . . . . .	5.0	7	5.0	(For lobectomy and ((bronchopasty)) bronchoplasty, see 32485)			
31627 with brushing, fiberoptic bronchoscope (flexible) . . . . .	5.0	7	5.0				
31628 with transbronchial lung biopsy, fiberoptic bronchoscope (flexible) under fluoroscopic guidance . . . . .	BR		<u>5.0</u>				
31630 with tracheal or bronchial dilation or closed reduction of fracture . . . . .	6.0	30	6.0				

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@	
31780	Excision tracheal stenosis and anastomosis; cervical	BR						
			11.0					
31781	cervicothoracic	BR						
			11.0					
31785	Excision of tracheal tumor or carcinoma; cervical	BR		32200	Pneumonostomy, with open drainage of abscess or cyst	14.0	120	11.0
			11.0					
31786	thoracic	BR		32215	Pleural scarification for repeat pneumothorax	16.0	90	11.0
			11.0					
<b>SUTURE</b>				32220	Decortication, pulmonary, (separate procedure); total	20.0	90	11.0
31800	Suture of external tracheal wound or injury; cervical	((BR+))		32225	partial	14.0	90	11.0
		BR	6.0	<b>EXCISION</b>				
31805	intrathoracic	((BR+))		32310	Pleurectomy; parietal (separate procedure)	20.0	90	11.0
		BR	12.0					
31820	Surgical closure tracheostomy or fistula; without plastic repair	4.0	30	32315	partial	15.0	90	11.0
31825	with plastic repair	6.0	30	32320	Decortication and parietal pleurectomy	28.0	90	11.0
	(For repair of tracheoesophageal fistula, see 43305-((43310))43312)			32400	Biopsy, pleura; percutaneous needle	1.2	7	
31830	Revision of tracheostomy scar	5.60	30					
31899	Unlisted procedure, trachea, bronchi	BR	4.0		(For CT guidance, see 76360, 76361; for ultrasonic guidance, see 76942, 76943)			

**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

WAC 296-22-116 LUNGS AND PLEURA.

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@	
<b>INCISION</b>				*32420	Pneumonocentesis, puncture of lung for aspiration	*1.2	0	
*32000	Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent	*0.72	0	32440	Pneumonectomy, total	30.0	90	11.0
32005	Chemical pleurodesis (e.g., for recurrent or persistent pneumothorax)	BR		32445	Pneumonectomy, extrapleural; without empyemectomy	20.0	90	11.0
*32020	Tube thoracostomy with water seal (e.g., pneumothorax, hemothorax, empyema) (separate procedure)	*1.2	0	32450	with empyemectomy	25.0	90	11.0
				32480	Lobectomy, total or segmental;	26.0	90	11.0
32035	Thoracostomy; with rib resection for empyema	6.0	60	32485	with bronchoplasty	30.0	90	11.0
32036	with open flap drainage for empyema	8.0	90	32490	with concomitant decortication	30.0	90	11.0
32095	Thoracotomy limited, for biopsy of lung or pleura	BR	3.0	32500	Wedge resection, of lung; single or multiple	22.0	90	11.0
32100	Thoracotomy, major; with exploration and biopsy	12.0	90	32520	Resection of lung; with resection of chest wall	30.0	90	11.0
32110	with control of traumatic hemorrhage and/or repair of lung tear	16.0	90					
				32522	with reconstruction of chest wall, without prosthesis	32.0	90	11.0
32120	for postoperative complications	16.0	90	32525	with major reconstruction of chest wall, with prosthesis	35.0	90	11.0
32124	with open intrapleural pneumonolysis	16.0	90	32540	Extrapleural enucleation of empyema (empyemectomy);	20.0	90	11.0
32140	with cyst(s) removal with or without a pleural procedure	16.0	90					
32141	with excision-plication of bullae, with or without any pleural procedure	20.0	90	32545	with lobectomy	30.0	90	11.0
32150	with removal of intrapleural foreign body or fibrin deposit	14.0	90	<b>ENDOSCOPY</b>				
32151	with removal of intrapulmonary foreign body	16.0	90	32700	Thoracoscopy, exploratory (separate procedure);	4.0	30	4.0
32160	with cardiac massage	((BR+))						
		BR	12.0	32705	with biopsy	4.0	30	4.0
	(For segmental or other resections of lung, see 32480-32525)			<b>REPAIR</b>				
				32800	Repair lung hernia through chest wall	BR		11.0
				32810	Closure of chest wall following open flap drainage for empyema (Clagett type procedure)	BR		11.0
				32815	Open closure of major bronchial fistula	BR		11.0
				32820	Major reconstruction, chest wall (post-traumatic)	BR		11.0
				<b>SURGICAL COLLAPSE THERAPY; THORACOPLASTY</b>				
				(See also 32520)				
				32900	Resection of ribs, extrapleural, all stages	14.0	90	9.0
				32905	Thoracoplasty, Schede type or extrapleural (all stages);	14.0	90	9.0
				32906	with closure of bronchopleural			

	Unit Value	Follow-up Days=	Basic Anes@
fistula	16.0	90	9.0
(For open closure of major bronchial fistula, see 32815)			
(For resection of first rib for thoracic outlet compression, see 21615, 21616)			
32940 Pneumonolysis, extraperiosteal, including filling or packing procedures	14.0	90	9.0
*32960 Pneumothorax; therapeutic, intrapleural injection of air	*1.0	0	
32999 Unlisted procedure, lungs and pleura	BR		9.0

**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

**WAC 296-22-120 HEART AND PERICARDIUM.**

	Unit Value	Follow-up Days=	Basic Anes@
(For monitoring, operation of pump and other nonsurgical services, see 99150, 99151, 99160-99162, 99190-99192)			
(For other medical or laboratory related services, see appropriate section)			
<b>PERICARDIUM</b>			
33010* Pericardiocentesis; initial	1.2	0	
33011* subsequent	1.0	0	
33015 Tube pericardiostomy	BR		
33020 Pericardiostomy for removal of clot or foreign body (primary procedure)	20.0	90	13.0
33025 Creation of pericardial window or partial resection for drainage	20.0	15	((+5)) 15.0
33030 Partial resection for chronic constrictive pericarditis, without bypass	30.0	90	((+5)) 15.0
33035 Complete ventricular decortication, with cardiopulmonary bypass	40.0	90	((+5)) 15.0
33050 Excision of pericardial cyst or tumor	20.0	90	((+3)) 13.0
33100 Pericardiectomy (separate procedure)	34.0	90	15.0
<b>CARDIAC TUMOR</b>			
33120 Excision of intracardiac tumor, resection with cardiopulmonary bypass	50.0	90	15.0
33130 Resection of external cardiac tumor	25.0	90	12.0
(For injection procedure for coronary arteriography, see 36230)			
(For cardiac catheterization, see ((93500))93501-93566)			
(For electronic analysis of internal pacemaker system, see 93795, 93796)			

	Unit Value	Follow-up Days=	Basic Anes@
(For fluoroscopy and radiography procedure with insertion of pacemaker, see 71090)			
33200 Insertion of permanent pacemaker with epicardial electrode; by thoracotomy	24.0	90	15.0
33201 by xiphoid approach	24.0	90	15.0
(33205 has been deleted. To report use 33206-33208)			
33206 Insertion of permanent pacemaker with transvenous electrode(s); atrial	BR		3.0
33207 ventricular	BR		3.0
33208 AV sequential	BR		3.0
33210 Insertion of temporary transvenous cardiac electrode, or pacemaker catheter (separate procedure)	7.0	15	Sv.&
33212 Insertion or replacement of pulse generator only	4.0	30	6.0
33216 Insertion, replacement, or repositioning of permanent transvenous electrodes only (15 days or more after initial insertion)	8.0	30	6.0
33218 Repair of pacemaker; electrodes only	5.0	30	6.0
33219 with replacement of pulse generator	BR		6.0
33232 <u>Removal of permanent pacemaker</u>	BR		6.0

**WOUNDS OF THE HEART AND GREAT VESSELS**

33300 Repair of cardiac wound; without bypass	24.0	90	15.0
33305 with cardiopulmonary bypass	30.0	90	15.0
33310 Cardiotomy, exploratory (includes removal of foreign body); without bypass	22.0	90	15.0
33315 with cardiopulmonary bypass	34.0	90	15.0
33320 Suture repair of aorta or great vessels; without bypass	20.0	90	15.0
33322 with cardiopulmonary bypass	30.0	90	15.0
33330 Insertion of graft; without bypass	30.0	90	15.0
33335 with cardiopulmonary bypass	40.0	90	15.0
33350 Great vessel repair with other major procedure	BR		15.0

**CARDIAC VALVES AORTIC VALVE**

33400 Valvuloplasty, aortic valve, open, with cardiopulmonary bypass	50.0	90	15.0
33405 Replacement, aortic valve with cardiopulmonary bypass	52.0	90	15.0
33407 Valvotomy, aortic valve (commisurotomy); with cardiopulmonary bypass	BR		15.0
33408 with inflow occlusion	BR		15.0

(For multiple valve replacement, see 33480-33492)

33415 Resection of aortic valve for subvalvular stenosis	40.0	90	15.0
33417 Aortoplasty (gusset) for supra-valvular stenosis	40.0	90	15.0

**MITRAL VALVE**

33420 Valvotomy, mitral valve (commisurotomy); closed	32.0	90	15.0
33422 open, with cardiopulmonary bypass	50.0	90	15.0
33425 Valvuloplasty, mitral valve, with cardiopulmonary bypass	52.0	90	15.0

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
33430 Replacement, mitral valve, with cardiopulmonary bypass	52.0	90	15.0	<del>((33532 Myocardial implantation, one or more systemic arteries (Vineberg type operation) . . . . . 25.0</del>	<del>90</del>	<del>15.0)</del>	
<b>TRICUSPID VALVE</b>				<u>(33532 Myocardial implantation has been deleted. To report, use 33999)</u>			
33450 Valvotomy, tricuspid valve (commissurotomy); closed	32.0	90	15.0	<b>POSTINFARCTION MYOCARDIAL PROCEDURES</b>			
33452 open, with cardiopulmonary bypass	50.0	90	15.0	33542 Myocardial resection (e.g., ventricular aneurysmectomy)	35.0	90	15.0
33460 Valvuloplasty or valvectomy, tricuspid valve, with cardiopulmonary bypass;	50.0	90	15.0	33545 Repair of postinfarction ventricular septal defect, with or without myocardial resection	50.0	90	15.0
33465 replacement	52.0	90	15.0	33560 Myocardial operation combined with coronary bypass procedure	BR		
(For multiple valve replacement, see 33480-33492)				33570 Coronary angioplasty (end arterectomy, with or without gas, arterial implantation or anastomosis), with bypass;	60.0	90	15.0
33468 Tricuspid valve repositioning and plication for Ebstein anomaly	50.0	90	15.0	33575 combined with vascularization	68.0	90	15.0
<b>PULMONARY VALVE</b>				<b>SEPTAL DEFECT</b>			
33470 Valvotomy, pulmonary valve (commissurotomy); closed (transventricular)	32.0	90	15.0	33640 Repair atrial septal defect, secundum; without bypass	32.0	90	15.0
33472 open, with inflow occlusion	32.0	90	15.0	33641 with cardiopulmonary bypass	46.0	90	15.0
33474 open, with cardiopulmonary bypass	50.0	90	15.0	33643 patch closure, with or without anomalous pulmonary venous drainage	30.0	90	15.0
33476 Right ventricular resection for infundibular stenosis, with or without commissurotomy	50.0	90	15.0	33645 Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage	30.0	90	15.0
33478 Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection	52.0	90	15.0	33649 Repair of tricuspid atresia (e.g., Fontan, Gago procedures)	BR		<u>15.0</u>
<b>MULTIPLE VALVE PROCEDURES</b>				33660 Patch closure, endocardial cushion defect, with or without repair of mitral and/or tricuspid cleft;	50.0	90	15.0
33480 Replacement and/or repair, double valve procedure, by methods 33400-33465	70.0	90	15.0	33665 with repair of separate ventricular septal defect	35.0	90	15.0
33481 Single valve replacement; with commissurotomy or valvuloplasty of another valve	56.0	90	15.0	33670 Repair of complete atrioventricular canal, with or without prosthetic valve	50.0	90	15.0
33482 with commissurotomy or valvuloplasty of two valves	60.0	90	15.0	33681 Closure ventricular septal defect; direct	35.0	90	15.0
33483 Double valve replacement;	65.0	90	15.0	33682 patch	50.0	90	15.0
33485 with commissurotomy or valvuloplasty of one valve	67.0	90	15.0	33684 with pulmonary valvotomy or infundibular resection (acyanotic)	50.0	90	15.0
33490 Replacement and/or repair, triple valve procedure, by methods 33400 to 33465	80.0	90	15.0	33688 with removal of pulmonary artery band, with or without gusset	5.0		
33492 Triple valve replacement	85.0	90	15.0	33690 Banding of pulmonary artery	15.0	90	15.0
<b>CORONARY ARTERY PROCEDURES</b>				33692 Total repair tetralogy of Fallot; intact outflow tract	50.0	90	15.0
33502 Anomalous coronary artery; ligation	20.0	90	15.0	33694 with outflow tract gusset	50.0	90	15.0
33503 graft, without bypass	25.0	90	15.0	33696 with closure of previous shunt	8.0		
33504 graft, with bypass	35.0	90	15.0	<b>SINUS OF VALSALVA</b>			
33510 Coronary artery bypass, autogenous graft, e.g., saphenous vein or internal mammary artery; single artery	35.0	90	15.0	33702 Repair sinus of Valsalva fistula, with cardiopulmonary bypass;	50.0	90	15.0
33511 two coronary arteries	56.0	90	15.0	33710 with repair of ventricular septal defect	35.0	90	15.0
33512 three coronary arteries	67.0	90	15.0	33720 Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass	50.0	90	15.0
33513 four coronary arteries	67.0	90	15.0	<b>TOTAL ANOMALOUS PULMONARY VENOUS DRAINAGE</b>			
33514 five coronary arteries	67.0	90	15.0	33730 Complete repair of anomalous venous return (supracardiac, intracardiac, or infracardiac types)	50.0	90	15.0
33516 six or more coronary arteries	67.0	90	15.0	(For partial anomalous return, see atrial septal defect)			
(For separate procurement of autogenous graft, see modifier -75, services rendered by more than one physician)							
33520 Coronary artery bypass, nonautogenous graft (e.g., synthetic or cadaver); single artery	30.0	90	15.0				
33525 two coronary arteries	35.0	90	15.0				
33528 three or more coronary arteries	50.0	90	15.0				

	Unit Value	Follow-up Days=	Basic Anes@
<b>SHUNTING PROCEDURES</b>			
33735 Atrial septectomy or septostomy; closed (Blalock-Hanlon type operation) . . . . .	32.0	90	15.0
33737 open, with inflow occlusion . . . . .	40.0	90	15.0
33738 transvenous method, balloon, Rashkind type (includes cardiac catheterization) . . . . .	50.0	90	15.0
<u>33739 blade method (Sang-Park septostomy) (includes cardiac catheterization) . . . . .</u>	<u>BR</u>		<u>15.0</u>
33750 Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation) . . . . .	30.0	90	15.0
33755 ascending aorta to pulmonary artery (Waterston type operation) . . . . .	30.0	90	15.0
33762 descending aorta to pulmonary artery (Potts-Smith type operation) . . . . .	30.0	90	15.0
33766 vena cava to pulmonary artery (Glenn type operation) . . . . .	30.0	90	15.0
<b>TRANSPOSITION OF THE GREAT VESSELS</b>			
33782 Repair transposition of great vessels, atrial baffle procedure (Mustard type); with cardiopulmonary bypass . . . . .	50.0	90	15.0
33783 with removal of pulmonary artery band, with or without gusset . . . . .	50.0	90	15.0
33784 with closure of ventricular septal defect . . . . .	50.0	90	15.0
<b>TRUNCUS ARTERIOSUS</b>			
33786 Total repair, truncus arteriosus (Rastelli type operation) . . . . .	50.0	90	15.0
33788 Replant pulmonary artery for hemitruncus . . . . .	30.0	90	15.0
(For pulmonary artery band, see 33690)			
<b>AORTIC ANOMALIES</b>			
33802 Division of aberrant vessel (vascular ring); . . . . .	18.0	90	15.0
33803 with reanastomosis . . . . .	20.0	90	15.0
33810 Creation of aortopulmonary window; without bypass . . . . .	20.0	90	15.0
33812 with cardiopulmonary bypass . . . . .	30.0	90	15.0
33820 Patent ductus arteriosus; ligation (primary procedure) . . . . .	15.0	90	15.0
33822 division, under 18 years . . . . .	18.0	90	15.0
33824 division, 18 years and older . . . . .	20.0	90	15.0
33830 ligation or division when performed with another procedure . . . . .	5.0		<u>15.0</u>
33840 Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis . . . . .	20.0	90	15.0
33845 with graft . . . . .	30.0	90	15.0
33850 with shunt, left subclavian to descending aorta (Blalock-Park type operation) . . . . .	30.0	90	15.0
<b>THORACIC AORTIC ANEURYSM</b>			
33860 Ascending aorta graft, with cardiopulmonary bypass; with or without valve suspension . . . . .	40.0	90	15.0
33865 with valve replacement . . . . .	50.0	90	15.0
33870 Transverse arch graft, with cardiopulmonary bypass . . . . .	60.0	90	15.0

	Unit Value	Follow-up Days=	Basic Anes@
33875 Descending thoracic aorta graft, with or without bypass . . . . .	20.0	90	15.0
<b>PULMONARY ARTERY</b>			
33910 Pulmonary artery embolectomy; with cardiopulmonary bypass . . . . .	30.0	90	15.0
33915 without bypass . . . . .	20.0	90	15.0
<b>MISCELLANEOUS</b>			
33950 Cardiac transplantation, including removal of donor heart . . . . .	BR		<u>15.0</u>
33960 Prolonged extracorporeal circulation for cardiopulmonary insufficiency . . . . .	BR		<u>15.0</u>
33970 Intra-aortic balloon counterpulsation; insertion and removal . . . . .	10.0	10	<u>((29)) 15.0</u>
(For percutaneous insertion and removal, see 93535)			
33972 monitoring only . . . . .	BR		<u>15.0</u>
33999 Unlisted procedure, cardiac surgery . . . . .	BR		<u>15.0</u>

**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

✓ **WAC 296-22-125 ARTERIES AND VEINS.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>ARTERIAL EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER</b>			
34001 Embolectomy or thrombectomy, with or without catheter; carotid, subclavian artery, by neck incision . . . . .	14.0	60	6.0
34051 innominate, subclavian artery, by thoracic incision . . . . .	14.0	60	11.0
34101 axillary, brachial, innominate, subclavian artery, by arm incision . . . . .	14.0	60	5.0
34151 renal, celiac, mesentery, aortoiliac artery, by abdominal incision . . . . .	20.0	60	6.0
34201 femoropopliteal, aortoiliac artery, by leg incision . . . . .	14.0	60	5.0
<b>VENOUS THROMBECTOMY, DIRECT OR WITH CATHETER</b>			
34401 Thrombectomy, direct or with catheter; vena cava, iliac vein, by abdominal incision . . . . .	18.0	60	5.0
34421 vena cava, iliac, femoropopliteal vein, by leg incision . . . . .	12.0	60	3.0
34451 vena cava, iliac, femoropopliteal vein, by abdominal and leg incision . . . . .	24.0	60	5.0
34471 subclavian vein, by neck incision . . . . .	28.0	60	5.0
34490 axillary and subclavian vein, by arm incision . . . . .	28.0	60	5.0

**DIRECT REPAIR OF ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION FOR ANEURYSM, FALSE ANEURYSM, RUPTURED ANEURYSM, OR OCCLUSIVE DISEASE**

(For intracranial aneurysm, see 61700 et seq.)  
 (For thoracic aortic aneurysm, see 33860-33875)



	Unit Value	Follow- up Days=	Basic Anes@		Unit Value	Follow- up Days=	Basic Anes@
35001				ulnar) . . . . .	BR		<u>5.0</u>
				REPAIR BLOOD VESSEL OR ARTERIOVENOUS FISTULA, WITH OR WITHOUT PATCH GRAFT			
				35201 Repair blood vessels or A-V fistula, direct; neck . . . . .	28.0	60	6.0
35002				35206 upper extremity . . . . .	28.0	60	3.0
				35207 hand and finger . . . . .	BR	60	<u>3.0</u>
				35211 intrathoracic, with bypass . . . . .	35.0	60	6.0
35011				35216 intrathoracic, without bypass . . . . .	30.0	60	3.0
				35221 intra-abdominal . . . . .	34.0	90	5.0
				35226 lower extremity . . . . .	28.0	60	3.0
35013				35231 Repair blood vessel or A-V fistula with vein graft; neck . . . . .	30.0	60	6.0
				35236 upper extremity . . . . .	30.0	60	6.0
35021				35241 intrathoracic, with bypass . . . . .	40.0	60	6.0
				35246 intrathoracic, without bypass . . . . .	35.0	60	6.0
35022				35251 intra-abdominal . . . . .	40.0	90	6.0
				35256 lower extremity . . . . .	32.0	60	3.0
				35261 Repair blood vessel or A-V fistula with graft other than vein; neck . . . . .	32.0	60	6.0
35081				35266 upper extremity . . . . .	32.0	60	6.0
35082				35271 intrathoracic, with bypass . . . . .	42.0	60	6.0
				35276 intrathoracic, without bypass . . . . .	37.0	60	6.0
35091				35281 intra-abdominal . . . . .	42.0	90	6.0
				35286 lower extremity . . . . .	34.0	60	3.0
				THROMBOENDARTERECTOMY			
				(For coronary artery, see 33570, 33575)			
35092				35301 Thromboendarterectomy, with or without patch graft; carotid, ver- tebral, subclavian, by neck inci- sion . . . . .	30.0	90	6.0
35102				35311 subclavian, innominate, by thoracic incision . . . . .	30.0	90	11.0
35103				35321 axillary-brachial . . . . .	30.0	90	5.0
				35331 abdominal aorta . . . . .	40.0	90	12.0
				35341 mesenteric, celiac, or renal . . . . .	40.0	90	6.0
35111				35351 iliac . . . . .	32.0	90	6.0
				35361 combine aortoiliac . . . . .	40.0	90	12.0
35112				35371 common and/or deep (profunda) femoral . . . . .	28.0	90	5.0
35121				35381 femoral and/or popliteal, and/or tibioperoneal . . . . .	28.0	90	5.0
				BYPASS GRAFT—VEIN			
35122				35501 Bypass graft, vein; carotid . . . . .	30.0	90	6.0
				35506 carotid-subclavian . . . . .	30.0	90	6.0
35131				35507 subclavian-carotid . . . . .	30.0	90	6.0
				35509 carotid-carotid . . . . .	30.0	90	11.0
				35511 subclavian-subclavian . . . . .	30.0	90	11.0
35132				35516 subclavian-axillary . . . . .	30.0	90	6.0
				35521 axillary-femoral . . . . .	30.0	90	5.0
				35526 aortosubclavian or carotid . . . . .	32.0	90	12.0
35141				35531 aortoceliac, mesenteric, or renal . . . . .	36.0	90	12.0
				35536 splenorenal . . . . .	32.0	90	10.0
35142				35541 aortoiliac . . . . .	32.0	90	12.0
				35546 aortofemoral . . . . .	32.0	90	12.0
				35548 aortoiliofemoral, unilateral . . . . .	32.0	90	12.0
35151				35549 aortoiliofemoral, bilateral . . . . .	40.0	90	12.0
				35551 aorto-femoral-popliteal . . . . .	40.0	90	12.0
				35556 femoral-popliteal . . . . .	28.0	90	5.0
35152				35558 femoral-femoral . . . . .	28.0	90	5.0
				35563 ilioiliac . . . . .	30.0	90	12.0
35161				35565 iliofemoral . . . . .	32.0	90	12.0
				35566 femoral-anterior tibial, poster- ior tibial, or peroneal artery . . . . .	30.0	90	12.0
35162				35571 popliteal-tibial . . . . .	32.0	90	12.0

Unit Follow-  
Value up  
Days= Basic  
Anes@

**BYPASS GRAFT—WITH OTHER THAN VEIN INCLUDING MANDRIL GROWN GRAFT**

35601	Bypass graft, with other than vein, carotid . . . . .	40.0	90	12.0
35606	carotid-subclavian . . . . .	40.0	90	12.0
35612	subclavian-subclavian . . . . .	40.0	90	12.0
35616	subclavian-axillary . . . . .	30.0	90	6.0
35621	axillary-femoral . . . . .	35.0	90	12.0
35626	aortosubclavian or carotid . . . . .	35.0	90	12.0
35631	aortoceliac, mesenteric, renal . . . . .	35.0	90	12.0
35636	splenorenal . . . . .	35.0	90	12.0
35641	aortoiliac . . . . .	35.0	90	12.0
35646	aortofemoral . . . . .	30.0	90	12.0
35651	aortofemoral-popliteal . . . . .	30.0	90	12.0
35656	femoral-popliteal . . . . .	28.0	90	5.0
35661	femoral-femoral . . . . .	28.0	90	5.0
35663	ilioiliac . . . . .	28.0	90	5.0
35665	iliofemoral . . . . .	28.0	90	5.0
35666	femoral-anterior tibial, posterior tibial, or peroneal artery . . . . .	28.0	90	5.0
35671	popliteal-tibial . . . . .	28.0	90	5.0

**EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR) WITH OR WITHOUT LYSIS ARTERY**

35701	Exploration; carotid artery . . . . .	10.0	30	3.0
35721	femoral artery . . . . .	8.0	30	3.0
35741	popliteal artery . . . . .	8.0	30	3.0
35761	Other vessels . . . . .	((BR+))	((BR+))	BR

**EXPLORATION FOR POSTOPERATIVE HEMORRHAGE OR THROMBOSIS**

35800	Exploration for postoperative hemorrhage or thrombosis; neck . . . . .	((BR+))	((BR+))	BR
35820	chest . . . . .	((BR+))	((BR+))	BR
35840	abdomen . . . . .	((BR+))	((BR+))	BR
35860	extremity . . . . .	((BR+))	((BR+))	BR

**EXCISION OF GRAFT**

35900	Excision of infected graft; . . . . .	BR		
35910	with revascularization . . . . .	BR		

**Introduction**

**VASCULAR INJECTION PROCEDURES**

**NOTES**

Listed services for injection procedures include necessary local anesthesia, introduction of needles or catheter, injection of contrast medium with or without automatic power injection and necessary pre and postinjection care specifically related to the injection procedure.

For radiological vascular injection performed by a single physician as a complete procedure (necessary local anesthesia, placement of needle or catheter and injection of contrast media, and supervision of the study and interpretation of results), see RADIOLOGY section, code numbers 75500-75893.

Catheters, drugs and contrast media are not included in the listed service for the injection procedures.

(For injection procedures in conjunction with cardiac catheterization, see 93541-93545)

(For chemotherapy of malignant disease, see ((90790-90793)) 96500-96549)

**INTRAVENOUS**

(An intracatheter is a sheathed combination of needle and short catheter)

36000	Introduction of needle or intracatheter, vein; unilateral . . . . .	1.0	0	
36001	bilateral . . . . .	1.4	0	
36010	Introduction of catheter; in superior or inferior vena cava, right heart or pulmonary artery . . . . .	2.0	0	3.0

(For venous catheterization for selective organ blood sampling, see 36500)

**INTRA-ARTERIAL—INTRA-AORTIC**

36100	Introduction of needle or intracatheter, carotid or vertebral artery; unilateral . . . . .	5.0	0	3.0
36101	bilateral . . . . .	6.0	0	3.0
36120	Introduction of needle or intracatheter; retrograde brachial artery . . . . .	5.0	0	3.0
36140	extremity artery . . . . .	2.0	0	3.0
36145	Arteriovenous shunt for dialysis ((cannula;)) fistula or graft . . . . .	1.0	0	3.0

(For insertion of arteriovenous cannula, see 36810-36820)

36160	Introduction of needle or intracatheter, aortic, translumbar . . . . .	3.0	0	3.0
36200	Introduction of catheter; aorta (arch, abdominal, midstream renal, aorto-iliac run-off) . . . . .	4.0	0	3.0
36210	cerebral artery, selective, single . . . . .	5.8	0	3.0
36220	multiple cerebral arteries, with or without midstream arch injection . . . . .	7.0	0	3.0
36230	coronary artery, selective, unilateral or bilateral . . . . .	6.0	0	7.0
36240	renal, celiac, mesenteric or other artery, selective, single, with or without midstream injection . . . . .	5.0	0	3.0
36250	bilateral renal or multiple arteries . . . . .	6.0	0	3.0
36299	Unlisted procedure, vascular injection . . . . .	BR		3.0

**VENOUS**

Venipuncture, complex or non-routine, needle or catheter for diagnostic study or intravenous therapy, percutaneous:

36400	Venipuncture, under age 3 years; femoral, jugular or sagittal sinus . . . . .	0.4	0	
36405	scalp vein . . . . .	0.6	0	
36410	Venipuncture, child over age 3 years or adult, necessitating physician's skill (separate procedure), for venography (upper extremity, vena cava, adrenal, renal, iliac, femoral, popliteal, tibial, saphenous, jugular, innominate vein). Not to be used for routine venipuncture . . . . .	0.2	0	
*36415	Routine venipuncture for collection of specimen(s) . . . . .	BR	0	

(For diagnostic collection, see 99000-99001)

36420	Venipuncture, cutdown; under age 1 year . . . . .	1.0	7	
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	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
36425	age 1 or over	0.72	7	36860	Cannula declotting; without balloon catheter		
36430	Transfusion, blood or blood components; indirect	0.4	0	36861	with balloon catheter	BR	4.0
36431	direct	1.2	7	37140	Anastomosis, portacaval	BR	4.0
*36440	Push transfusion, blood, 2 years or under	1.2	0			32.0	90 11.0
36450	Exchange transfusion; newborn	7.0	0		<u>(For peritoneal-venous shunt, see 49425)</u>		
36455	other than newborn	BR+		37145	renoportal	32.0	90 9.0
36460	Transfusion, intrauterine, fetal	BR+		37160	caval-mesenteric	32.0	90 9.0
*36470	Injection of sclerosing solution; single vein	*0.28	0	37180	Splenorenal, proximal	32.0	90 9.0
*36471	multiple veins, same leg	*0.4	0	37181	splenorenal, distal (selective decompression of esophagogastric varices, any technique)		
36480	Catheterization, subclavian, external jugular or other vein, for central venous pressure determination; percutaneous	0.8	7	37190	Plastic repair of arteriovenous aneurysm	BR	9.0
36485	by cutdown	0.8	7			BR	9.0
*36490	Cutdown placement of central venous catheter for hyperalimentation; age 2 years or under	3.0	15	<b>REPAIR, LIGATION AND OTHER PROCEDURES</b>			
*36491	over age 2	2.0	15	37400	Arteriorrhaphy suture of major artery, wound or injury (separate procedure); neck	12.0	30 6.0
	(For examination of patient and instruction to patient, review of prescription of fluids for long-term or permanent hyperalimentation, use levels of care listed in office or hospital visits category or consultative follow-up codes as appropriate)			37420	chest	20.0	60 15.0
36500	Venous catheterization for selective organ blood sampling			37440	abdomen	20.0	60 9.0
				37460	extremity	10.0	30 4.0
36510	Catheterization of umbilical vein for diagnosis or therapy, newborn	0.6	7	37470	Repair multiple arteries and/or veins	BR	6.0
				37500	Phleborrhaphy suture of major vein, wound or injury (separate procedure); neck	10.0	30 6.0
<b>ARTERIAL</b>				37520	chest	20.0	60 12.0
*36600	Arterial puncture; withdrawal of blood for diagnosis	0.2	0	37540	abdomen	20.0	60 6.0
36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous	1.0	0	37560	extremity	8.0	30 3.0
36625	cutdown	1.4	7	37565	Ligation of internal jugular vein	BR	6.0
36640	Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown (see also 96526)	2.0	7	37600	Ligation, external carotid artery	10.0	30 3.0
*36660	Catheterization, umbilical artery, newborn, for diagnosis or therapy	1.0	7	37605	internal or common carotid artery	10.0	30 3.0
				37606	internal or common carotid artery, with gradual occlusion, as with Selverstone or Crutchfield clamp	10.0	30 4.0
<b>INTERVASCULAR CANNULIZATION OR SHUNT (SEPARATE PROCEDURE)</b>							
36800	Insertion of cannula for hemodialysis, other purpose; vein to vein	3.0	7 3.0		<u>(For ligation treatment of intracranial aneurysm, see 61703)</u>		
36810	arteriovenous, external (Scribner type)	9.0	7 3.0	37609	Ligation or biopsy, temporal artery	4.0	30 4.0
36815	arteriovenous, external revision or closure	6.0	7 3.0	37615	Ligation, major artery (e.g., post-traumatic, rupture); neck	BR	4.0
36820	arteriovenous, internal (Cimino type)			37616	chest	BR	6.0
				37617	abdomen	BR	6.0
36821	Arteriovenous anastomosis, direct, any site	10.0	60 4.0	37618	extremity	BR	4.0
36825	Arteriovenous fistula; autogenous graft	15.0	60 4.0				
36830	nonautogenous graft	12.0	60 4.0	37620	Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device)	16.0	90 5.0
36835	Thomas shunt	15.0	60 4.0	37650	Interruption, partial or complete, of femoral vein, by ligature, intravascular device; unilateral	8.0	30 3.0
36840	Insertion mandril	6.0	60 4.0	37651	bilateral	10.0	30 3.0
36845	Anastomosis mandril	10.0	60 4.0	37660	Interruption, partial or complete, of common iliac vein by ligature, intravascular device	12.0	90 3.0
				37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions; unilateral	4.8	30 3.0
				37701	bilateral	6.0	60 3.0
				37720	Ligation and division and complete stripping of long or short saphenous veins; unilateral	7.0	30 3.0
				37721	bilateral	12.0	30 3.0

	Unit Value	Follow-up Days=	Basic Anes@
37730			
Ligation and division and complete stripping of long and short saphenous veins; unilateral	10.0	30	3.0
37731	14.5	30	3.0
37735			
Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia; unilateral	18.0	30	3.0
37737	22.0	30	3.0
37760			
Ligation of perforators, subfascial, radical (Linton type), with or without skin graft	10.0	60	3.0
37780			
Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure); unilateral	2.0	30	3.0
37781	4.0	30	3.0
37785			
Ligation and division of minor varicose vein of leg	1.2	15	3.0
37787	1.8	15	3.0
37799	BR		3.0
Unlisted procedure, vascular surgery			

**NEW SECTION**

✓ **WAC 296-22-132 BONE MARROW TRANSPLANTATION SERVICES.**

	Unit Value	Follow-up Days=	Basic Anes@
38230	BR		3.0
38240	BR		3.0
(For compatibility studies, see 86810-86822)			

**AMENDATORY SECTION (Amending Order 81-28, filed 11/30/81, effective 1/1/82)**

✓ **WAC 296-22-135 LYMPH NODES AND LYMPHATIC CHANNELS.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
*38300	*0.6	0	3.0
38305	BR		3.0
38308	BR		3.0
38380	BR		3.0
38381	BR		3.0
<b>EXCISION</b>			
38500	1.4	15	3.0
38510	3.4	30	3.0

	Unit Value	Follow-up Days=	Basic Anes@
38520			
deep cervical node with excision scalene fat pad	5.0	30	3.0
38530	7.0	60	3.0
internal mammary node (separate procedure)			
<u>(For percutaneous needle biopsy, retroperitoneal lymph node or mass, see 49180)</u>			
38540	BR	60	3.0
38542	BR	60	3.0
<u>(For radical cervical neck dissection, see 38720, 38721)</u>			
38550	6.0	60	3.0
38555	BR		3.0
Excision of cystic hygroma, axillary or cervical, without deep neurovascular dissection; simple			
complex			

**RADICAL LYMPHADENECTOMY (RADICAL RESECTION OF LYMPH NODES)**

38700	12.0	60	4.0
38701	15.0	60	4.0
38720	19.0	60	4.0
38721	22.0	60	4.0
38724	BR		4.0
38740	8.0	60	3.0
38745	14.0	60	3.0
38760	8.0	60	3.0
38761	12.0	60	3.0
38765	20.0	60	5.0
38766	24.0	60	5.0
38770	12.0	60	6.0
38771	20.0	60	6.0
38780	28.0	90	7.0
<u>(For excision and repair of lymphedematous skin and subcutaneous tissue, see 15000, 15500-15730)</u>			
<b>INTRODUCTION</b>			
38790	3.0	7	
38791	4.0	7	
38794	BR		
38999	BR		3.0

**AMENDATORY SECTION** (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

✓WAC 296-22-140 MEDIASTINUM.

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
39000 Mediastinotomy with exploration or drainage; cervical approach ..	6.0	90	6.0
39010 transthoracic .....	12.0	90	12.0
39020 sternal split .....	22.0	90	12.0
39050 Removal of foreign body, mediastinum; cervical approach .....	8.0	90	6.0
39060 transthoracic .....	12.0	90	12.0
39070 sternal split .....	22.0	90	12.0

	Unit Value	Follow-up Days=	Basic Anes@
<b>EXCISION</b>			
39200 Excision of mediastinal cyst ....	18.0	90	12.0
39220 Excision of mediastinal tumor ..	18.0	90	12.0
(For substernal thyroidectomy, see 60270)			
(For thymectomy, see 60520)			

	Unit Value	Follow-up Days=	Basic Anes@
<b>ENDOSCOPY</b>			
39400 Mediastinoscopy, with or without biopsy .....	<del>BR+</del> <u>BR</u>		3.0

	Unit Value	Follow-up Days=	Basic Anes@
<b>REPAIR</b>			
39499 Unlisted procedure, mediastinum .....	<u>BR</u>		<u>3.0</u>

**AMENDATORY SECTION** (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

✓WAC 296-22-141 DIAPHRAGM.

	Unit Value	Follow-up Days=	Basic Anes@
<b>REPAIR</b>			
<del>(39500 Repair, diaphragmatic hernia; (esophageal hiatal), transabdominal, including fundoplasty; except neonatal .....</del>	<del>17.0</del>	<del>90</del>	<del>6.0</del>
<del>39510 neonatal, including chest tube and ventral hernia repair .....</del>	<del>22.0</del>	<del>90</del>	<del>7.0)</del>
39502 Repair, diaphragmatic hernia (esophageal hiatal), transabdominal; except neonatal .....	<u>BR</u>		<u>6.0</u>
39503 neonatal, including chest tube and ventral hernia repair .....	<u>BR</u>		<u>7.0</u>
<del>(39500, 39510, Diaphragmatic hernia repair including fundoplasty have been deleted. To report, see 43324 or 43325)</del>			
39520 Repair, diaphragmatic hernia (esophageal hiatal); transthoracic .....	17.0	90	11.0
39530 combined, thoracoabdominal .....	19.0	90	11.0
39531 combined, thoracoabdominal, with dilation of stricture (with or without gastrectomy) .....	<u>BR</u>	<del>((+0))</del>	<u>11.0</u>
39540 Repair, diaphragmatic hernia (other than neonatal), traumatic; acute .....	<del>((BR+))</del> <u>BR</u>		<u>13.0</u>

	Unit Value	Follow-up Days=	Basic Anes@
39541 chronic .....	<u>BR</u>		<u>11.0</u>
39545 Imbrication of diaphragm for eventration; paralytic .....	22.0	90	7.0
39547 nonparalytic .....	<u>BR</u>		<u>7.0</u>
39599 Unlisted procedure, diaphragm ..	<u>BR</u>		<u>7.0</u>

(For incidental repair of minor hiatal hernia, see WAC 296-22-010, item 7b)

**AMENDATORY SECTION** (Amending Order 74-7, filed 1/30/74)

✓WAC 296-22-145 MOUTH.

	Unit Value	Follow-up Days=	Basic Anes@
<b>((INCISION</b>			
<del>*40000 Drainage of sublingual abscess; superficial .....</del>	<del>*0.4</del>	<del>0</del>	<del>3.0</del>
<del>40005 deep (supra-mylohyoid) .....</del>	<del>BR+</del>		<del>4.0</del>
<del>40010 Drainage of Ludwig's angina ..</del>	<del>BR+</del>		<del>4.0)</del>
<del>(40000-40010 have been deleted. See 41000 et seq.)</del>			

**AMENDATORY SECTION** (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

✓WAC 296-22-146 LIPS.

	Unit Value	Follow-up Days=	Basic Anes@
(For procedures on skin of lips, see 10000 et seq.)			
<b>EXCISION</b>			
40490 Biopsy lip .....	0.6	7	3.0
40500 Vermilionectomy ("lip peel") with mucosal advancement .....	10.5	120	3.0
40510 Excision lip; transverse wedge excision .....	10.5	120	3.0
40520 V-excision of lesion with primary direct linear closure .....	6.0	120	3.0
<u>40525 full thickness, reconstruction with local flap (e.g., Estlander or fan) .....</u>	<u>BR</u>		<u>3.0</u>
<u>40527 full thickness, reconstruction with cross lip flap (Abbe-Estlander) .....</u>	<u>BR</u>		<u>3.0</u>
(For excision of mucous lesions, see 40810-40814)			
40530 Resection lip, more than one-fourth, without reconstruction ..	6.0	120	3.0
(For lip reconstruction (see 13131 et seq.))			
<b>REPAIR (CHEILOPLASTY)</b>			
40650 Repair lip, full thickness; vermilion only .....	<u>BR</u>		<u>3.0</u>
40652 up to half vertical height .....	<u>BR</u>		<u>3.0</u>
40654 over one half vertical height, or complex .....	<u>BR</u>		<u>3.0</u>
40700 Plastic repair of cleft lip; primary, partial or complete, unilateral .....	16.0	90	6.0
40701 Primary bilateral, one stage procedure .....	20.0	90	6.0

	Unit Value	Follow-up Days=	Basic Anes@
40702 primary bilateral, one ((σ)) of two stages	14.0	90	6.0
(((For secondary, local revision; unilateral or bilateral, see 13000-15760)))			
40720 secondary, unilateral, by recreation of defect and reclosure	16.0	90	6.0
40740 secondary, bilateral (per major stage)	14.0	90	6.0
(((For plastic or reconstruction operation on lip, see 13000-15760)))			
<del>40760 with cross lip pedicle flap (Abbe-Estlander type)</del>	<del>BR</del>		
<u>(40760 Cross lip pedicle flap repair of cleft lip (Abbe-Estlander type) has been deleted. To report, use 40527)</u>			
40761 with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle	BR		<u>6.0</u>
(For repair cleft palate, see 42200 et seq.)			
(For other reconstructive procedures, see 14060, 14061, 15120-15261, 15515 et seq.)			

OTHER PROCEDURES

40799 Unlisted procedure, lips	BR		<u>3.0</u>
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AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

✓WAC 296-22-147 VESTIBULE OF MOUTH.

	Unit Value	Follow-up Days=	Basic Anes@
40800* Drainage of abscess, cyst, hematoma, vestibule of mouth; simple	0.4	0	4.0
40801 complicated	BR	0	4.0
40804* Removal of embedded foreign body; simple	0.4	0	4.0
40805 complicated	BR		<u>4.0</u>
40806 Incision of labial frenum (frenotomy)	Sv		<u>4.0</u>
<b>EXCISION, DESTRUCTION</b>			
40808 Biopsy, vestibule of mouth	0.6	0	4.0
40810 Excision of lesion of mucosa and submucosa; without repair	0.6	0	4.0
40812 with simple repair	1.0	0	4.0
40814 with complex repair	BR	0	4.0
40816 Excision of lesion of mucosa, submucosa, and underlying muscle	BR	0	4.0
40818 Excision of mucosa as donor graft	BR	0	4.0

The vestibule is the part of the oral cavity outside the dentoalveolar structures; it includes the mucosal and submucosal tissue of lips and cheeks.

INCISION

40800* Drainage of abscess, cyst, hematoma, vestibule of mouth; simple	0.4	0	4.0
40801 complicated	BR	0	4.0
40804* Removal of embedded foreign body; simple	0.4	0	4.0
40805 complicated	BR		<u>4.0</u>
40806 Incision of labial frenum (frenotomy)	Sv		<u>4.0</u>

	Unit Value	Follow-up Days=	Basic Anes@
40819 Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy)	BR	0	4.0
40820 Destruction of lesion or scar by physical methods (e.g., thermal, cryo, chemical)	BR	0	4.0

REPAIR

40830 Closure of laceration; up to 2 cm	0.4	0	4.0
40831 over 2 cm or complex	0.4	0	4.0
40840 Vestibuloplasty; anterior	BR	0	4.0
40842 posterior, unilateral	BR	0	4.0
40843 posterior, bilateral	BR	0	4.0
40844 entire arch	BR	0	4.0
40845 complex (including ridge extension, muscle repositioning)	BR	0	4.0

(For skin grafts, see 15000 et seq.)

OTHER PROCEDURES

40899 Unlisted procedure, vestibule of mouth	BR		<u>4.0</u>
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AMENDATORY SECTION (Amending Order 81-28, filed 11/30/81, effective 1/1/82)

✓WAC 296-22-150 TONGUE, FLOOR OF MOUTH.

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
*41000 Incision and drainage of intraoral abscess, cyst, or hematoma of tongue or floor of mouth; lingual	*0.4	0	3.0
41005* sublingual, superficial	0.4	0	4.0
41006 sublingual, deep, suprathyroid	BR	0	4.0
41007 submental space	BR	0	4.0
41008 submandibular space	BR	0	4.0
41009 masticator space	BR	0	4.0
41010 Incision of lingual frenum (frenotomy)	0.4	15	4.0
41015 Incision and drainage of extraoral abscess, cyst, or hematoma of floor of mouth; sublingual	0.6	15	4.0
41016 submental	BR		4.0
41017 submandibular	BR		4.0
41018 masticator space	BR		4.0

(For frenoplasty, see 41520)

EXCISION

41100 Biopsy of tongue, anterior two-thirds	1.0	15	3.0
41105 posterior one-third	0.6	15	3.0
41108 Biopsy, floor of mouth	1.0	15	4.0
41110 Excision lesion of tongue; without closure	BR		4.0
41112 with closure, anterior two-thirds	BR		4.0
41113 with closure, posterior one-third	BR		4.0
41114 with local tongue flap	BR		<u>4.0</u>

(List 41114 in addition to code 41112 or 41113)

41115 Excision of lingual frenum (frenectomy)	BR		4.0
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	Unit Value	Follow-up Days=	Basic Anes@
41116	BR		4.0
41120	8.0	120	6.0
41130	12.0	120	6.0
41135	20.0	120	6.0
41140	18.0	120	6.0
41145	26.0	120	6.0
41150	BR+		6.0
41153	BR	120	6.0
41155	BR	120	6.0

REPAIR

41250*	1.0	0	4.0
41251*	1.0	0	4.0
41252*	BR		4.0

OTHER PROCEDURES

41500	5.0	30	3.0
41510	10.0	30	3.0
41520	BR		3.0
41599	BR		3.0

AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

WAC 296-22-155 TEETH AND GUMS.

	Unit Value	Follow-up Days=	Basic Anes@
(For biopsy, see 11100)			
INCISION			
*41800	*0.4	0	3.0
41805	0.8	0	3.0

EXCISION, DESTRUCTION

41806	2.0	0	3.0
41820	BR		3.0
41821	BR		3.0
41822	BR		3.0
41823	BR		3.0
41825	BR		3.0
41826	BR		3.0
41827	BR		3.0
41828	BR		3.0
41830	BR		3.0
41850	BR		3.0

OTHER PROCEDURES

41870	BR		3.0
41872	BR		3.0
41874	BR		3.0
41899	BR		3.0

AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

WAC 296-22-160 PALATE, UVULA.

	Unit Value	Follow-up Days=	Basic Anes@
INCISION			
*42000	*0.4	0	3.0
EXCISION, DESTRUCTION			
42100	0.6	7	3.0
42104	BR		3.0
42106	BR		3.0
42107	BR		3.0

(For skin graft, see 14040-14300)  
 (For mucosal graft, see 40818)  
 (For excision of local lesion of palate, see 11440-11442, 11640-11660)  
 (For graft or flap closure, see 14040-14300, 15050, 15120, 15240, 15510-15720)

	Unit Value	Follow-up Days=	Basic Anes@
42120 Resection of palate or extensive excision of lesion . . . . .	BR+		6.0
(For reconstruction of palate with extraoral tissue, see 14040-14300, 15050, 15120, 15240, 15510-15720)			
*42140 Uvulectomy: excision of uvula . .	*0.6	0	3.0
42150 Removal exostosis bony palate . .	BR		<u>3.0</u>
42160 Destruction of lesion, palate or uvula (thermal, cryo or chemical) . . . . .	BR		<u>3.0</u>
<b>REPAIR</b>			
42180 Repair laceration of palate; up to 2 cm . . . . .	BR		
42182 over 2 cm or complex . . . . .	BR		
42200 Palatoplasty for cleft palate, soft and/or hard palate only . . . . .	16.0	90	6.0
42205 Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only . . . . .	20.0	90	6.0
42210 with bone graft to alveolar ridge . . . . .	22.0	90	6.0
(For obtaining bone graft by second surgeon, see WAC 296-22-010, item 5c and modifier -64)			
42215 Palatoplasty for cleft palate; major revision . . . . .	16.0	90	6.0
42220 secondary lengthening procedure . . . . .	17.0	90	6.0
42225 attachment pharyngeal flap . . . . .	17.0	90	6.0
<u>42226 Lengthening of palate, and pharyngeal flap . . . . .</u>	<u>BR</u>	<u>90</u>	<u>6.0</u>
<u>42227 Lengthening of palate, with island flap . . . . .</u>	<u>BR</u>	<u>90</u>	<u>6.0</u>
42235 Repair anterior palate, including vomer flap . . . . .	16.0	90	6.0
42250 Repair oroantral or oronasal fistula, up to 1 cm . . . . .	BR		4.0
(For repair of larger defect, see 42215)			
42260 Repair nasolabial fistula . . . . .	BR		4.0
<u>42280 Maxillary impression for palatal prosthesis . . . . .</u>	<u>BR</u>		<u>4.0</u>
<u>42281 Insertion of pin-retained palatal prosthesis . . . . .</u>	<u>BR</u>		<u>4.0</u>
(For repair cleft lip, see 40700 et seq.)			
<b>OTHER PROCEDURES</b>			
42299 Unlisted procedure, palate, uvula . . . . .	BR		<u>4.0</u>
(((For secondary minor revision; see †3000-†4300)))			
<b>Suture</b>			
((For suture of palate injury, see †3000-†4300))			

**AMENDATORY SECTION** (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

**WAC 296-22-165 SALIVARY GLANDS AND DUCTS.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
*42300 Drainage abscess; parotid, simple . . . . .	*1.4	0	3.0
42305 parotid, complicated . . . . .	BR+		3.0
*42310 submaxillary or sublingual, intraoral . . . . .	*1.0	0	3.0
42320 submaxillary, external . . . . .	3.0	0	3.0
42325 Fistulization sublingual salivary cyst (ranula); . . . . .	BR		<u>3.0</u>
42326 with prosthesis . . . . .	BR		
*42330 Sialolithotomy; submandibular (submaxillary), sublingual, or parotid, uncomplicated, intraoral . . . . .	*0.6	0	3.0
42335 submandibular (submaxillary) or sublingual, complicated . . . . .	2.4	30	3.0
42340 parotid, extraoral or complicated intraoral . . . . .	6.0	30	3.0
<b>EXCISION</b>			
*42400 Biopsy salivary gland; needle . . . . .	*0.8	0	
42405 incisional . . . . .	2.0	30	3.0
42408 Excision sublingual salivary cyst (ranula) . . . . .	BR		<u>3.0</u>
42409 Marsupialization sublingual salivary cyst (ranula) . . . . .	BR		<u>3.0</u>
(For fistulization of sublingual salivary cyst, see 42325)			
42410 Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection . . . . .	6.0	60	3.0
42415 lateral lobe, with dissection and preservation of facial nerve . . . . .	14.5	60	3.0
42420 total, with dissection and preservation of facial nerve . . . . .	18.0	60	3.0
42425 total, en bloc removal with sacrifice of facial nerve . . . . .	12.0	60	3.0
42426 total, with unilateral radical neck dissection . . . . .	25.0	60	3.0
42440 Excision submandibular (submaxillary) gland . . . . .	10.0	60	3.0
42450 Excision sublingual gland . . . . .	5.5	60	3.0
<b>REPAIR</b>			
42500 Plastic repair salivary duct, (sialodochoplasty); primary or simple . . . . .	7.0	60	3.0
42505 secondary or complicated . . . . .	BR+		3.0
42507 Parotid duct diversion, bilateral (Wilke type procedure); . . . . .	BR		<u>3.0</u>
42508 with excision of one submandibular gland . . . . .	BR		<u>3.0</u>
42509 with excision of both submandibular glands . . . . .	BR		<u>3.0</u>
<u>42510 with ligation of both submandibular (Wharton's) ducts . . . . .</u>	<u>BR</u>		<u>3.0</u>
<b>OTHER PROCEDURES</b>			
42550 Injection procedure for sialography . . . . .	0.4	0	
42600 Closure salivary fistula . . . . .	BR+		3.0
*42650 Dilation salivary duct . . . . .	*0.3	0	3.0



	Unit Value	Follow-up Days=	Basic Anes@
42660* Dilation and catheterization of salivary duct, with or without injection	.5		3.0
42665 Ligation salivary duct, intraoral	BR		3.0
42699 Unlisted procedure, salivary glands or ducts	BR		3.0

**AMENDATORY SECTION** (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

**WAC 296-22-170 PHARYNX, ADENOIDS AND TONSILS.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
*42700 Incision and drainage abscess; peritonsillar	*0.6	0	3.0
42720 retropharyngeal or parapharyngeal, intraoral approach	2.4	15	3.0
42725 retropharyngeal or parapharyngeal, external approach	BR		3.0

**EXCISION**

42800 Biopsy; oropharynx	0.8	7	3.0
42802 hypopharynx	1.4	7	3.0
42804 nasopharynx, visible lesion, simple	1.0	7	3.0
42806 nasopharynx, survey for unknown primary lesion	BR		3.0
(For laryngoscopic biopsy, see 31510, 31535, 31536)			
42808 Excision of lesion of pharynx	BR		3.0
42809 Removal of foreign body from pharynx	BR		3.0
42810 Excision branchial cleft cyst or vestige; confined to skin and subcutaneous tissues	4.0	30	3.0
42815 extending beneath subcutaneous tissues	10.0	30	3.0
42820 Tonsillectomy and adenoidectomy; under age 12 years	4.0	30	3.0
42821 age 12 or over	4.8	30	3.0
42825 Tonsillectomy, primary or secondary; under age 12	3.5	30	3.0
42826 age 12 or over	4.0	30	3.0
42830 Adenoidectomy, primary; under age 12	2.8	30	3.0
42831 age 12 or over	3.0	30	3.0
42835 Adenoidectomy, secondary; under age 12	2.8	30	3.0
42836 age 12 or over	3.0	30	3.0
42842 Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure	BR		3.0
42844 closure with local flap (eg, tongue, buccal)	BR		3.0
42845 closure with other flap	BR		3.0
(For closure with other flap(s), use appropriate number for flap(s))			
(When combined with radical neck dissection, use also 38720, 38721)			
42860 Excision of tonsil tags	2.8	30	3.0

	Unit Value	Follow-up Days=	Basic Anes@
42870 Excision lingual tonsil (separate procedure)	4.8	30	3.0
42880 Excision of nasopharyngeal lesion (e.g., fibroma)	BR		3.0
(For excision and repair of hypopharyngeal diverticulum, cervical approach, see 43130; for endoscopic approach, see 43225)			
42890 Limited pharyngectomy; without radical neck dissection	BR		3.0
<del>((-42895 with radical neck dissection - BR))</del>			
<u>(42895 Limited pharyngectomy with radical neck dissection has been deleted. To report, use also 38720 or 38721 with 42890)</u>			
42892 Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls	BR		3.0
<u>(When combined with radical neck dissection, use also 38720, 38721)</u>			
42894 Resection of pharyngeal wall requiring closure with myocutaneous flap	BR		3.0
<u>(When combined with radical neck dissection, use also 38720, 39721)</u>			
<b>REPAIR</b>			
42900 Suture pharynx for wound or injury	BR		3.0
42950 Pharyngoplasty (plastic or reconstructive operation on pharynx)	BR		3.0
(For pharyngeal flap, see 42225)			
42953 Pharyngoesophageal repair	BR		3.0
<u>(For closure with myocutaneous or other flap, use appropriate number in addition)</u>			
<b>OTHER PROCEDURES</b>			
42955 Pharyngostomy (fistulization of pharynx, external for feeding)	BR		4.0
42960 Control oropharyngeal hemorrhage (primary or secondary, eg, posttonsillectomy); simple	1.0	0	4.0
42961 complicated, requiring hospitalization	BR		4.0
42962 with secondary surgical intervention	BR		4.0
42970 Control of nasopharyngeal hemorrhage (primary or secondary, eg, postadenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cauterization	2.0	0	4.0
42971 complicated, requiring hospitalization	BR		4.0
42972 with secondary surgical intervention	BR		4.0
42999 Unlisted procedure, pharynx, adenoids, or tonsils	BR		4.0

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-22-180 ESOPHAGUS.

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
INCISION				(For dilation, without visualization, see 43450-43456)			
43000	14.0	90	6.0	(43221 has been deleted. To report, use 43200 or 43235)			
43020	14.0	90	6.0	(43222 has been deleted. To report, use 43202 or 43239)			
43030	14.0	90	6.0	(43223 has been deleted. To report, use 43215 or 43247)			
43040				(43224 has been deleted. To report, use 43217 or 43251)			
43045	19.0	90	12.0	<del>((43225 with repair of hypopharyngeal diverticulum (Dohlman procedure)..... 6.0 15 3.0))</del>			
EXCISION				(43225 Dohlman procedure has been deleted. To report, use 43499)			
43100	19.0	90	12.0	43226 with insertion of wire to guide dilation..... 4.0 15 3.0			
43101	20.0	90	12.0	43227 for control of hemorrhage (eg, electrocoagulation, laser photocoagulation)..... 5.0 15 3.0			
43105	BR		12.0	43228 ((with fulguration of) for ablation of tumor or mucosal lesion..... 5.0 15 3.0			
43106	BR		12.0	(For gastroscopy, without esophagoscopy, see 43700-43714)			
43110	30.0	90	12.0	43234 Uppergastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible fiberscope)..... BR 3.0			
43111	35.0	90	12.0	43235 ((Esophagogastroduodenoscopy, diagnostic)) Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; complex diagnostic..... 5.0 15 3.0			
43115	40.0	90	12.0	43239 ((with) for biopsy and/or collection of specimen by brushing or washing for cytology... 4.0 15 3.0			
43120	29.0	90	12.0	43245 for dilation of gastric outlet for obstruction..... BR 3.0			
43130	14.0	90	6.0	43246 for directed placement of percutaneous gastrostomy tube... BR 3.0			
43135	20.0	90	12.0	43247 ((with) for removal of foreign body..... 5.0 15 3.0			
43136	BR		6.0	43251 ((with) for removal of polyp(s)..... 6.0 15 3.0			
(For endoscopic approach, see 43225)				43255 for control of hemorrhage (eg, electrocoagulation, laser photocoagulation)..... 5.0 15 3.0			
ENDOSCOPY				43258 ((with fulguration of) for ablation of tumor or mucosal lesion (eg, laser)..... 5.0 15 3.0			
43200	4.0	15	3.0	43260 ((with cannulation of ampulla of Vater for radiographic studies and/or specimen collection for cytology)) Endoscopic retrograde cholangiopancreatography (ERCP), with or without specimen collection;..... 5.0 15 3.0			
43202	4.8	15	3.0	43262 ((with electrosurgical)) for sphincterotomy ((Oddi)) papillotomy..... 6.0 15 3.0			
43204	5.0	15	3.0	43263 ((with) for pressure measurement of sphincter of Oddi..... 8.7 15 3.0			
43215	6.0	15	3.0	43264 ((with) for extraction of stone(s) from ((common bile			
(For removal of foreign body with use of catheter see 74235)							
43217	6.0	15	3.0				
((43218 with irrigation..... 5.0 15 3.0))							
(43218 Esophagoscopy with irrigation has been deleted. To report, use 43499)							

	Unit Value	Follow-up Days=	Basic Anes@
43267 <u>duct)) biliary and/or pancreatic ducts . . . . . for insertion of Nasobiliary or nasopancreatic drainage tube</u>	7.0	15	3.0
<u>(when done with sphincterotomy, also use 43262)</u>			
43268 <u>for insertion of tube or stent into bile or pancreatic duct . . .</u>	<u>BR</u>		<u>3.0</u>
<u>(when done with sphincterotomy, also use 43262)</u>			
43271 <u>for balloon dilation of ampulla, biliary or pancreatic duct . . . .</u>	<u>BR</u>		<u>3.0</u>
43272 <u>for ablation of tumor or mucosal lesion (eg, laser) . . . .</u>	<u>BR</u>		<u>3.0</u>
<u>(For fluoroscopic monitoring and radiography, see 74330)</u>			
<b>REPAIR</b>			
43300 Esophagoplasty; (plastic repair or reconstruction) cervical approach; without repair of tracheoesophageal fistula . . . . . <u>((BR+))</u>	<u>BR</u>		12.0
43305 with repair of tracheoesophageal fistula . . . . .	22.0	90	6.0
43310 <u>((Esophagoplasty)) Esophagoplasty, (plastic repair or reconstruction) thoracic approach; without repair of tracheoesophageal fistula . . . . .</u>	30.0	90	12.0
43312 with repair of tracheoesophageal fistula . . . . .	26.0	90	12.0
43320 Esophagogastrostomy (cardioplasty) with or without vagotomy and pyloroplasty; abdominal approach . . . . .	22.0	90	6.0
43321 thoracic approach . . . . .	22.0	90	11.0
43324 Esophagogastric fundoplasty (e.g., Nissen, Belsey IV, Hill procedures) . . . . .	<u>BR</u>		<u>6.0</u>
43325 Esophagogastric fundoplasty with fundic patch (Thal-Nissen procedure) . . . . .	<u>BR</u>		<u>6.0</u>
<u>(For cricopharyngeal myotomy, see 43030)</u>			
43330 Esophagomyotomy (Heller type) with or without hiatal hernia repair; abdominal approach . . . . .	19.0	90	6.0
43331 thoracic approach . . . . .	19.0	90	11.0
<u>(For esophagoduodenostomy or esophagojejunostomy with total gastric resection, see 43620)</u>			
43340 Esophagojejunostomy (without total gastrectomy); abdominal approach . . . . .	24.0	90	6.0
43341 thoracic approach . . . . .	24.0	90	11.0
43350 Esophagostomy, fistulization of esophagus, external; abdominal approach . . . . .	14.0	90	6.0
43351 thoracic approach . . . . .	14.0	90	11.0
43352 cervical approach . . . . .	14.0	90	14.0
<b>SUTURE</b>			
43400 Ligation, direct, esophageal varices . . . . .	20.0	90	12.0
43410 Suture esophageal wound or injury; cervical approach . . . . . <u>((BR+))</u>	<u>BR</u>		7.0

	Unit Value	Follow-up Days=	Basic Anes@
43415 thoracic approach . . . . .	19.0	90	12.0
43420 Closure esophagostomy or fistula; cervical approach . . . . .	14.0	90	6.0
43425 thoracic approach . . . . .	26.0	90	12.0
<u>(For repair of esophageal hiatal hernia, see 39500 et seq.)</u>			

**MANIPULATION**

*43450 Dilation esophagus, by unguided sound(s) or bougie(s) indirect; initial session . . . . .	*0.6	0	3.0
*43451 subsequent session . . . . .	*0.6	0	3.0
43453 Dilation esophagus, over guide wire or string . . . . .	3.0	15	3.0
<u>(For dilation with direct visualization, see 43220)</u>			
43455 Brusque esophageal dilation by balloon or Stark dilator; . . . . .	4.0	15	3.0
43456 retrograde . . . . .	<u>BR</u>		<u>3.0</u>
43460 Esophagogastric tamponade, with balloon (Sengstaaken type) . . . . .	Sv. &		
43499 Unlisted procedure, esophagus . . . . .	<u>BR</u>		<u>3.0</u>

**AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)**

**WAC 296-22-190 STOMACH.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
43500 Gastrotomy; with exploration or foreign body removal . . . . .	12.0	45	5.0
43510 with esophageal dilation and insertion of plastic tubes . . . . .	<u>BR</u>		<u>5.0</u>
43520 Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation) . . . . .	10.0	45	6.0

**EXCISION**

43600 Biopsy of stomach; by capsule, tube, peroral (one or more specimens) . . . . .	3.0	0	
43605 by laparotomy . . . . .	12.0	45	5.0
43610 Local excision of ulcer or tumor . . . . .	14.5	45	6.0
43620 Gastrectomy, total; including intestinal anastomosis . . . . .	28.0	90	7.0
43625 with repair by intestinal transplant . . . . .	34.0	90	7.0
43630 Hemigastrectomy or distal subtotal gastrectomy including pyloroplasty, gastroduodenostomy or gastrojejunostomy; without vagotomy . . . . .	19.0	60	6.0
43635 with vagotomy, any type . . . . .	21.0	60	6.0
43638 Hemigastrectomy or proximal subtotal gastrectomy, thoracic or abdominal approach . . . . .	19.0	60	6.0
43640 Vagotomy and pyloroplasty, with or without gastrotomy . . . . .	17.0	60	6.0

(For pyloroplasty, see 43800)  
(For vagotomy, see 64752-64760)

**ENDOSCOPY**

(For upper gastrointestinal endoscopy, see ((43235-43264)) 43234-43258)

AMENDATORY SECTION (Amending Order 83-23,  
filed 8/2/83)

WAC 296-22-195      INTESTINES      (EXCEPT  
RECTUM).

(43700 has been deleted. To report, use 43235)

(43702 has been deleted. To report, use 43239)

(43709 has been deleted. To report, use 43247)

(43711 has been deleted. To report, use 43251)

(43712 has been deleted. To report, use 43255)

(43714 has been deleted. To report, use 43258)

(For esophagogastroduodenoscopy, see 43235-43264)

**INTRODUCTION**

\*43760 Change of gastrostomy tube; simple ..... BR

\*43765        complicated ..... BR

**SUTURE**

43800 Pyloroplasty ..... 13.0      45      5.0  
(For pyloroplasty and vagotomy, see 43640)

43810 Gastrooduodenostomy ..... 14.0      45      5.0

43820 Gastrojejunostomy ..... 14.0      45      5.0

43825        with vagotomy any type ..... 18.0      45      6.0

43830 Gastrostomy, temporary (tube, rubber, or plastic) (separate procedure); ..... 13.0      45      5.0

43831        neonatal, for feeding ..... 8.0      30      5.0

(For change of gastrostomy tube, see 43760-43765)

43832 Gastrostomy, permanent, with construction of gastric tube. .... 16.0      45      5.0

43834 Gastrostomy endoscopic percutaneous ..... BR      5.0

43840 Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury ..... 13.0      45      6.0

43844 Gastric bypass for morbid obesity noncovered procedure

43845 Gastric stapling for morbid obesity noncovered procedure

43846 Gastric bypass with Roux-en-Y gastroenterostomy for morbid obesity noncovered procedure

43850 Revision of gastroduodenal anastomosis (gastrooduodenostomy) with reconstruction, without vagotomy ..... 20.0      60      5.0

43855        with vagotomy ..... 23.0      60      6.0

43860 Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction; without vagotomy ..... 20.0      60      5.0

43865        with vagotomy ..... 23.0      60      6.0

43870 Closure of gastrostomy, surgical. .... 12.0      45      5.0

43880 Closure of gastrocolic fistula... ((BR+)) BR      5.0

43885 Anterior gastropexy for hiatal hernia (separate procedure) .... BR      5.0

43999 Unlisted procedure, stomach. .... BR      5.0

**INCISION**

44000 Enterolysis (freeing of intestinal adhesion); (separate procedure) . 10.0      45      4.0  
(For incidental enterolysis, see WAC 296-22-010, item 7b)

44005        with acute bowel obstruction . 14.5      90      6.0

44010 Duodenotomy ..... 14.5      60      7.0

44015 Needle catheter jejunostomy for enteral ((hyperalimentation)) hyperalimentation (list separately in addition to primary procedure) ..... BR      4.0

44020 Enterotomy with exploration or foreign body removal; small bowel, other than duodenum ..... 14.5      60      4.0

44025        large bowel ..... 15.0      60      4.0

44040 Exteriorization of intestine (Mikulicz resection with crushing of spur) ..... 18.0      60      5.0

44050 Reduction of volvulus, intussusception, internal hernia, by laparotomy ..... 14.0      90      5.0

44060 Sigmoid myotomy (Reilly type operation) for diverticular disease ..... BR      90      6.0

**EXCISION**

44100 Biopsy of intestine by capsule, tube, peroral (one or more specimens) ..... 3.0      0

44110 Excision of one or more lesions of small or large bowel not requiring anastomosis, exteriorization, or fistulization; single enterotomy ..... 16.0      60      4.0

44111        multiple enterotomies ..... ((BR+)) BR      4.0

44115 Excision colonic diverticulum ... BR

44120 Enterectomy, resection of small intestine; with anastomosis ..... 17.0      60      6.0

44125        with double-barrel enterostomy ..... 14.0      60      6.0

44130 Enteroenterostomy, anastomosis of intestine; (separate procedure) ..... 14.5      90      5.0

44131        intestinal bypass for morbid obesity noncovered procedure

44140 Colectomy, partial; with anastomosis ..... 18.0      90      5.0

44141        with skin level cecostomy or colostomy ..... 20.0      90      6.0

44143        with end colostomy and closure of distal segment (Hartmann type procedure) .. 18.0      90      6.0

44144        with resection, with colostomy or ileostomy and creation of mucofistula ..... 18.0      90      6.0

44145        with coloproctostomy (low pelvic anastomosis) ..... 24.0      90      6.0

44146        with coloproctostomy (low pelvic anastomosis) with colostomy ..... 26.0      90      6.0

44150 Colectomy, total, abdominal, with ileostomy or ileoproctostomy; with proctectomy ..... 26.0      90      6.0

			Unit Value	Follow-up Days=	Basic Anes@				Unit Value	Follow-up Days=	Basic Anes@
44155	with proctectomy and ileostomy		30.0	90	6.0						
44160	Colectomy with removal of terminal ileum and ileocolostomy		30.0	90	6.0	44393	lesion(s) . . . . .		3.5		3.0
							<u>for ablation of tumor or mucosal lesion (eg, laser)</u>		<u>BR</u>		<u>3.0</u>
ENTEROSTOMY—EXTERNAL FISTULIZATION OF INTES-						(For colonoscopy per rectum, see 45360-45386)					
TINES (SEPARATE PROCEDURE)						REPAIR					
44300	Enterostomy, tube, or cecostomy		8.5	90	4.0	44400	Cecopexy, fixation of cecum to abdominal wall		12.0	90	4.0
44305	in conjunction with other procedures		2.0	90		44405	Sigmoidopexy, fixation of sigmoid colon to abdominal wall		12.0	90	4.0
44308	Enterostomy, suture of one wall of intestine to abdominal wall, small or large intestine		10.0	90	5.0	SUTURE					
44310	Ileostomy		14.5	90	4.0	44600	Suture of intestine (enterorrhaphy), large or small, for perforated ulcer, diverticulum, wound, injury or rupture; single		14.0	45	7.0
44312	Revision of ileostomy; simple (release of superficial scar)		BR		<u>4.0</u>	44605	with colostomy		16.0	90	7.0
44314	complicated (reconstruction in depth)		BR		<u>4.0</u>	44610	multiple		<u>((BR+))</u>		<u>7.0</u>
44316	Continent ileostomy (Koch procedure)		BR		<u>4.0</u>	44620	Closure of enterostomy, large or small intestine;		10.0	90	5.0
(For fiberoptic evaluation, see 44385)						44625	with resection and anastomosis		14.0	90	6.0
44320	Colostomy or skin level cecostomy (separate procedure)		12.0	90	4.0	44640	Closure of intestinal cutaneous fistula		<u>((BR+))</u>		<u>4.0</u>
44340	Revision of colostomy, simple (release of superficial scar)		1.2	90					<u>BR</u>		
44345	complicated (reconstruction in depth)		6.0	60	4.0	44650	Closure of enteroenteric or enterocolic fistula		14.0	90	5.0
ENDOSCOPY, SMALL BOWEL AND STOMAL						44660	Closure of enterovesical fistula; without intestinal or bladder resection		14.0	90	5.0
(For upper gastrointestinal endoscopy, see ((43235-43264)) 43234-43258)						(For closure of renocolic fistula, see 50525, 50526)					
44360	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum; diagnostic		3.0	7	3.0	44661	with bowel and/or bladder resection		<u>BR</u>		<u>5.0</u>
44361	((with)) for biopsy and/or collection of specimen by brushing or washing for cytology		2.0	7	3.0	(For closure of gastrocolic fistula, see 43880)					
44363	with removal of foreign body		BR	7	3.0	(For closure of rectovesical fistula, see 45800-45805)					
44364	with removal of polyps		3.0	7	3.0	44680	Intestinal plication, complete (Noble type operation) (separate procedure)		20.0	90	6.0
44366	for control of hemorrhage (eg, electrocoagulation, laser photocoagulation)		BR		3.0	44799	Unlisted procedure, intestine		BR		<u>5.0</u>
44369	((with fulguration of)) for ablation of tumor or mucosal lesion (eg, laser)		2.0	7	3.0	AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)					
(44375 has been deleted. To report, use 43235)						✓ WAC 296-22-200 MECKEL'S DIVERTICULUM AND THE MESENTERY.					
44380	Fiberoptic ileoscopy through stoma;		4.0	7	3.0						
44382	with biopsy and/or collection of specimen ((for cytology)) by brushing or washing		3.0	7	3.0						
44385	Fiberoptic evaluation of ((Koch)) small intestinal (kock) or pelvic pouch;		3.0	7	3.0						
44386	for biopsy and/or collection of specimen by brushing or washing		BR		<u>3.0</u>	EXCISION					
44388	Fiberoptic colonoscopy through colostomy		3.0	7	3.0	44800	Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct		10.0	45	4.0
44389	with biopsy and/or collection of specimen ((for cytology)) by brushing or washing		2.5		3.0	44820	Excision of lesion of mesentery (separate procedure) (with bowel resection, see 44120 or 44140 et seq.)		<u>((BR+))</u>		<u>4.0</u>
44390	with removal of foreign body		3.5		3.0	SUTURE					
44391	((with)) for control of hemorrhage (eg, electrocoagulation, laser photocoagulation)		3.5		3.0	44850	Suture of mesentery (separate procedure)		13.0	45	4.0
44392	with removal of polypoid										

	Unit Value	Follow-up Days=	Basic Anes@
(For reduction and repair of internal hernia, see 44050)			
44899 Unlisted procedure, Meckel's diverticulum and the mesentery...	BR		<u>4.0</u>

**AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)**

**WAC 296-22-205 APPENDIX.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
44900 Incision and drainage of appendiceal abscess, transabdominal	7.0	45	4.0
<b>EXCISION</b>			
44950 Appendectomy; (For incidental appendectomy, see WAC 296-22-010, item 7b and modifier -52)	9.5	45	4.0
44955 when done for indicated purpose at time of other major procedure (not as separate procedure)	6.0	45	4.0
44960 for ruptured appendix with abscess or generalized peritonitis	BR		<u>4.0</u>

**AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)**

**WAC 296-22-210 RECTUM.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
45000 Transrectal drainage of pelvic abscess	3.0	15	3.0
45005 Incision and drainage of submucous abscess, rectum	4.5	30	3.0
45020 Incision and drainage of deep supralevator, pelvicorectal or retrorectal abscess (see also 46050, 46060)	4.8	30	3.0
<b>EXCISION</b>			
45100 Biopsy of anorectal wall, anal approach (e.g., congenital megacolon); incisional	4.0	15	3.0
45105 full thickness (For endoscopic biopsy, see 45305)	6.0	30	3.0
45108 Anorectal myomectomy	BR		<u>3.0</u>
45110 Proctectomy; complete, combined abdominoperineal, with colostomy, one or two stages	26.0	90	7.0
45111 partial resection of rectum	24.0	90	7.0
45112 Proctectomy, combined abdominoperineal, pull-through procedure, one or two stages	28.0	90	7.0
45114 Proctectomy, partial, with anastomosis; abdominal and transacral approach, one or two stages	30.0	90	7.0

	Unit Value	Follow-up Days=	Basic Anes@
45116 transacral approach only (Kraske type)	28.0	90	7.0
45120 Proctectomy, complete, for congenital megacolon (Swenson Duhamel, or Soave type operation)	26.0	90	7.0
45130 Excision of rectal procidentia, with anastomosis; perineal approach	14.5	90	4.0
45135 abdominal and perineal approach	26.0	90	6.0
45150 Division of stricture of rectum <del>((BR+))</del>			<u>BR</u> 3.0
45160 Excision of rectal tumor by proctotomy, transacral or transcoccygeal approach	19.0	90	3.0
45170 Excision of rectal tumor, simple, transanal approach <del>((BR+))</del>			<u>BR</u> 3.0
45180 Excision and/or electrodesiccation of malignant tumor of rectum, transanal approach; palliative	BR		<u>BR</u> <u>3.0</u>
45181 therapeutic	BR		<u>3.0</u>
<b>ENDOSCOPY</b>			
45300 Proctosigmoidoscopy; diagnostic (separate procedures)	0.6	0	3.0
45302 ((with)) for collection of specimen by brushing or washing for cytology	1.0	7	3.0
45303 ((with)) for dilation, direct, instrumental	1.5	7	3.0
45305 ((with)) for biopsy	1.2	7	3.0
45307 ((with)) for removal of foreign body	1.0	7	3.0
45310 ((with)) for removal of polyp or papilloma	1.4	7	3.0
45315 with removal of multiple excrescences, papillomata or polyps	1.8	7	3.0
45317 for control of hemorrhage (e.g., electrocoagulation, laser photocoagulation)	2.0	7	3.0
<del>((45319 with retrograde lavage (e.g., water pik)</del>	<del>1.8</del>	<del>7</del>	<del>3.0</del>
<u>(45319 Endoscopic retrograde lavage has been deleted. To report, use 45999)</u>			
45321 for decompression of volvulus	BR		<u>3.0</u>
<u>(45325 colonoscopy has been re-numbered 45355 without change in terminology)</u>			
45330 Sigmoidoscopy, flexible fiberoptic; diagnostic	0.8	15	3.0
45331 ((with)) for biopsy and/or collection of specimen by brushing or washing	1.4	15	3.0
45332 ((with)) for removal of foreign body	1.4	15	3.0
45333 with removal of polyp(s)	1.8	15	3.0
45334 for control of hemorrhage (e.g., electrocoagulation, laser photocoagulation)	BR		<u>BR</u>
45336 for ablation of tumor or mucosal lesion (e.g., laser)	BR		<u>3.0</u>
45355 Colonoscopy, with standard sigmoidoscope, transabdominal via colotomy, single or multiple	3.0	7	3.0

	Unit Value	Follow-up Days=	Basic Anes@
45360 Colonoscopy, fiberoptic, beyond 25 cm to splenic flexure; diagnostic procedure	5.0	7	3.0
45365 ((with)) for biopsy and/or collection of specimen ((for cytology)) by brushing or washing	4.0	7	3.0
45367 with removal of foreign body	5.0	7	3.0
45368 ((with)) for control of hemorrhage (e.g., electrocoagulation)	6.0	7	3.0
45369 for ablation of tumor or mucosal lesion (e.g., laser)	BR		3.0
45370 with removal of polypoid lesion(s)	6.0	7	3.0
((45371 with retrograde lavage (e.g., water pik)	4.0	7	3.0))

(45371 Colonoscopic retrograde lavage has been deleted. To report, use 44799)

45372 for decompression of volvulus	BR		3.0
45378 Colonoscopy, fiberoptic, beyond splenic flexure; diagnostic procedure	6.0	7	3.0
45379 with removal of foreign body	7.0	7	3.0
45380 with biopsy and/or collection of specimen for cytology	6.0	7	3.0
45382 for control of hemorrhage	7.0	7	3.0
45383 for ablation of tumor or mucosal lesion (e.g., laser)	BR		3.0
45385 ((with)) for removal of polypoid lesion(s)	7.0	7	3.0
((45386 with retrograde lavage (e.g., water pik)	5.0	7	3.0))

(45386 Colonoscopic retrograde lavage has been deleted. To report, use 44799)

(For small bowel and stomal endoscopy, see 44360-((44388))44393)

REPAIR

45500 Proctoplasty, for stenosis	10.0	90	3.0
45505 for prolapse of mucous membrane	11.0	90	3.0
45520 Perirectal injection of sclerosing solution for prolapse; office	1.0	0	
45521 hospital	4.0	30	3.0
45540 Proctopexy for prolapse, abdominal approach	18.0	90	4.0
45541 perineal approach	18.0	90	3.0
45550 proctopexy combined with sigmoid resection, abdominal approach	22.0	90	5.0
45560 Repair of rectocele (separate procedure)	24.0	90	5.0

(For repair of rectocele with posterior colporrhaphy, see 57250)

SUTURE

45800 Closure of rectovesical fistula; . . .	20.0	90	5.0
45805 with colostomy	22.0	90	5.0
45820 Closure of rectourethral fistula . .	20.0	90	3.0
45825 with colostomy	22.0	90	4.0

(For rectovaginal fistula closure, see 57300-57308)

MANIPULATION

*45900 Reduction of procidentia (separate procedure) under anesthesia	*0.6	0	3.0
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	Unit Value	Follow-up Days=	Basic Anes@
45905* Dilation of anal sphincter (separate procedure) under anesthesia other than local	BR		3.0
45910 Dilation of rectal stricture (separate procedure) under anesthesia other than local	BR		3.0
45915* Removal of fecal impaction or foreign body (separate procedure) under anesthesia	BR		3.0
45999 Unlisted procedure, rectum	BR		3.0

AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

WAC 296-22-215 ANUS.

	Unit Value	Follow-up Days=	Basic Anes@
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INCISION

*46000 Fistulotomy, subcutaneous . . . . .	*0.6	0	3.0
(For fistulectomy, see 46060, 46270-46285)			
*46030 Removal of seton, other marker . . . . .	*0.6	0	
46032 Undercutting for pruritus ani (modified Ball operation) . . . . .	1.0	0	3.0
46040 Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure) . . . . .	2.4	15	3.0
46045 Incision and drainage of intramural, intramuscular or submucosal abscess, transanal, under anesthesia . . . . .	2.4	15	3.0
*46050 Incision and drainage, perianal abscess, superficial (see also 45020, 46060) . . . . .	*0.48	0	3.0
46060 Incision and drainage of ischiorectal or intramural abscess with fistulectomy, submuscular (see also 45020) . . . . .	9.5	90	3.0
46070 Incision, anal septum (infant) . . . . .	1.2	0	3.0
(For anoplasty, see 46700-46705)			
*46080 Sphincterotomy, anal, division of anal sphincter (separate procedure) . . . . .	*1.2	0	3.0
46083 Incision of thrombosed hemorrhoid, external . . . . .	BR		3.0

EXCISION

46200 Fissurectomy, with or without sphincterotomy . . . . .	4.8	90	3.0
46210 Cryptectomy, single . . . . .	1.4	30	3.0
46211 multiple, (separate procedure)	7.0	90	3.0
46220 Papillectomy or excision of single tab, anus (separate procedure) . .	0.6	15	3.0
46221 Hemorrhoidectomy, by simple ligature (rubber band) . . . . .	BR		3.0
46230 Excision of external hemorrhoid tags and/or multiple papillae, office . . . . .	1.2	15	3.0
46250 Hemorrhoidectomy, external, complete . . . . .	4.8	90	3.0
46255 Hemorrhoidectomy, internal and external, simple; . . . . .	7.0	90	3.0
46257 with fissurectomy . . . . .	BR		3.0
46258 with fistulectomy, with or without fissurectomy . . . . .	BR		3.0
46260 Hemorrhoidectomy, internal and external, complex or extensive; . .	10.0	90	3.0

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
46261	BR		<u>3.0</u>	*46910			
46262					((Electrodesiccation))		
46270	BR		<u>3.0</u>		Electrodesiccation of condylomata, anal, multiple, simple	*0.8	0
46275	2.4	30	<u>3.0</u>	*46920	Excision and		
46280	9.5	90	<u>3.0</u>		((electrodesiccation))		
46285	BR+		<u>3.0</u>		electrodesiccation of	*1.0	0
*46320	2.0	30	<u>3.0</u>	46930	condylomata, anal; simple		
					extensive		<u>3.0</u>
	*0.72	0	<u>3.0</u>				
<b>INTRODUCTION</b>				46932*	Cryosurgery of condylomata, anal; simple	BR	
*46500					extensive	BR	
46510*	*0.4	0	<u>3.0</u>	46933	Cryosurgery of hemorrhoids; internal	BR	
46530	BR		<u>3.0</u>	46934	external	BR	
				46935	internal and external	BR	
	BR		<u>3.0</u>	46936	Cryosurgery of rectal tumor; benign	BR	
				46937	malignant	BR	<u>3.0</u>
				46938	Curettage or cauterization of anal fissure, including dilation of anal sphincter (separate procedure); initial	BR	<u>3.0</u>
				46940	subsequent	BR	<u>3.0</u>
<b>ENDOSCOPY</b>				46942			
*46600				<b>SUTURE</b>			
46602	*0.32	0	<u>3.0</u>	46945	Ligation of internal hemorrhoids; single procedure	BR	<u>3.0</u>
46604				46946	multiple procedures	BR	<u>3.0</u>
46606	0.5	0	<u>3.0</u>	<b>OTHER PROCEDURES</b>			
46608	0.7	0	<u>3.0</u>	46999	Unlisted procedure, anus	BR	<u>3.0</u>
46610	1.0	0	<u>3.0</u>	<b>AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)</b>			
46612				✓ WAC 296-22-220 LIVER.			
46614	1.5	0	<u>3.0</u>	<b>INCISION</b>			
	1.5	0	<u>3.0</u>	*47000	Biopsy of liver, percutaneous needle	*1.4	0
	BR		<u>3.0</u>		(For CT guidance, see 76360, 76361; for ultrasonic guidance, see 76942, 76943)		<u>3.0</u>
	BR		<u>3.0</u>	47010	Hepatotomy for drainage of abscess or cyst, one or two stages	BR	<u>3.0</u>
<b>REPAIR</b>				<b>EXCISION</b>			
46700	9.0	90	<u>3.0</u>	47100	Biopsy of liver, wedge (separate procedure)	10.0	45
46705	10.0	30	<u>4.0</u>	47120	Hepatectomy, resection of liver; partial lobectomy	19.0	45
				47125	total left lobectomy		
							<u>13.0</u>
				47130	total right lobectomy		<u>13.0</u>
				47135	total, with transplant		<u>15.0</u>
				<b>REPAIR</b>			
				47300	Marsupialization of cyst or abscess of liver	14.5	60
				<b>SUTURE</b>			
				47350	Hepatorrhaphy, suture of liver wound or injury; simple	14.0	45
				47355	with common duct or gallbladder drainage	18.0	45
							<u>7.0</u>
<b>DESTRUCTION</b>							
*46900							
	*0.48	0	<u>3.0</u>				



	Unit Value	Follow-up Days=	Basic Anes@
47360 complex .....((BR+))	BR		9.0
47399 Unlisted procedure, liver .....	BR		3.0

	Unit Value	Follow-up Days=	Basic Anes@
47630 or without cholangiography ...	20.0	45	6.0
47630 Biliary duct stone extraction, percutaneous via t-tube tract (e.g., Burhenne technique) .....	BR		5.0
(For fluoroscopic procedure, see 74327)			

**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

✓WAC 296-22-225 BILIARY TRACT.

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
47400 Hepaticotomy or hepaticostomy with exploration, drainage, or removal of calculus .....	20.0	45	6.0
47420 Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; .....	17.0	45	5.0
47425 with transduodenal sphincterotomy .....	19.0	45	6.0
47440 Duodenocholedochotomy, transduodenal choledocholithotomy ..	19.0	45	6.0
47460 Transduodenal sphincterotomy or ((sphinteroplasty)) sphincteroplasty (separate procedure) .....	19.0	45	6.0
47480 Cholecystotomy or cholecystostomy with exploration, drainage or removal of calculus (separate procedure) .....	12.0	45	5.0

**INTRODUCTION**

47500 Injection procedure for percutaneous transhepatic cholangiography .....	1.6	0	
47510 Introduction of percutaneous transhepatic catheter or stent for biliary drainage .....	BR		

**ENDOSCOPY**

47550 Biliary endoscopy, intraoperative (choledochoscopy) .....	BR		5.0
(Use 47550 with either 47420 or 47610)			
47552 Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic .....	BR		5.0
47553 for biopsy and/or collection of specimen by brushing or washing .....	BR		5.0
47554 for removal of stone(s) .....	BR		5.0
47555 for dilation of biliary duct stricture .....	BR		5.0
(For peroral biliary endoscopic procedure see 43260-43272)			

**EXCISION**

47600 Cholecystectomy; .....	14.5	45	5.0
47605 with cholangiography .....	15.0	45	5.0
47610 Cholecystectomy with exploration of common duct .....	17.0	45	6.0
((47611 with biliary endoscopy .....	BR		
(47611 has been deleted. To report, use 47610 with 47550)			
47620 with transduodenal sphincterotomy or sphinteropalsty, with			

47700 Exploration for congenital atresia of bile ducts, without repair, with or without liver biopsy, with or without cholangiography .....	14.5	45	6.0
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**REPAIR**

47720 ((Cholecystoenterostomy)) Cholecystoenterostomy; direct .....	14.5	60	5.0
47721 with gastroenterostomy .....	16.0	60	6.0
47740 Roux-en-y .....	16.0	60	6.0
47760 ((Anastomosis)) Anastomosis, direct, of extrahepatic biliary ducts and gastrointestinal tract ..	20.0	90	6.0
47765 Anastomosis, direct, of intrahepatic ducts and gastrointestinal tract .....			6.0
((BR+))			
47780 Anastomosis, Roux-en-y of extrahepatic biliary ducts and gastrointestinal tract .....	22.0	90	6.0
47800 Reconstruction, plastic, of extrahepatic biliary ducts with end-to-end anastomosis .....	20.0	90	6.0
47810 Implantation of biliary istulous tract into stomach or intestine ..	BR		5.0

**SUTURE**

47850 Choledochorrhaphy .....	BR		5.0
47855 Cholecystorrhaphy .....	BR		5.0
47999 Unlisted procedure, biliary tract.	BR		5.0

**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

✓WAC 296-22-230 PANCREAS.

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
48000 Drainage of abdomen for pancreatitis .....	13.0	60	5.0
48020 Removal of pancreatic calculus ..	20.0	60	6.0
<b>EXCISION</b>			
48100 Biopsy of pancreas (separate procedure) .....	14.0	60	5.0
48102 Biopsy of pancreas, needle, percutaneous .....	2.5	7	
(For CT guidance, see 76360, 76361; for ultrasonic guidance, see 76942, 76943)			
48120 Excision of lesion of pancreas (e.g., cyst, adenoma) .....	17.0	60	6.0
48140 Pancreatotomy, distal subtotal, with or without splenectomy; ...	20.0	60	6.0
48145 with pancreaticojejunostomy .....	22.0	60	6.0
48148 Excision of ampulla of Vater, simple .....	BR		6.0
48150 Pancreatotomy, proximal subtotal, with ((pancreaticojejunostomy))			

	Unit Value	Follow-up Days=	Basic Anes@
pancreaticojejunostomy or pancreaticoduodenostomy (Whipple type operation) . . . . .	34.0	60	6.0
48151 Pancreatectomy, near-total, with preservation of duodenum (Child type procedure) . . . . .	BR		
48155 Pancreatectomy, total; . . . . .	34.0	60	6.0
48160 with transplantation . . . . .	BR		
48180 Pancreaticojejunostomy side-to-side anastomosis, Puestow type operation, (separate procedure) . . . . .	24.0	60	6.0

**ENDOSCOPY**

(For peroral pancreatic endoscopic procedures see 43260-43272)

**REPAIR**

48500 Marsupialization of cyst of pancreas . . . . .	14.5	60	6.0
48520 Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct . . . . .	17.0	60	6.0
48540 Roux-en-y . . . . .	19.0	60	6.0
48999 Unlisted procedure, pancreas . . . . .	BR		6.0

**AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)**

**WAC 296-22-235 ABDOMEN, PERITONEUM AND OMENTUM.**

**INCISION**

	Unit Value	Follow-up Days=	Basic Anes@
49000 Exploratory laparotomy, exploratory celiotomy (separate procedure) (see WAC 296-22-010, item 7b) . . . . .	10.0	45	4.0
49002 Reopening of recent laparotomy incision for exploration; removal of hematoma, control of bleeding . . . . .	10.0	45	4.0
49010 Exploration, retroperitoneal area (separate procedure) . . . . .	10.0	45	5.0
49020 Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess, transabdominal . . . . .	11.0	45	4.0
(For appendiceal abscess, see 44900)			
49040 Drainage of subdiaphragmatic or subphrenic abscess . . . . .	12.0	45	5.0
49060 Drainage of retroperitoneal abscess . . . . .	11.0	45	5.0
*49080 Peritoneocentesis, abdominal paracentesis; initial . . . . .	*0.8	0	
*49081 subsequent . . . . .	*0.6	0	
49085 Removal of peritoneal foreign body . . . . .	BR		3.0
(For lysis of intestinal adhesions, see 44000)			

**EXCISION**

49180 Biopsy, abdominal or retroperitoneal mass, needle, percutaneous . . . . .	2.5	7	
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	Unit Value	Follow-up Days=	Basic Anes@
(For CT guidance, see 76360, 76361, 76365, 76366; for ultrasonic guidance, see 76942, 76943)			
49200 Excision of intra-abdominal or retroperitoneal tumors or cysts or endometriomas . . . . .	14.0	60	5.0
49201 extensive . . . . .	BR		5.0
49220 Staging celiotomy (laparotomy) for Hodgkin's disease or lymphoma (includes splenectomy, needle or open biopsies of both liver lobes, possibly also removal of abdominal nodes, abdominal node and/or bone marrow biopsies, ovarian repositioning) . . . . .	BR	45	5.0
((49201 extensive . . . . . BR))			
49250 Umbilectomy, omphalectomy, excision of umbilicus (separate procedure) . . . . .	BR		5.0
49255 Omentectomy, epiploectomy, resection of omentum (separate procedure) . . . . .	BR		5.0

**ENDOSCOPY**

49300 Peritoneoscopy; without biopsy . . . . .	4.0	15	3.0
49301 with biopsy . . . . .	6.0	10	5.0
49302 Peritoneoscopy with guided transhepatic cholangiography; without biopsy . . . . .	7.0	10	5.0
49303 with biopsy . . . . .	8.0	10	5.0
(For sterilization by laparoscopic technique, see 58982)			

**INTRODUCTION**

*49400 Pneumoperitoneum; initial . . . . .	*1.0	0	3.0
*49401 subsequent . . . . .	*0.6	0	3.0
*49420 Insertion of intraperitoneal cannula or catheter for drainage or dialysis; temporary . . . . .	*1.0	0	3.0
49421 permanent . . . . .	BR		3.0
49425 Peritoneal-venous shunt (e.g., LeVeen shunt) . . . . .	BR		3.0
(For shunt patency test, see 78291)			
49430 Injection procedure for retroperitoneal pneumography . . . . .	2.4	0	
49440 Injection procedure for pelvic pneumography . . . . .	0.8	0	

**REPAIR**

**HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOMY**

(For bilateral herniorrhaphy or with bowel resection, see WAC 296-22-010, item 7)			
(For reduction and repair of intra-abdominal hernia, see 44050)			
(For debridement of abdominal wall, see 11042, 11043)			
(All codes for bilateral procedures in hernia repair have been deleted. To report, add modifier -50)			
49500 Repair inguinal hernia, under age 5 years, with or without hydrocelectomy; unilateral . . . . .	7.0	45	3.0
((49501 bilateral . . . . . 9.5 45 3.0))			
49505 Repair inguinal hernia, age 5 or over; unilateral . . . . .	9.0	45	3.0

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

✓ WAC 296-22-245 KIDNEY.

	Unit Value	Follow-up Days=	Basic Anes@
<del>((49506 bilateral</del> . . . . .	<del>12.0</del>	<del>45</del>	<del>3.0)</del>
49510 Repair of inguinal hernia, age 5 or over; unilateral, with orchiectomy, with or without implantation of prosthesis . . . . .	9.5	45	3.0
49515 with excision of hydrocele or spermatocele . . . . .	9.5	45	3.0
49520 recurrent . . . . .	10.0	45	3.0
49525 sliding . . . . .	10.0	45	3.0
49530 incarcerated . . . . .	12.0	45	3.0
49535 strangulated . . . . .	12.0	45	3.0
49540 Repair lumbar hernia . . . . .	10.0	45	3.0
49550 Repair femoral hernia, groin incision; unilateral . . . . .	9.0	45	3.0
<del>((49551 bilateral</del> . . . . .	<del>14.0</del>	<del>45</del>	<del>3.0)</del>
49552 Repair femoral hernia, Henry approach; unilateral . . . . .	10.0	45	3.0
<del>((49553 bilateral</del> . . . . .	<del>15.0</del>	<del>45</del>	<del>3.0)</del>
49555 Repair femoral hernia, recurrent, any approach . . . . .	10.0	45	3.0
49560 Repair ventral hernia (separate procedure); . . . . .	11.0	45	3.0
49565 recurrent . . . . .	12.0	45	3.0
49570 Repair epigastric hernia, peritoneal fat (separate procedure); simple . . . . .	3.0	45	3.0
49575 complex . . . . .	7.0	45	3.0
49580 Repair umbilical hernia; under age 5 years . . . . .	7.0	45	3.0
49581 age 5 or over . . . . .	8.5	45	3.0
49590 Repair spigelian hernia . . . . .	9.0	45	3.0
49600 Repair of omphalocele; small, with primary closure . . . . .	9.5	45	6.0
49605 large or gastroschisis, with or without prosthesis . . . . .	14.5	60	9.0
49606 with staged closure of prosthesis, reduction in operating room, under anesthesia . . . . .	BR		9.0
49610 Repair of omphalocele (Gross type operation); first stage . . . . .	12.0	60	8.0
49611 second stage . . . . .	12.0	60	7.0
(For diaphragmatic or hiatal hernia repair, see 39500-39531)			
49630 Reduction of torsion, omentum . . . . .	BR		5.0
49635 Omentopexy for establishing collateral circulation in portal obstruction . . . . .	BR		5.0
49640 Omentoplasty (omental flap reconstruction for transfer of omentum with intact blood supply to thorax, neck or axilla) . . . . .	BR		5.0

SUTURE

49900 Suture, secondary, of abdominal wall for evisceration or dehiscence . . . . .	6.0	30	5.0
(For suture of ruptured diaphragm, see 39540-39541)			
(For debridement of abdominal wall, see 11042, 11043)			
49910 Suture of omentum, omentorrhaphy for wound or injury . . . . .	BR		5.0
49999 Unlisted procedure, abdomen, peritoneum and omentum . . . . .	BR		5.0

Unit Value	Follow-up Days=	Basic Anes@
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INCISION

(For retroperitoneal exploration, abscess, tumor, or cyst, see 49010, 49060, 49200, 49201)			
50010 Renal exploration, not necessitating other specific procedures . . . . .	17.0	90	6.0
50020 Drainage of perirenal or renal abscess (separate procedure) . . . . .	14.0	90	5.0
50040 Nephrostomy, nephrotomy with drainage . . . . .	20.0	90	5.0
50045 Nephrotomy, with exploration . . . . .	20.0	90	5.0
(For renal endoscopy performed in conjunction with this procedure, see 50570-50580)			
50060 Nephrolithotomy; removal of calculus . . . . .	20.0	90	5.0
50065 secondary surgical operation for calculus . . . . .	24.0	90	5.0
50070 complicated by congenital kidney abnormality . . . . .	24.0	90	5.0
50075 removal of large (staghorn(†)) calculus filling renal pelvis and calyces including <u>anatomic pyelolithotomy</u> . . . . .	26.0	90	5.0
50080 <u>Percutaneous nephrostolithotomy or pyelostolithotomy, with or without endoscopy, lithotripsy, stenting or basket extraction; up to 2 cm . . . . .</u>	<u>BR</u>		<u>5.0</u>
50081 <u>over 2 cm . . . . .</u>	<u>BR</u>		<u>5.0</u>
(For establishment of nephrostomy without nephrostolithotomy, see 50040, 50395 or 52334)			
50100 Transection or repositioning of aberrant renal vessels (separate procedure) . . . . .	17.0	90	5.0
50120 Pyelotomy; with exploration . . . . .	20.0	90	5.0
(For renal endoscopy performed in conjunction with this procedure, see 50570-50580)			
50125 with drainage, pyelostomy . . . . .	20.0	90	5.0
50130 with removal of calculus (pyelolithotomy, pyelolithotomy including <u>coagulum pyelolithotomy</u> ) . . . . .	20.0	90	5.0
50135 complicated (e.g., secondary operation, congenital kidney abnormality) . . . . .	24.0	90	5.0

EXCISION

(For excision of retroperitoneal tumor or cyst, see 49200, 49201)			
*50200 Renal biopsy, percutaneous; by trocar or needle . . . . .	2.4	7	
(For CT guidance, see 76360, 76361)			
(For fluoroscopic guidance, see 76000; for ultrasonic guidance, see 76942, 76943)			

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
<u>(For fine needle aspiration, preparation, and interpretation of smears, see 88170-88173)</u>				<u>(For fluoroscopic guidance see 76000; for ultrasonic guidance see 76938)</u>			
50205	8.0	30	5.0				
50220				<u>(For radiographic procedure, see 74475, 74476)</u>			
50225	20.0	90	5.0	50393			
50230	24.0	90	5.0		2.5	7	3.0
50234	26.0	90	5.0	<u>(For fluoroscopic guidance, see 76000; for ultrasonic guidance, see 76938)</u>			
50236	24.0	90	5.0	<u>(For radiographic procedure, see 74480, 74481)</u>			
50240	24.0	90	5.0				
50280	18.0	90	5.0	50394			
50290	18.0	90	5.0	Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter (separate procedure) . . . . .			
<b>RENAL TRANSPLANTATION</b>				<b>50395</b>			
<u>(For dialysis, see 90941-90999)</u>				<u>Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous . . . . .</u>			
50300					.3		0
50320	BR+	90	5.0	<u>(For nephrostolithotomy, see 50080, 50081)</u>			
50340	24.0	90	5.0	<u>(For retrograde percutaneous nephrostomy, use 52334)</u>			
50341	20.0	90	5.0	<u>(For endoscopic surgery, see 50551-51561)</u>			
50360	30.0	90	5.0				
50365	30.0	180	6.0	50396			
50366	50.0	180	6.0	Manometric studies through nephrostomy or pyelostomy tube, or indwelling ureteral catheter . . . . .			
50370	50.0	180	6.0		.4		0
50380	13.0	60	6.0	50398*			
	30.0	120	6.0	Change of nephrostomy or pyelostomy tube . . . . .			
<u>(For extra-corporeal "bench" surgery, use autotransplantation as the primary procedure and add the secondary procedure e.g., partial nephrectomy, ((nephrolithotomy, etc.)) nephrolithotomy, and use the modifier -51)</u>				<b>REPAIR</b>			
<b>INTRODUCTION</b>				50400			
<u>(For injection procedure for retroperitoneal pneumography, see 49430)</u>				Pyeloplasty; (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter or nephropexy, nephrostomy, pyelostomy, or ureteral splinting . . . . .			
*50390	2.5	7			22.0	90	5.0
<u>(For CT guidance, see 76365, 76366)</u>				50405			
<u>(For fluoroscopic guidance, see 76000; for ultrasonic guidance, see 76938, 76939)</u>				complicated (congenital kidney abnormality, secondary pyeloplasty, solitary kidney calycolasty) . . . . .			
<u>(For fine needle aspiration, preparation, and interpretation of smears, see 88170-88173)</u>				<del>((50420 Nephropexy, fixation or suspension of kidney (separate procedure) . . . . . 16.0 90 5.0))</del>			
50392	2.5	7		<u>(50420 Nephropexy has been deleted)</u>			
<u>(For supplemental skills of two surgeons, see WAC 296-22-010, item 5b, and modifier -62)</u>				<b>SUTURE</b>			
				50500	20.0	90	8.0
				50520	20.0	90	5.0
				50525	24.0	90	5.0
				50526	24.0	90	11.0

	Unit Value	Follow-up Days=	Basic Anes@
50540 Symphysiotomy for horseshoe kidney with or without pyeloplasty and/or other plastic procedure, unilateral or bilateral (one operation) .....	28.0	90	5.0
<b>ENDOSCOPY</b>			
<u>(For supplies and materials, use 99070)</u>			
<u>(References to office and hospital have been deleted)</u>			
<del>((50550 Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service, hospital .....</del>	<del>3.0</del>	<del>3</del>	<del>3.0</del>
<u>(50550 has been deleted. To report use 50551)</u>			
50551 <u>((office)) Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service .....</u>	<u>2.0</u>	<u>3</u>	<u>3.0</u>
<del>((50552 with ureteral catheterization, hospital .....</del>	<del>3.0</del>	<del>3</del>	<del>3.0</del>
<u>(50552 has been deleted. To report use 50553)</u>			
50553 with ureteral catheterization( <u>office</u> ) .....	<u>2.0</u>	<u>3</u>	<u>3.0</u>
<del>((50554 with biopsy, hospital .....</del>	<del>3.0</del>	<del>3</del>	<del>3.0</del>
<u>(50554 has been deleted. To report use 50555)</u>			
50555 with biopsy( <u>office</u> ) .....	<u>2.0</u>	<u>3</u>	<u>3.0</u>
<del>((50556 with fulguration, with or without biopsy, hospital .....</del>	<del>3.0</del>	<del>3</del>	<del>3.0</del>
<u>(50556 has been deleted. To report use 50557)</u>			
50557 with fulguration, with or without biopsy( <u>office</u> ) .....	<u>2.0</u>	<u>3</u>	<u>3.0</u>
<del>((50558 with insertion of radioactive substance with or without biopsy and/or fulguration, hospital .....</del>	<del>3.2</del>	<del>3</del>	<del>3.0</del>
<u>(50558 has been deleted. To report use 50559)</u>			
50559 with insertion of radioactive substance with or without biopsy and/or fulguration( <u>office</u> ) .....	<u>3.0</u>	<u>3</u>	<u>3.0</u>
<del>((50560 with removal of foreign body or calculus, hospital .....</del>	<del>3.0</del>	<del>3</del>	<del>3.0</del>
<u>(50560 has been deleted. To report use 50561)</u>			
50561 with removal of foreign body or calculus( <u>office</u> ) .....	<u>2.0</u>	<u>3</u>	<u>3.0</u>

When procedures 50570-50580 provide a significant identifiable service, they may be added to 50045 and 50120

	Unit Value	Follow-up Days=	Basic Anes@
50570 Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; .....	1.4	3	
<u>(For nephrotomy, see 50045)</u>			
<u>(For pyelotomy, see 50120)</u>			
50572 with ureteral catheterization ..	1.8	3	
50574 with biopsy .....	1.8	3	
50576 with fulguration, with or without biopsy .....	2.0	3	
50578 with insertion of radioactive substance, with or without biopsy and/or fulguration .....	2.4	3	
50580 with removal of foreign body or calculus .....	2.0	3	

**AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)**

**WAC 296-22-250 URETER.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
50600 Ureterotomy with exploration or drainage (separate procedure) ..	18.0	90	5.0
<u>(For ureteral endoscopy performed in conjunction with this procedure, see 50970-50980)</u>			
50605 <u>Ureterotomy for insertion of indwelling stent, all types .....</u>	<u>BR</u>		<u>5.0</u>
50610 Ureterolithotomy; upper one-third or ureter .....	20.0	90	5.0
50620 middle one-third of ureter ...	18.0	90	5.0
50630 lower one-third .....	20.0	90	5.0
<u>(For transvesical ureterolithotomy, see 51060)</u>			
<u>(For cystotomy with stone basket extraction of ureteral calculus, see 51065)</u>			
<u>(For endoscopic extraction or manipulation of ureteral calculus, see 50080, 50081, 50561, 52320-52330)</u>			
<b>EXCISION</b>			
<u>(For ureterocele, see 51535, 51536, 52300)</u>			
50650 Ureterectomy, with bladder cuff (separate procedure) .....	20.0	90	5.0
50660 Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach ..	22.0	90	7.0
<b>INTRODUCTION</b>			
50684 Injection procedure for ureterography or ureteropyelography through ureterostomy or indwelling ureteral catheter (separate procedure) .....	0.3	0	
50686 Manometric studies through ureterostomy or indwelling ureteral catheter .....	0.4	0	
50688* Change of ureterostomy tube ...	0.3	0	

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
50690				Injection procedure for visualization of ilial conduit and/or ureteropyelography, exclusive of radiologic service (separate procedure) . . . . .	0.4	0	
<b>REPAIR</b>							
<u>(When substantial ureteral tapering is required for the following procedures, use modifier -22)</u>							
50700	20.0	90	5.0	Ureteroplasty: Plastic operation on ureter (e.g., stricture) . . . . .			
50715				Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis; unilateral . . . . .	16.0	90	5.0
50716	24.0	90	5.0	bilateral . . . . .			
50722	16.0	90	5.0	Ureterolysis for ovarian vein syndrome . . . . .			
50725	26.0	90	5.0	Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava . . . . .			
50740	22.0	90	5.0	Ureteropyelostomy anastomosis of ureter and renal pelvis . . . . .			
50750	24.0	90	5.0	Ureterocalycostomy, anastomosis of ureter to renal calyx . . . . .			
50760	22.0	90	5.0	Ureteroureterostomy . . . . .			
50770	24.0	90	5.0	Transureteroureterostomy anastomosis of ureter to contralateral ureter . . . . .			
50780	22.0	90	5.0	Ureteroneocystostomy anastomosis of ureter to bladder, or other operations for correction of vesicoureteral reflux; unilateral . . . . .			
50781	26.0	90	5.0	bilateral . . . . .			
				(When combined with cystourethroplasty or vesical neck revision, see 51820)			
50785	24.0	90	5.0	Ureteroneocystostomy, with bladder flap; unilateral . . . . .			
50786	28.0	90	5.0	bilateral . . . . .			
50800	22.0	90	5.0	Ureteroenterostomy, direct anastomosis of ureter to intestine; unilateral . . . . .			
50801	26.0	90	5.0	bilateral . . . . .			
50810	30.0	120	6.0	Ureterosigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including bowel anastomosis . . . . .			
				(For supplemental skills of two surgeons, see WAC 296-22-010, item 5b, and modifier -62)			
50820	30.0	120	6.0	Ureteroileal conduit (ileal bladder), including bowel anastomosis (Bricker operation); unilateral . . . . .			
				(For supplemental skills of two surgeons, see WAC 296-22-010, item 5b, and modifier -62)			
50821	34.0	120	6.0	bilateral . . . . .			
				(For combination of 50800-50821 with cystectomy, see 51580-51595)			
50830				Urinary undiversion (e.g., taking down of ureteroileal conduit, ureterosigmoidostomy or ureterentrostomy with ureteroureterostomy			
				or ureteroneocystostomy) . . . . .	BR		6.0
				50840 Replacement of all or part of ureter by bowel segment, including bowel anastomosis; unilateral . . . . .	30.0	120	6.0
				(For supplemental skills of two surgeons, see WAC 296-22-010, item 5b, and modifier -62)			
				50841 bilateral . . . . .	40.0	120	6.0
				50860 Ureterostomy, transplantation of ureter to skin; unilateral . . . . .	18.0	90	5.0
				50861 bilateral . . . . .	22.0	90	5.0
<b>SUTURE</b>							
				50900 Ureterorrhaphy, suture of ureter (separate procedure) . . . . .	20.0	90	5.0
				50920 Closure of ureterocutaneous fistula . . . . .	20.0	90	5.0
				50930 Closure of ureterovisceral fistula (including visceral repair) . . . . .			
				((BR+))			
				BR			5.0
				50940 Deligation of ureter . . . . .			
				((BR+))			
				BR			5.0
				(For ureteroplasty, ureterolysis, etc., see 50700-50861)			
<b>ENDOSCOPY</b>							
				<del>((50950 Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service, hospital . . . . . 3.0 3))</del>			
				<u>(50950 has been deleted. To report use 50951)</u>			
				50951 <del>((office . . . . . 1.3))</del>			
				2.5			3
				<del>((50952 with ureteral catheterization, hospital . . . . . 3.0 3))</del>			
				<u>(50952 has been deleted. To report use 50953)</u>			
				50953 with ureteral catheterization((; office . . . . . 1.8))			
				2.5			3
				<del>((50954 with biopsy, hospital . . . . . 3.0 3))</del>			
				<u>(50954 has been deleted. To report use 50955)</u>			
				50955 with biopsy((; office . . . . . 1.8))			
				2.5			3
				<del>((50956 with fulguration, with or without biopsy, hospital . . . . . 3.2 3))</del>			
				<u>(50956 has been deleted. To report use 50957)</u>			
				50957 with fulguration, with or without biopsy((; office)) . . . . .			
				((2.0))			3
				<del>((50958 with insertion of radioactive substance with or without biopsy and/or fulguration; hospital . . . . . 3.6 3))</del>			
				<u>(50958 has been deleted. To report use 50959)</u>			
				50959 with insertion of radioactive substance with or without biopsy and/or fulguration((; office)) (not including provision			

	Unit Value	Follow-up Days=	Basic Anes@
of material) . . . . .	<del>((2.4))</del>		
	2.5	3	
((50960 with removal of foreign body or calculus, hospital . . . . .	<del>3.2</del>	<del>3))</del>	
<u>(50960 has been deleted. To report use 50961)</u>			
50961 with removal of foreign body or calculus((, office)) . . . . .	<del>((2.0))</del>		
	2.5	3	
When procedures 50970-50980 provide a significant identifiable service, they may be added to 50600			
50970 Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; . . . . .	1.3	3	
(For ureterotomy, see 50600)			
50972 with ureteral catheterization . .	1.8	3	
50974 with biopsy . . . . .	1.8	3	
50976 with fulguration, with or without biopsy . . . . .	2.0	3	
50978 with insertion of radioactive substance, with or without biopsy and/or fulguration ( <u>not including provision of material</u> ) . . . . .	2.4	3	
50980 with removal of foreign body or calculus . . . . .	2.0	3	

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

✓ WAC 296-22-255 BLADDER.

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
51000 Aspiration of bladder by needle .	0.4	0	
*51005 Aspiration of bladder; by trocar or intracatheter . . . . .	*1.0	0	
51010 with insertion of suprapubic catheter . . . . .	2.0	30	5.0
51020 Cystotomy or cystostomy; with fulguration and/or insertion of radioactive material . . . . .	14.5	90	5.0
51030 with cryosurgical destruction of intravesical lesion . .	14.5	90	5.0
51040 Cystostomy, cystotomy with drainage . . . . .	12.0	90	5.0
51045 Cystotomy, with insertion of ureteral catheter or stent (separate procedure) . . . . .	14.5	90	5.0
51050 Cystolithotomy, cystotomy with removal of calculus, without vesical neck resection . . . . .	14.5	90	5.0
51060 Transvesical ureterolithotomy . .	19.0	90	5.0
51065 Cystotomy, with stone basket extraction <u>and/or ultrasonic or electro-hydraulic fragmentation of ureteral calculus</u> . . . . .	12.0	30	5.0
51080 Drainage of perivesical or prevesical space abscess . . . . .	8.0	90	5.0
<b>EXCISION</b>			

	Unit Value	Follow-up Days=	Basic Anes@
51500 Excision of urachal cyst or sinus, with or without umbilical hernia repair . . . . .	14.0	90	5.0
51520 Cystotomy; for simple excision of vesical neck (separate procedure) . . . . .	16.0	90	5.0
51525 for excision of bladder diverticulum, single or multiple (separate procedure) . . . . .	20.0	90	5.0
51530 for excision of bladder tumor .	16.0	90	5.0
(For transurethral excision, see 52200-52240)			
51535 Cystotomy for excision, incision or repair of ureterocele; unilateral . . . . .	16.0	90	5.0
51536 bilateral . . . . .	18.0	90	5.0
(For transurethral excision, see 52300)			
51550 Cystectomy, partial; simple . . . .	18.0	90	6.0
51555 complicated (e.g., postradiation, previous surgery, difficult location) . . . . .	20.0	90	6.0
51565 Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureter- <u>oneocystostomy</u> ) . . . . .	24.0	90	6.0
51570 Cystectomy, complete; (separate procedure) . . . . .	26.0	90	6.0
51575 with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes . . . . .	34.0	90	6.0
51580 Cystectomy, complete with ureterosigmotomy or ureterocutaneous transplantations; . . . . .	34.0	120	7.0
51585 with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes . . . . .	40.0	120	7.0
51590 Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including bowel anastomosis; . . . . .	44.0	120	7.0
51595 with bilateral lymphadenectomy, including external iliac, hypogastric and obturator nodes . . . . .	50.0	120	7.0
51597 Pelvic exenteration, complete, for <del>((vesical, prostatic, or urethral))</del> malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof . . . . .	BR		<u>7.0</u>
(For supplemental skills of two surgeons, see WAC 296-22-010, item 5b, and modifier -62)			
<b>INTRODUCTION</b>			
(For bladder catheterization, see 53670-53675)			
51600 Injection procedure for cystography or voiding urethracystography . . . . .	0.2	0	
51605 Injection procedure and placement of chain for contrast and/or chain urethrocystography . . . . .	0.4	0	

	Unit Value	Follow-up Days=	Basic Anes@
51610 Injection procedure for retrograde urethrocytography . . . . .	0.3	0	
(For injection procedure for retroperitoneal pneumography, see 49430)			
*51700 Bladder irrigation, simple, lavage and/or instillation . . . . .	*0.2	0	
51705* Change of cystostomy tube; simple . . . . .	0.3	0	
51710* complicated . . . . .	BR		
51720 Bladder instillation of anticarcinogenic agent (including detention time) . . . . .	0.8	0	

**URODYNAMICS**

The following section (51725-51796) lists procedures that may be used separately or in many and varied combinations. All of the presently known urodynamic procedures are listed as are some of their most frequently used combinations. When multiple procedures are performed in the same investigative session, modifier '-51' should be employed.

All procedures in this section imply that these services are performed by, or are under the direct supervision of, a physician and that all instruments, equipment, fluids, gases, probes, catheters, technician's fees, medications, gloves, trays, tubing and other sterile supplies be provided by the physician. When the physician only interprets the results and/or operates the equipment, a p.c. (professional component modifier '-26') should be used to identify physicians' services.

Only the urodynamic testing is included in this section. The nerve blocks that are listed may be pudendal, unilateral or bilateral; sacral, unilateral or bilateral, single or multiple; or subarachnoid and epidural of the sacral segments. They are listed in the neurosurgical section 62274-62279 and 64430-64441.

**CYSTOMETROGRAM STUDIES (CMG)**

As a single procedure (separate procedure) performed in any body position, including residual urine volume, volume at first urge to void, bladder capacity, tracing (if available), interpretation and report. (For simultaneous electromyogram see 51786 and 51788)

51725 Simple cystometrogram (CMG) (e.g., spinal manometer) . . . . .	BR
51726 Complex cystometrogram (e.g., calibrated electronic equipment)((-with gas	
<del>51727 with liquid . . . . .</del>	<del>BR</del>
<del>51728 with simultaneous (rectal, gastric or intraperitoneal) "intra-abdominal" pressure . . . . .</del>	<del>BR</del>
<del>51729 with voiding pressure . . . . .</del>	<del>BR</del>
<del>51730 with simultaneous "intra-abdominal" and voiding pressure . . . . .</del>	<del>BR</del>
<del>51731 before and after pharmacological testing, with gas . . . . .</del>	<del>BR</del>
<del>51732 before and after pharmacological testing, with liquid . . . . .</del>	<del>BR</del>
<del>51733 before and after nerve block; gas or liquid . . . . .</del>	<del>BR))</del>

(51727-51733 have been deleted. To report, use 51726)

**UROFLOWMETRIC STUDIES (UFR)**

As a single procedure (separate procedure) performed in any body position, including volume, flow rate, and tracing (if available), interpretation and report. (For simultaneous electromyogram see 51787, 51788.) (For simultaneous voiding pressure see 51795-51796)

**EXTERNAL MEASUREMENTS**

51736 Simple uroflowmetry (UFR) (e.g., stop-watch flow rate, mechanical uroflowmeter); . . . . .	BR
<del>((51737 before and after pharmacological testing . . . . .</del>	<del>BR</del>

	Unit Value	Follow-up Days=	Basic Anes@
<del>51738 before and after nerve block . . . . .</del>	<del>BR))</del>		
<u>(51737-51738 have been deleted. To report, use 51736)</u>			
51739 Sound recording of external stream (e.g., Lyons type, Keitzer type) . . . . .			BR
51741 ((Electronic)) Complex uroflowmetry (e.g., calibrated electronic equipment)((-initial recording)) . . . . .			.8
<del>((51742 additional recordings . . . . .</del>	<del>BR</del>		
<del>51743 before and after pharmacological testing . . . . .</del>	<del>BR</del>		
<del>51744 before and after nerve block . . . . .</del>	<del>BR</del>		
<del>51746 Complex uroflowmetry (e.g., urodropspectrometry, urodynamicometry, stream anemometry); initial recording . . . . .</del>	<del>1.4</del>		
<del>51747 additional recordings . . . . .</del>	<del>BR</del>		
<del>51748 before and after pharmacological testing . . . . .</del>	<del>BR</del>		
<del>51749 before and after nerve block . . . . .</del>	<del>BR))</del>		
<u>(51742-51749 have been deleted. To report, use 51741)</u>			

**INTERNAL STREAM MEASUREMENTS**

<del>((51751 Continuous wave or pulsed Doppler of urethra during urination to determine local stream velocity, flow rate and urethral diameter; one voiding; one transducer . . . . .</del>	<del>BR</del>
<del>51752 additional voidings, one transducer . . . . .</del>	<del>BR</del>
<del>51753 additional transducers, one voiding . . . . .</del>	<del>BR</del>
<del>51754 additional transducers, additional voidings . . . . .</del>	<del>BR</del>
<del>51755 before and after pharmacological testing, one transducer . . . . .</del>	<del>BR</del>
<u>(For additional transducers, see 51753, 51754)</u>	
<del>51756 before and after nerve block; one transducer . . . . .</del>	<del>BR</del>
<u>(For additional transducers, see 51753, 51754)</u>	
<del>51758 Rotating scan Doppler during urination to provide videotape or computer printout of dynamic urethral cross section; one voiding . . . . .</del>	<del>BR</del>
<del>51759 additional voidings . . . . .</del>	<del>BR</del>
<del>51761 Acoustical measurements of urethra during urination to determine local velocity, flow rate; urethral diameter; one voiding; one transducer . . . . .</del>	<del>BR</del>
<del>51762 additional voidings, one transducer . . . . .</del>	<del>BR</del>
<del>51763 additional transducers, one voiding . . . . .</del>	<del>BR</del>
<del>51764 additional transducers, additional voidings . . . . .</del>	<del>BR</del>
<del>51765 before and after pharmacological testing, one transducer . . . . .</del>	<del>BR</del>
<u>(For additional transducers, see 51763, 51764)</u>	
<del>51766 before and after nerve block;</del>	



Unit Follow-up Basic  
Value Days= Anes@

Unit Follow-up Basic  
Value Days= Anes@

~~one transducer . . . . . BR  
(For additional transducers, see  
51763, 51764)~~

~~51768 Urethral fluid conductance meas-  
urement during urination (e.g., to  
determine local urethral volume  
for presence of stricture or dy-  
namic testing of sphincter ac-  
tion); one location, one voiding . . . . . BR  
51769 additional locations . . . . . BR))~~

~~(51751-51769 have been deleted.  
To report, use 53899)~~

**URETHRAL PRESSURE PROFILE STUDIES - URETHRAL CLOSURE PRESSURE PROFILE (UPP)**

As a single procedure (separate procedure) performed in any body position, including up to three recordings of urethral length and pressure, tracing (if available), interpretation and report. Any initial volume.

~~51772 Urethral pressure profile, studies  
(UPP) (urethral closure pressure  
profile), any technique gas or liq-  
uid; initial recording . . . . . BR  
(51773 additional recordings . . . . . BR)~~

~~51774 Urethral pressure profile, gas or  
liquid, with simultaneous bladder  
pressure; initial recording . . . . . BR  
51775 additional recordings . . . . . BR~~

~~51776 Urethral pressure profile, gas or  
liquid, with simultaneous (rectal;  
gastric, or intraperitoneal) "in-  
tra-abdominal" pressure; initial  
recording . . . . . BR  
51777 additional recordings . . . . . BR~~

~~51778 Urethral pressure profile, gas or  
liquid, with simultaneous bladder  
and "intra-abdominal" pressure;  
initial recording . . . . . BR  
51779 additional recordings . . . . . BR~~

~~51780 Urethral pressure profile, gas or  
liquid, before and after pharma-  
cological testing, up to 6 record-  
ings . . . . . BR  
51781 additional recordings . . . . . BR~~

~~51782 Urethral pressure profile, gas or  
liquid, before and after nerve  
block, up to 6 recordings . . . . . BR  
51783 additional recordings . . . . . BR))~~

~~(51773-51783 have been deleted.  
To report, use 51772)~~

**ELECTROMYOGRAPHIC STUDIES (EMG)**

Anal or urethral sphincter, detrusor, urethra, perineum or abdominal musculature. (Usually not a separate procedure.)

~~51785 ((Electromyography, one lead  
using needle, wire, anal plug or  
catheter)) Electromyographic  
studies (EMG) of anal or  
urethral sphincter, any tech-  
nique . . . . . BR~~

~~((51786 during cystometrogram . . . . . BR  
51787 during uroflowmetry . . . . . BR  
51788 during cystometrogram and  
uroflowmetry . . . . . BR~~

~~51789 additional leads . . . . . BR  
51790 before and after pharmacolog-  
ical testing . . . . . BR  
51791 before and after nerve block . . . . . BR))~~

~~(51786-51791 have been deleted.  
To report, use 51785)~~

~~51792 Stimulus evoked response (e.g.,  
measurement of bulbocavernosus  
reflex latency time) . . . . . BR~~

**VOIDING PRESSURE STUDIES - BLADDER VOIDING PRES- SURE (VP)**

As a single procedure (separate procedure) performed in any body position, including residual fluid volume, bladder volume at time of voiding, tracing (if available), interpretation and report.

~~51795 Voiding pressure ((study with  
liquid or gas, with pressure probe  
inserted per urethra)) studies  
(VP); bladder voiding pressure,  
any technique . . . . . BR~~

~~((51796 with pressure probe inserted  
per suprapubic puncture . . . . . BR~~

~~(For insertion of pressure probe  
by suprapubic puncture, see  
51005)~~

~~(For simultaneous CMG, see  
51729, 51730)~~

~~(For simultaneous UPP, see  
51774, 51775, 51778, 51779))~~

~~(51796 has been deleted. To re-  
port, use 51795)~~

~~51797 intra-abdominal voiding pres-  
sure (AP) (rectal, gastric,  
intraperitoneal)~~

**REPAIR**

~~51800 Cystoplasty or cystourethroplas-  
ty, plastic operation on bladder  
and/or vesical neck (anterior  
Y-plasty, vesical fundus resec-  
tion), any procedure, with or  
without wedge resection of pos-  
terior vesical neck . . . . . 20.0 90 5.0~~

~~51820 Cystourethroplasty with unilater-  
al or bilateral ureteroneocystos-  
tomy . . . . . 30.0 90 5.0~~

~~51840 Anterior vesicourethropexy, or  
urethropexy (Marshall-Mar-  
chetti-Krantz type); simple . . . . 14.5 90 4.0~~

~~51841 complicated (e.g., secondary  
repair) . . . . . 21.0 90 4.0~~

~~(For urethropexy (Peyreya type),  
see 57289)~~

~~51845 Abdomino-vaginal vesical neck  
suspension, with or without endo-  
scopic control (e.g., Stamey, Raz,  
modified Pereyra) . . . . . BR 4.0~~

~~51860 Cystorrhaphy, suture of bladder  
wound, injury or rupture; simple 14.5 90 4.0~~

~~51865 complicated . . . . . BR+ 6.0~~

~~51880 Closure of cystostomy (separate  
procedure) . . . . . 8.0 90 3.0~~

~~51900 Closure of vesicovaginal fistula,  
abdominal approach . . . . . 22.0 90 5.0~~

~~(For vaginal approach, see  
57320-57330)~~

~~51920 Closure of vesicouterine fistula; . 20.0 90 5.0  
51925 with hysterectomy . . . . . 20.0 90 5.0~~

	Unit Value	Follow-up Days=	Basic Anes@
(For closure of vesicoenteric fistula, see 44660, 44661)			
(For closure of rectovesical fistula, see 45800-45805)			
51940 Closure of exstrophy (see also 54390) . . . . .			
			5.0
51960 Enterocystoplasty, including bowel anastomosis . . . . .	30.0	90	5.0
(For supplemental skills of two surgeons, see WAC 296-22-010, item 5b, and modifier -62)			
51980 Cutaneous vesicostomy . . . . .	18.0	90	5.0

**ENDOSCOPY - CYSTOSCOPY, ((~~URETHROSCOPY~~)) URETHROSCOPY, CYSTOURETHROSCOPY**

**NOTES**

Endoscopic descriptions are listed so that the main procedure can be identified without having to list all the minor related functions performed at the same time. For example: Meatotomy, urethral calibration and/or dilation, urethroscopy, and cystoscopy prior to a transurethral resection of prostate; ureteral catheterization following extraction of ureteral calculus; internal urethrotomy and bladder neck fulguration when performing a cystourethroscopy for the female urethral syndrome. When the secondary procedure requires significant additional time and effort, it may be identified by the addition of modifier '-22.' For example: Urethrotomy performed for a documented preexisting stricture or bladder neck contracture.

52000 Cystourethroscopy (separate procedure)(( <del>office</del> )) . . . . .	1.2	7	3.0
52005 with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service . . . . .	1.6	7	3.0
52007 with ureteral catheterization and brush biopsy of ureter and/or renal pelvis ((for cytology)) . . . . .	BR	3	3.0
52010 with ejaculatory duct catheterization . . . . .	1.6	7	
((52100 Cystourethroscopy, hospital . . . . .	2.0	7	3.0))
<u>(52100 has been deleted. To report use 52000)</u>			
((52105 with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography exclusive of radiologic service . . . . .	3.6	7	3.0))
<u>(52105 has been deleted. To report use 52005)</u>			
((52107 with ureteral catheterization and brush biopsy of ureter or renal pelvis for cytology . . . . .	BR	3	3.0))
<u>(52107 has been deleted. To report use 52007)</u>			
((52110 with ejaculatory duct catheterization . . . . .	3.6	7	3.0))
<u>(52110 has been deleted. To report use 52010)</u>			
((52190 Differential quantitative and chemical renal function test (Howard or Stamey type) . . . . .	SV.&		3.0))

<u>(52190 has been deleted. To report use 53899)</u>			
<b>TRANSURETHRAL SURGERY (URETHRA((<del>PROSTATE</del>)) AND BLADDER((<del>URETER</del>)))</b>			
<u>(References to office and hospital have been deleted)</u>			
((52202 Cystourethroscopy, with biopsy, hospital . . . . .	2.6	7	3.0))
<u>(52202 has been deleted. To report use 52204)</u>			
52204 ((office)) Cystourethroscopy, with biopsy . . . . .	2.0	7	3.0
((52212 Cystourethroscopy, with fulguration (including cryosurgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands, hospital . . . . .	2.6	7	3.0))
<u>(52212 has been deleted. To report use 52214)</u>			
52214 ((office)) Cystourethroscopy, with fulguration (including cryosurgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands . . . . .	2.0	7	3.0
((52222 Cystourethroscopy, with fulguration (including cryosurgery) or treatment of MINOR (less than 0.5 cm) lesion(s), with or without biopsy, hospital . . . . .	2.6	7	3.0))
<u>(52222 has been deleted. To report use 52224)</u>			
52224 ((office)) Cystourethroscopy, with fulguration (including cryosurgery) or treatment of MINOR (less than 0.5 cm) lesion(s), with or without biopsy . . . . .	2.0	7	3.0
((52232 Cystourethroscopy, with fulguration (including cryosurgery) and/or resection of SMALL bladder tumor(s) (0.5 cm to 2.0 cm); hospital . . . . .	6.0	30	3.0))
<u>(52232 has been deleted. To report use 52234)</u>			
52234 ((office)) Cystourethroscopy, with fulguration (including cryosurgery) and/or resection of; SMALL bladder tumor(s) (0.5 to 2.0 cm) . . . . .	5.0	30	3.0
52235 ((Cystourethroscopy, with fulguration (including cryosurgery) and/or resection of;) MEDIUM bladder tumor(s) (2.0-5.0 cm) . . . . .	12.0	30	3.0
52240 LARGE bladder tumor(s) . . . . .	18.0	30	5.0
52250 Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration . . . . .	6.0	30	3.0
52260 Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia . . . . .	3.0	30	3.0
52265 local anesthesia . . . . .	1.4	7	
52270 Cystourethroscopy, with internal urethrotomy; female . . . . .	4.0	45	3.0
52275 male . . . . .	4.0	45	3.0
52276 Cystourethroscopy, with direct vision internal urethrotomy . . . . .	4.0	45	3.0

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
52277 Cystourethroscopy, with resection of external sphincter (sphincterotomy) . . . . .	6.0	30	3.0	52334 Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde . . . . .	BR		3.0
<del>((52280) Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, and injection procedure for cystography male or female, hospital . . . . .</del>	<del>3.0</del>	<del>7</del>	<del>3.0</del>	(For percutaneous nephrostolithotomy, see 50080, 50081; for establishment of nephrostomy tract only, see 50395)			
(52280 has been deleted. To report use 52281)				52335 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included) . . . . .	BR	7	3.0
52281 ((office)) Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy and injection procedure for cystography, male or female . . . . .	2.4	7	3.0	52336 with lithotripsy (ureteral catheterization is included) . . . . .	BR		3.0
<del>((52282) Cystourethroscopy, with steroid injection into stricture, hospital . . . . .</del>	<del>3.2</del>	<del>7</del>	<del>3.0</del>	52337 with biopsy and/or fulguration of lesion . . . . .	BR		3.0
(52282 has been deleted. To report use 52283)				<b>TRANSURETHRAL SURGERY (VESICAL NECK AND PROSTATE)</b>			
52283 ((office)) Cystourethroscopy, with steroid injection into stricture . . . . .	2.0	7	3.0	52340 Cystourethroscopy, with incision, fulguration or resection of bladder neck and/or posterior urethra (congenital valves, obstructive hypertrophic mucosal folds) . . . . .	6.0	30	3.0
52285 Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration of urethral polyp(s), bladder neck, and/or trigone . . . . .	3.4	7	3.0	52500 Transurethral resection of bladder neck, (separate procedure) . . . . .	10.0	90	4.0
52290 Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral . . . . .	4.0	30	3.0	52601 Transurethral resection of prostate, including control of postoperative bleeding during the hospitalization, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included) . . . . .	20.0	90	5.0
52300 with resection or fulguration of ureterocele, unilateral or bilateral . . . . .	6.0	30	3.0	<del>((52605) Transurethral fulguration for postoperative bleeding after leaving hospital, (in hospital) . . . . .</del>	<del>4.2</del>	<del>0</del>	<del>3.0</del>
52305 with incision or resection of orifice of bladder diverticulum, single or multiple . . . . .	6.0	30	3.0	(52605 has been deleted. To report use 52606)			
52310 Cystourethroscopy, with removal of foreign body or calculus from urethra or bladder; simple . . . . .	4.0	30	3.0	(For other approaches, see 55801-55845)			
52315 complicated . . . . .	BR+		3.0	52606 ((office)) Transurethral fulguration for postoperative bleeding occurring after the usual follow-up time . . . . .	2.4	0	
52317 Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments, simple; small (less than 2.5 cm) . . . . .	BR	30	3.0	(For other approaches, see 55801-55845)			
52318 complicated or large (over 2.5 cm) . . . . .	BR	30	3.0	52612 Transurethral resection of prostate; first stage of two-stage resection (partial resection) . . . . .	15.0	90	5.0
<b>TRANSURETHRAL SURGERY (URETER AND PELVIS)</b>				52614 second stage of two-stage resection (resection completed) . . . . .	11.0	90	5.0
52320 Cystourethroscopy(;) (including ureteral catheterization); with removal of ureteral calculus . . . . .	7.0	30	3.0	52620 Transurethral resection; of residual obstructive tissue after 90 days postoperative . . . . .	6.0	90	5.0
52325 with fragmentation of ureteral calculus (e.g. ultrasonic or electro-hydraulic technique) . . . . .	BR	30	3.0	52630 of regrowth of obstructive tissue longer than one year postoperative . . . . .	20.0	90	5.0
52330 with manipulation, without removal of ureteral calculus . . . . .	5.0	30	3.0	52640 of postoperative bladder neck contracture . . . . .	10.0	90	5.0
52332 cystourethroscopy, with insertion of indwelling ureteral stent (e.g., Gibbons or double J type) . . . . .	BR	7	3.0	52650 Transurethral cryosurgical removal of prostate (postoperative irrigations and aspirations of sloughing tissue included) . . . . .	20.0	120	5.0
				52700 Transurethral drainage of prostatic abscess . . . . .	8.0	60	5.0
				<del>((52800) Litholapaxy, crushing of calculus in bladder and removal of</del>			

	Unit Value	Follow-up Days=	Basic Anes@
<del>fragments, simple, small (less than 2.5 cm) . . . . .</del>	<del>10.0</del>	<del>30</del>	<del>3.0</del>
<del>52805 complicated or large (over 2.5 cm) . . . . .</del>	<del>14.0</del>	<del>30</del>	<del>3.0</del>

(52800, 52805 Lithoplaxy have been deleted. To report, use 52317, 52318)

**Reviser's note:** Errors of punctuation or spelling in the above section occurred in the copy filed by the agency and appear herein pursuant to the requirements of RCW 34.08.040.

**AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)**

**✓ WAC 296-22-260 URETHRA.**

	Unit Value	Follow-up Days=	Basic Anes@
(For endoscopy, see cystoscopy, urethroscopy, cystourethroscopy, 52000-52805)			
(For injection procedure for urethrocytography, see 51600-51610)			

**INCISION**

53000 Urethrotomy or urethrostomy, external (separate procedure); pendulous urethra . . . . .	2.4	15	3.0
53010 perineal urethra, external . . . . .	6.0	30	3.0
53020 Meatotomy, cutting of meatus (separate procedure), except infant ( <del>(-office)</del> ) . . . . .	1.0	15	3.0
<del>((53021 hospital . . . . .</del>	<del>3.0</del>	<del>15</del>	<del>3.0</del>
<u>(53021 has been deleted. To report use 53020)</u>			
53025 <del>((Meatotomy, cutting of meatus (separate procedure);))</del> Infant . . . . .	0.6	15	3.0
53040 Drainage of deep periurethral abscess . . . . .	3.0	30	3.0
(For subcutaneous abscess, see 10060-10061)			
53060 Drainage of Skene's gland abscess or cyst . . . . .	1.2	15	3.0
53080 Drainage of perineal urinary extravasation; uncomplicated (separate procedure) . . . . .	4.0	15	3.0
53085 complicated . . . . .	BR+		5.0

**EXCISION**

53200 Biopsy of urethra . . . . .	2.0	7	3.0
53210 Urethrectomy, total, including cystostomy; female . . . . .	14.0	60	5.0
53215 male . . . . .	18.0	60	5.0
53220 Excision or fulguration of carcinoma of urethra . . . . .	BR+		3.0
53230 Excision of urethral diverticulum (separate procedure); female . . . . .	10.0	60	3.0
53235 male . . . . .	12.0	60	3.0
53240 Marsupialization of urethral diverticulum, male or female . . . . .	4.0	30	3.0
53250 Excision of bulbourethral gland (Cowper's gland) . . . . .	12.0	60	3.0
53260 Excision or fulguration; urethral polyp(s), distal urethra . . . . .	1.0	15	3.0
(For endoscopic approach, see 52212-52224)			

53265 urethral caruncle . . . . .	1.2	15	3.0
53270 Skene's glands . . . . .	1.2	15	3.0
53275 urethral prolapse . . . . .	3.0	30	3.0

**REPAIR**

(For hypospadias, see 54300-((54330)) 54352)

53400 Urethroplasty; first stage, for fistula, diverticulum, or stricture, (e.g., Johannsen type) . . . . .	10.0	60	3.0
53405 second stage (formation of urethra), including urinary diversion . . . . .	14.0	60	3.0
53410 Urethroplasty, one-stage reconstruction of male anterior urethra . . . . .	16.0	60	3.0
<u>53415 Urethroplasty, transpubic, one stage, for reconstruction or repair of prostatic or membranous urethra . . . . .</u>	<u>BR</u>		<u>3.0</u>
53420 Urethroplasty, two-stage reconstruction or repair of prostatic or membranous urethra; first stage . . . . .	20.0	60	3.0
53425 second stage . . . . .	20.0	90	3.0
53430 Urethroplasty, reconstruction of female urethra . . . . .	14.0	90	3.0
53440 Operation for correction of male urinary incontinence, with or without introduction of prosthesis . . . . .	20.0	90	3.0
53442 Removal of perineal prosthesis introduced for continence . . . . .	BR	90	3.0
<u>53443 Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (e.g., Tenago, Leadbetter procedure) . . . . .</u>	<u>BR</u>		<u>3.0</u>
53445 Operation for correction of male urinary incontinence with placement of inflatable urethral or bladder neck sphincter, including placement of pump and/or reservoir . . . . .	BR	90	3.0
53447 Removal, repair or replacement of inflatable sphincter including pump and/or reservoir and/or cuff . . . . .	BR	90	3.0
53449 Surgical correction of hydraulic abnormality of inflatable sphincter device . . . . .	BR	90	3.0
53450 <del>((Urethral meatoplasty))</del> Urethromeatoplasty, with mucosal advancement . . . . .	4.0	30	3.0
53460 <del>((Urethral meatoplasty))</del> Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure) . . . . .	3.4	30	3.0
(For meatotomy, see 53020, 53025)			

**SUTURE**

53502 Urethrorrhaphy, suture of urethral wound or injury, female <del>((BR+))</del>			<u>BR</u>
53505 Urethrorrhaphy, suture of urethral wound or injury; penile . . . . .	10.0	90	3.0
53510 perineal . . . . .	14.0	90	3.0
53515 prostatomembranous . . . . .	20.0	90	3.0
53520 Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure) . . . . .	6.0	90	3.0

	Unit Value	Follow-up Days=	Basic Anes@
(For closure of urethrovaginal fistula, see 57310)			
(For closure of urethrorectal fistula, see 45820, 45825)			
<b>MANIPULATION</b>			
*53600 Dilation of urethral stricture by passage of sound, male; initial	*0.4	0	
*53601 subsequent	*0.3	0	
53605 Dilation of urethral stricture or vesical neck by passage of sound or urethral dilator, male, general or conduction (spinal) anesthesia, ((hospital))	1.6	3	3.0
*53620 Dilation of urethral stricture by passage of filiform and follower, male; initial	*0.8	0	
*53621 subsequent	*0.6	0	
*53640 Passage of filiform and follower for acute vesical retention, male	*0.8	0	
*53660 Dilation of female urethra including suppository and/or instillation; initial	*0.4	0	
*53661 subsequent	*0.3	0	
53665 ((in hospital, general)) dilation of female urethra, general or conduction (spinal) anesthesia	1.5	3	3.0
53670* Catheterization; simple	0.3	0	
53675* complicated (may include difficult removal of balloon catheter)	0.7	0	
53899 Unlisted procedure, urinary system	BR		3.0

**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

✓ **WAC 296-22-265 PENIS.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
54000 Slitting of prepuce, dorsal or lateral, (separate procedure); newborn	0.6	7	
54001 except newborn	1.4	7	3.0
54015 Incision and drainage of penis, deep	1.4	15	3.0
<b>DESTRUCTION</b>			
*54050 Destruction of condylomata, penis, multiple, simple, chemical	*0.3	0	3.0
*54055 electrodesiccation	*0.8	0	3.0
*54060 surgical excision	*1.0	0	3.0
54065 extensive ((BR+))	BR		3.0
(For destruction or excision of other lesions, see integumentary system)			
<b>EXCISION</b>			
54100 Biopsy of penis, cutaneous (separate procedure)	0.6	7	3.0
54105 deep structures	1.4	15	3.0
54110 Excision of penile plaque (Peyronie disease);	7.4	30	3.0
54111 with graft to 5 cm in length	BR		3.0
54112 with graft greater than 5 cm in length	BR		3.0

	Unit Value	Follow-up Days=	Basic Anes@
54115 Removal foreign body from deep penile tissue (e.g., plastic implant)	6.0	45	3.0
54120 Amputation of penis, partial	10.0	60	3.0
54125 complete	20.0	60	3.0
54130 Amputation of penis, radical; with bilateral inguofemoral lymphadenectomy	26.0	90	3.0
54135 in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	30.0	90	5.0
(For lymphadenectomy (separate procedure), see 38760-38771)			
54150 Circumcision, clamp procedure; newborn	0.8	15	
54152 except newborn ((office))	1.0	15	3.0
<del>((54154 except newborn, hospital))</del>	<del>2.4</del>	<del>15</del>	<del>3.0</del>
<u>(54154 has been deleted. To report, use 54152)</u>			
54160 Circumcision, surgical excision other than clamp or dorsal slit; newborn	0.8	30	
54161 except newborn	3.0	30	3.0
<b>INTRODUCTION</b>			
*54200 Injection procedure for Peyronie disease	*0.4	0	
54205 with surgical exposure of plaque	7.4	30	3.0
54220 Irrigation of corpora cavernosa for priapism ((BR+))	BR		3.0
54230 injection procedure for corpora cavernosography	BR		3.0
54240 penile plethysmography	BR		3.0
54250 Nocturnal penile tumescence test	BR		3.0
<b>REPAIR</b>			
(For other urethroplasties, see 53400-53430)			
54300 Plastic operation of penis for straightening of chordee (e.g., hypospadias), with or without mobilization of urethra;	8.0	60	3.0
<del>((54305 with transplantation of prepuce))</del>	<del>14.0</del>	<del>60</del>	<del>3.0</del>
<del>54320 Urethroplasty, formation of urethra, Denis-Browne type operation (including urinary diversion); penile or penoscrotal</del>	<del>14.0</del>	<del>90</del>	<del>3.0</del>
<del>54325 scrotal or perineal</del>	<del>18.0</del>	<del>90</del>	<del>3.0</del>
54330 Urethroplasty and straightening of chordee (including urinary diversion), complete, one stage, for hypospadias	20.0	90	3.0
(For other methods of hypospadias repair, see 15000-15730))			
<u>(54305 has been deleted. To report, see 54304 et seq.)</u>			
54304 Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps	BR		3.0

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
54308				noninflatable	14.0		3.0
	BR		3.0	54402			
54312			3.0		BR		
54316				54405			
	BR		3.0		BR		3.0
54318			3.0	54407			3.0
	BR		3.0	55409			3.0
				54420			3.0
54322			3.0	54430	10.0		3.0
	BR		3.0	54435	10.0	0	3.0
54324			3.0	54440			3.0
54326			3.0		BR		3.0
54328			3.0		BR		3.0
	BR		3.0				
54332			3.0	MANIPULATION			
	BR		3.0	54450			3.0
54336			3.0				
	BR		3.0	AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)			
54340			3.0	✓ WAC 296-22-275 EPIDIDYMISS.			
	BR		3.0				
54344			3.0	INCISION			
	BR		3.0	54700	1.4	7	3.0
54348			3.0	EXCISION			
	BR		3.0	54800	0.4	7	
54352			3.0				
	BR		3.0	54820	6.0	30	3.0
54360		90	3.0	54830	6.0	30	3.0
	BR		3.0	54840	8.0	45	3.0
54380			3.0				
	BR+		3.0	54860	8.0	45	3.0
54385			4.0	54861	10.0	45	3.0
	BR		4.0	REPAIR			
54390			4.0	54900	10.0	90	3.0
	BR		4.0	54901	14.0	90	3.0
54400							

(For microsurgical repair with use of operating microscope, add modifier -20)

**AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)**

**WAC 296-22-285 SCROTUM.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
*55100 Drainage of scrotal wall abscess (see also 54700).....	*0.4	0	3.0
55110 Scrotal exploration .....	BR		3.0
55120 Removal of foreign body in scrotum.....((BR+))	BR		3.0

**EXCISION**

(For excision of local lesion of skin of scrotum, see integumentary system)

55150 Resection of scrotum.....((BR+))	BR		3.0
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**REPAIR**

<del>((55170 Scrotoplasty, plastic operation on scrotum.....</del>	<del>BR</del>	<del>3.0</del>	
<u>(55170 has been deleted (scrotoplasty); to report see 55175-55180)</u>			
55175 Scrotoplasty; simple.....	BR		3.0
55180 complicated .....	BR		3.0

**AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)**

**WAC 296-22-290 VAS DEFERENS.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
55200 Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)	3.6	30	3.0
<b>EXCISION</b>			
55250 Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s).....	3.6	30	3.0
<b>INTRODUCTION</b>			
55300 Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral ...	3.6	30	3.0

(When combined with 54505 or 54506, apply WAC 296-22-010, item 7a)

(For radiographic procedure, see 74440, 74441)

**REPAIR**

55400 Vasovasostomy, vasovasorrhaphy; unilateral .....	10.0	90	3.0
55401 bilateral .....	14.0	90	3.0

(For microsurgical repair with use of operating microscope, add modifier -20)

**SUTURE**

55450 Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure) .....	1.2	30	3.0
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**AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)**

**WAC 296-22-305 PROSTATE.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
55700 Biopsy, prostate; needle or punch, single or multiple, any approach.....	1.4	15	3.0
55705 incisional, any approach .....	8.0	30	4.0
55720 Prostatotomy, external drainage of prostatic abscess, any approach; simple .....	8.0	60	4.0
55725 complicated .....	14.0	60	4.0
(For transurethral drainage, see 52700)			
55740 Prostatolithotomy, removal of prostatic calculus (separate procedure) .....	20.0	60	4.0

**EXCISION**

(For transurethral removal of prostate, see ((52600)) 52601-52650)

(For independent node dissection, see 38770-38780)

55801 Prostatectomy, <u>perineal, subtotal</u> (including control of postoperative bleeding, during initial hospitalization, <del>((complete</del> <del>†))</del> vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy) are included( <del>(, perineal, subtotal))</del> .....	20.0	90	6.0
55810 prostatectomy, perineal radical.....	26.0	90	6.0
55812 with lymph node biopsy(s) (limited pelvic lymphadenopathy) .....	BR		
55815 with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes.....	BR		6.0

(If 55815 is carried out on separate days, use 38771 and 55810)

55821 Prostatectomy, including control of postoperative bleeding ( <del>(during initial hospitalization;))</del> complete (vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy are			
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**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

**WAC 296-22-315 VAGINA.**

	Unit Value	Follow-up Days=	Basic Anes@
included), suprapubic, subtotal, one or two stages .....	20.0	90	5.0
55831 retropublic, subtotal .....	20.0	90	5.0
55840 prostatectomy, retropublic radical .....	26.0	90	6.0
55842 with lymph node biopsy(s) ( <u>limited pelvic lymphadenectomy</u> ) .....	BR		
55845 with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes .....	BR		<u>3.0</u>
with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes			

**OTHER PROCEDURES**

(For artificial insemination, see 58310)

55899 Unlisted procedure, male genital system .....	BR		<u>3.0</u>
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**AMENDATORY SECTION** (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

**WAC 296-22-307 PERINEUM.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
*56000 Incision and drainage of perineal abscess (nonobstetrical) (see also 10060 et seq) .....	*0.6	0	3.0

**EXCISION**

56100 Biopsy of perineum (separate procedure) .....	0.6	7	3.0
(For excision of local lesion, see 11420-11426, 11620-11626)			

**REPAIR**

56200 Perineoplasty, repair of perineum nonobstetrical, (separate procedure) (see also 56800) .....	<u>BR</u>		3.0
(For repair of wounds to genitalia, see 12001-12007, 12041-12047, 13131, 13132)			
(For repair of recent injury of vagina and perineum, nonobstetrical, see 57210)			
(For anal sphincteroplasty, see 46750, 46751)			

**INCISION**

57000 Colpotomy with exploration .....	4.0	30	3.0
57010 with drainage of pelvic abscess .....	BR		
*57020 Colpocentesis (separate procedure) .....	*0.8	0	3.0

**DESTRUCTION**

57050 Cryosurgery of vagina .....	0.7		3.0
57057 Laser surgery of vagina .....	2.1		3.0
57060 Electrocautery of vagina .....	0.7		3.0
57063 Chemical cautery of vagina .....	0.7		3.0

**EXCISION**

57100 Biopsy of vaginal mucosa; simple (separate procedure) .....	0.72	7	3.0
57105 extensive, requiring suture (including cysts) .....	BR		<u>3.0</u>
57108 Colpectomy, obliteration of vagina; partial .....	12.0	60	3.0

(For excision and/or fulguration of local lesion(s), see 11200-11660, 17000-17300)

57110 complete .....	14.0	60	3.0
57120 Colpocleisis (Le Fort type) .....	12.0	60	3.0
57130 Excision of vaginal septum .....	<u>BR</u>		3.0
57135 Excision of vaginal cyst or tumor .....	BR		<u>3.0</u>

**INTRODUCTION**

*57150 Irrigation and/or application of medicament for treatment of bacterial, parasitic or fungoid disease .....	*0.24	0	
*57160 Insertion of pessary .....	*0.24	0	
57170 Diaphragm fitting with instructions .....	0.24		

**REPAIR**

(For urethral suspension, (Marshall-Marchetti-Krantz type) abdominal approach, see 51840, 51841)

57200 Colporrhaphy, suture of injury of vagina (nonobstetrical) .....	<u>BR</u>	3.0	
57210 Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical) .....	<u>BR</u>		3.0
57220 Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication) (separate procedure) .....	7.0	60	3.0
57230 Plastic repair of urethrocele (separate procedure) .....	7.0	60	3.0
57240 Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele (separate procedure) .....	8.5	60	4.0
57250 Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy .....	7.0	60	3.0



	Unit Value	Follow-up Days=	Basic Anes@
(For repair of rectocele (separate procedure) without posterior colporrhaphy, see 45560)			
57260 Combined anteroposterior colporrhaphy; .....	12.0	60	3.0
57265 with enterocele repair .....	14.0	60	3.0
57268 Repair of enterocele, vaginal approach (separate procedure) .....	BR		
57270 Repair of enterocele, abdominal approach (separate procedure) ..	14.0	60	4.0
57280 Colpopexy, abdominal approach ..	14.0	60	4.0
57288 Sling operation for stress incontinence (e.g., fascia or synthetic) ..	15.0	90	5.0
57289 Pereyra procedure, including anterior colporrhaphy .....	13.0	90	3.0
(57290 has been deleted. To report, use 57291, 57292)			
57291 Construction of artificial vagina; without graft .....	BR		3.0
57292 with graft .....	BR		3.0
57300 Closure of rectovaginal fistula; vaginal approach .....	14.5	90	3.0
57305 abdominal approach .....	18.0	90	5.0
57307 abdominal approach, with concomitant colostomy .....	20.0	90	5.0
57310 Closure of urethrovaginal fistula ..	14.5	60	4.0
57320 Closure of vesicovaginal fistula, vaginal approach .....	14.5	60	4.0
(For concomitant cystostomy, see 51005-51040 and WAC 296-22-010, item 7a)			
57330 transvesical and vaginal approach .....	BR		5.0
(For abdominal approach, see 51900)			

MANIPULATION

*57400 Dilation of vagina under anesthesia .....	*0.72	0	3.0
*57410 Pelvic examination under anesthesia .....	*0.72	0	3.0

ENDOSCOPY

57450 Culdoscopy, diagnostic; .....	4.0	15	3.0
57451 with biopsy and/or lysis of adhesions or tubal sterilization ..	4.0	15	3.0
57452* Colposcopy; (separate procedure) .....	1.0	0	
57454* with biopsies, or biopsy of the cervix .....	2.0	0	

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-22-325 CERVIX UTERI.

	Unit Value	Follow-up Days=	Basic Anes@
EXCISION			
(For radical surgical procedures, see 58200-58240)			
*57500 Biopsy, single or multiple, or local excision of lesion, with or without fulguration, (separate procedure) .....	*0.6	0	3.0

	Unit Value	Follow-up Days=	Basic Anes@
57505 Endocervical curettage (not done as part of a dilation and curettage) .....	BR		3.0
*57510 Cauterization of cervix; electro or thermal .....	*0.6	0	
57511* cryocautery, initial or repeat ..	0.6	0	
57513 laser surgery .....	1.0		3.0
57520 Biopsy of cervix, circumferential (cone) with or without dilation and curettage, with or without Sturmdorff type repair (see also 58120) .....	4.8	45	3.0
57530 Trachelectomy (cervicectomy), amputation of cervix (separate procedure) .....	4.8	45	3.0
57540 Excision of cervical stump, abdominal approach; .....	12.0	45	4.0
57545 with pelvic floor repair .....	BR		4.0
57550 Excision of cervical stump, vaginal approach; .....	12.0	45	3.0
57555 with anterior and/or posterior repair .....	14.5	45	3.0
57556 with repair of enterocele ...	14.5	45	4.0

INTRODUCTION

((For insertion of any radioactive material, see 77520-77550))			
(For insertion of intra-uterine device, see 58300)			
*57600 Introduction of any hemostatic agent or pack for spontaneous hemorrhage (separate procedure); initial .....	*0.72	0	3.0
*57620 subsequent .....	*0.24	0	3.0

REPAIR

57700 Tracheloplasty (Shirodkar or Lash type operation) .....	6.0	45	3.0
57720 Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach .....	6.0	45	3.0

MANIPULATION

*57800 Dilation of cervical canal, instrumental (separate procedure) .....	*0.6	0	3.0
57820 Dilation and curettage of cervical stump .....	4.0	15	3.0

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-22-330 CORPUS UTERI.

	Unit Value	Follow-up Days=	Basic Anes@
EXCISION			
*58100 Endometrial biopsy, suction type (separate procedure) .....	*0.72	0	3.0
58101* Endometrial washings (e.g., for cytology sampling) .....	1.0	0	3.0
58102 Office endometrial curettage .....	2.0	0	3.0
58103 Menstrual extraction .....	0.5	0	
58120 Dilation and curettage, diagnostic and/or therapeutic (obstetrical) (see also 57520 nonobstetrical) .....	4.0	15	3.0
(For postpartum hemorrhage, see 59160)			

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
58140 Myomectomy, excision of fibroid tumor of uterus, single or multiple, (procedure); abdominal approach	14.0	45	5.0	58400 Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure) . . .	12.0	45	4.0
58145 vaginal approach . . . . .((BR+))	<u>BR</u>		5.0	58410 with presacral sympathectomy	14.0	45	5.0
58150 Total hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s) . . . . .	16.0	45	5.0	(Interposition operation has been deleted. If necessary to report, use 58999)			
<u>58152 with colpo-urethrocytopexy (Marshall-Marchetti-Krantz type) . . . . .</u>	<u>BR</u>		<u>5.0</u>	(58500 Hysterosalpingostomy has been deleted. To report, use 58752)			
(For urethrocytopexy without hysterectomy, see 51840, 51841)				58520 Hysterorrhaphy, repair of ruptured uterus (nonobstetrical) . . .	12.0	45	4.0
58180 Supracervical hysterectomy (subtotal hysterectomy), with or without tube(s), with or without removal of ovary(s) . . . . .	16.0	45	5.0	58540 Hysteroplasty, repair of uterine anomaly (Strassman type) . . . . .	14.0	45	4.0
58200 Total hysterectomy, extended, corpus cancer, including partial vaginectomy; . . . . .	20.0	120	5.0	SUTURE			
58205 with bilateral radical pelvic lymphadenectomy . . . . .	24.0	120	6.0	(For closure of vesicouterine fistula, see 51920)			
58210 Total hysterectomy, extended, cervical cancer, with bilateral radical pelvic lymphadenectomy (Wertheim type operation) . . . . .	30.0	120	7.0	<u>AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)</u>			
58240 Total hysterectomy or cervicectomy, with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof (pelvic exenteration) . . . . .((BR+))				✓ WAC 296-22-333 OVIDUCT.			
58260 Vaginal hysterectomy; . . . . .	<u>BR</u>		7.0		Unit Value	Follow-up Days=	Basic Anes@
58265 with plastic repair of vagina, anterior and/or posterior colporrhaphy . . . . .	16.0	45	4.0	INCISION			
58267 with colpo-urethrocytopexy (Marshall-Marchetti-Krantz type) . . . . .	18.0	45	4.0	58600 Transection of fallopian tube, abdominal or vaginal approach, unilateral or bilateral . . . . .	12.0	45	4.0
58270 with repair of enterocele . . . . .	20.0	90	5.0	58605 Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral during same hospitalization (separate procedure) . . . . .	7.0	45	4.0
58275 Vaginal hysterectomy, with total or partial colectomy; . . . . .	18.0	45	4.0	(For laparoscopic procedures, see 58980-58987)			
58280 with repair of enterocele . . . . .	18.0	45	4.0	(58610 Ligation of fallopian tube(s) has been deleted. It would be reported using 58600-58611)			
58285 Vaginal hysterectomy, radical (Schauta type operation) . . . . .	24.0	120	7.0	58611 Ligation or transection of fallopian tube(s) when done at the time of Cesarean section or intra-abdominal surgery (not a separate procedure, included in major procedure.) . . . . .	<u>BR</u>		<u>4.0</u>
INTRODUCTION				58615 Occlusion of fallopian tube(s) by device (e.g., band, clip, Falope ring, fulguration) vaginal or suprapubic approach . . . . .	<u>BR</u>		<u>4.0</u>
(For insertion of radioactive substance into corpus with or without dilation and curettage, see 77520-77550)				(For laparoscopic approach, see 58983)			
*58300 Insertion of intrauterine device (IUD) . . . . .	*1.0	0	3.0	((58618 Lysis of adnexal adhesions other than by laparoscopy . . . . .	<u>BR</u>		<u>4.0</u>
58301 Removal of intrauterine device (IUD) . . . . .	<u>BR</u>			(For laparoscopic approach, see 58985))			
58310 Artificial insemination . . . . .	<u>BR</u>			(58618 Lysis of adnexal adhesions has been deleted. To report, use 58740)			
*58320 Insufflation of uterus and tubes with air and CO <sub>2</sub> . . . . .	*1.0	0	3.0				
58340 Injection procedure for hysterosalpingography . . . . .	0.8	0					
58350* Hydrotubation of oviduct, including materials . . . . .	1.0	0					
(For materials supplied by physician, see 99070)							
REPAIR				EXCISION			

	Unit Value	Follow-up Days=	Basic Anes@
58700 Salpingectomy, complete or partial, unilateral or bilateral (separate procedure) . . . . .	12.0	45	4.0
58720 Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure) . . . . .	12.0	45	4.0
<b>REPAIR</b>			
58740 Lysis of adhesions (salpingolysis, ovariolysis) . . . . . (For laparoscopic approach, see 58985)	BR		4.0
58750 Tubotubal anastomosis . . . . .	BR		4.0
58752 Tubouterine implantation . . . . .	BR		4.0
58760 Fimrioplasty . . . . .	BR		4.0
58770 Salpingostomy (salpingoneostomy)			

**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

✓ **WAC 296-22-337 OVARY.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>OVARY</b>			
<b>INCISION</b>			
58800 Drainage of ovarian cyst(s), unilateral, or bilateral, (separate procedure); vaginal approach . . .	4.0	15	4.0
58805 abdominal approach . . . . .	12.0	45	4.0
58820 Drainage of ovarian abscess; vaginal approach . . . . .	4.0	15	4.0
58822 abdominal approach . . . . .	6.0	15	4.0
<b>EXCISION</b>			
58900 Biopsy of ovary, unilateral or bilateral (separate procedure) . . . . .	12.0	45	4.0
58920 Wedge resection or bisection of ovary, unilateral or bilateral . . . . .	12.0	45	4.0
58925 Ovarian cystectomy, unilateral or bilateral . . . . .	12.0	45	4.0
58940 Oophorectomy, partial or total, unilateral or bilateral; . . . . .	12.0	45	4.0
58945 with total omentectomy . . . . .	16.0	60	4.0

**ENDOSCOPY-LAPAROSCOPY**

The endoscopic descriptors in this publication are listed so that the main procedure can easily be identified without having to list all the minor related procedures that may be performed at the same time (such as lysis of adhesions and fulguration of bleeding points during laparoscopy with fulguration transection of the oviducts). When the secondary procedures involve significant additional time and effort, they may be listed using modifier -50.

(For peritoneoscopy, see 49300-49303)			
58980 Laparoscopy for visualization of pelvic viscera; . . . . .	6.0	10	5.0
58982 with fulguration of oviducts (with or without transection) . . . . .	8.0	10	5.0
58983 with occlusion of oviducts by device (e.g., band, clip, or Falope ring) . . . . .	BR		5.0
(For vaginal or suprapubic approach), see 58615)			

	Unit Value	Follow-up Days=	Basic Anes@
58984 with fulguration of ovarian or peritoneal lesions . . . . .	8.0	10	5.0
58985 with lysis of adhesions . . . . .	8.0	10	5.0
58986 with biopsy (single or multiple) . . . . .	8.0	10	5.0
58987 with aspiration (single or multiple) . . . . .	8.0	10	5.0
58990 Hysteroscopy . . . . .	BR		3.0
<b>OTHER PROCEDURES</b>			
58999 Unlisted procedure, female genital system nonobstetrical . . . . .	BR		3.0

**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

✓ **WAC 296-22-340 MATERNITY CARE AND DELIVERY.**

**NOTES**

The services normally required in uncomplicated maternity cases include antepartum care, delivery and postpartum care.

Antepartum care includes usual prenatal services (initial and subsequent history, physical examinations, recording of weight, blood pressure, fetal heart tones, routine chemical urinalyses, maternity counseling).

Delivery includes vaginal delivery (with or without episiotomy, with or without forceps or breech delivery) or Cesarean section, and resuscitation of new born infant when necessary.

Postpartum care includes hospital and office visits following vaginal or Cesarean section delivery.

For medical complications of pregnancy (toxemia, cardiac problems, neurological problems or other problems requiring additional or unusual services or requiring hospitalization), see services in MEDICINE section. For surgical complications of pregnancy not listed below, see appropriate procedures in SURGERY.

If a physician provides all or part of the antepartum and/or postpartum patient care but does not perform the delivery due to termination of pregnancy by abortion or referral to another physician for delivery, see 59420-59430.

(For circumcision of newborn, see 54150-54160)

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
59000 Amniocentesis for diagnostic purposes, abdominal approach . . . . .	1.0	0	
(For ultrasonic guidance, see 76946, 76947)			
59010* Amnioscopy . . . . .	1.0	0	
59011* Amnioscopy (intraovular) . . . . .	BR	0	
59020* Fetal oxytocin stress test . . . . .	1.0	0	
59025 Fetal nonstress test . . . . .	1.0		
59030* Fetal scalp blood sampling; . . . . .	1.0	0	

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
59031* repeat	0.5	0		59420 Antepartum care only (separate procedure)	Sv.&		
59050 Initiation and/or supervision of internal fetal monitoring during labor by consultant	1.0	0		59430 Postpartum care only (separate procedure)	Sv.&		
<b>EXCISION</b>				<b>CESAREAN SECTION</b>			
59100 Hysterotomy, abdominal, for removal of hydatidiform mole; . . . . .	14.0	45	5.0	(For standby attendance of infant, see 99151)			
59101 with tubal ligation . . . . .	14.0	45	6.0	59500 Cesarean section, low cervical, including in-hospital postpartum care; (separate procedure) . . . . .	10.0	7	5.0
59105 Hysterotomy, abdominal, for legal abortion; . . . . .	16.0	45	6.0	59501 including antepartum and postpartum care . . . . .	13.0	45	5.0
59106 with tubal ligation . . . . .	18.0	45	6.0	59520 Cesarean section, classic, including in-hospital postpartum care; (separate procedure) . . . . .	10.0	7	5.0
<b>EXCISION</b>				59521 including antepartum and postpartum care . . . . .	13.0	45	5.0
59120 Surgical treatment of ectopic pregnancy; tubal, requiring sanpingsctomy and/or oophorectomy, abdominal or vaginal approach . . . . .	14.0	45	5.0	59540 Cesarean section, extraperitoneal, including in-hospital postpartum care; (separate procedure) . . . . .	12.0	7	5.0
59121 tubal, without sanpingsctomy and/or oophorectomy . . . . .	BR		5.0	59541 including antepartum and postpartum care . . . . .	16.0	45	5.0
59125 ovarian, requiring oophorectomy and/or sanpingsctomy . . . . .	BR		5.0	59560 Cesarean section with hysterectomy, subtotal, including in-hospital postpartum care; (separate procedure) . . . . .	12.0	7	6.0
59126 ovarian, without oophorectomy and/or sanpingsctomy . . . . .	BR		5.0	59561 including antepartum and postpartum care . . . . .	16.0	45	6.0
59130 abdominal . . . . .	BR		5.0	59580 Cesarean section with hysterectomy, total, including in-hospital postpartum care; (separate procedure) . . . . .	12.0	7	6.0
59135 interstitial, uterine pregnancy requiring hysterectomy, total or subtotal . . . . .	BR		5.0	59581 including antepartum and postpartum care . . . . .	16.0	45	6.0
59140 cervical . . . . .	BR		5.0	<b>ABORTION</b>			
59160 Dilution and curettage for postpartum hemorrhage (separate procedure) . . . . .	4.0	15	3.0	59800 Treatment of abortion, first trimester; completed medically . . . . .	Sv.&		
<b>INTRODUCTION</b>				59801 completed surgically (separate procedure) . . . . .	4.0	45	3.0
(For intrauterine fetal transfusion, see 36460)				59810 Treatment of abortion, second trimester; completed medically . . . . .	Sv.&		
(For introduction of hypertonic solution and/or prostaglandins to initiate labor, see 59850)				59811 completed surgically (separate procedure) . . . . .	4.0	45	3.0
<b>REPAIR</b>				59820 Treatment of missed abortion, any trimester, completed medically or surgically . . . . .	Sv.&		3.0
(For tracheloplasty, see 57700)				59830 Treatment of septic abortion . . . . .	Sv.&		
59300 Episiotomy or vaginal repair only, by other than delivering physician; simple . . . . .	2.0	0	3.0	59840 Legal (therapeutic) abortion, by dilation and curettage, and/or vacuum extraction . . . . .	6.0	45	3.0
59305 extensive . . . . .	BR		3.0	59841 Legal (therapeutic) abortion, by dilation and evacuation . . . . .	6.0	45	3.0
59350 Hysterorrhaphy of ruptured uterus; (separate procedure) . . . . .	BR		3.0	59850 Legal (therapeutic) abortion, by one or more intra-amniotic injections (amniocentesis-injections) (including hospital admission and visits, delivery of fetus and secundines); . . . . .	6.0	45	5.0
59351 following dilation and curettage, including both procedures . . . . .	BR		3.0	59851 with dilation and curettage . . . . .	BR		
<b>DELIVERY, ANTEPARTUM AND POSTPARTUM CARE</b>				59852 with hysterotomy (failed saline) . . . . .	BR		
59400 Total obstetrical care (all-inclusive, "global" care) includes antepartum care, vaginal delivery (with or without episiotomy, and/or forceps or breech delivery) and postpartum care . . . . .	8.0	45	3.0	<b>OTHER PROCEDURES</b>			
59410 Vaginal delivery only (with or without episiotomy, forceps or breech delivery) including in-hospital postpartum care (separate procedure) . . . . .	4.0	45	3.0	59899 Unlisted procedure, maternity care and delivery . . . . .	BR		3.0

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

✓ WAC 296-22-350 THYROID GLAND.

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
*60000 Incision and drainage of thyroglossal cyst, infected	*0.6	0	3.0
<b>EXCISION</b>			
*60100 Biopsy, thyroid, percutaneous needle (For ultrasonic guidance, see 76942, 76943)	1.2	7	
60200 Excision of cyst or adenoma of thyroid, or transection of isthmus	9.5	45	5.0
60220 Total thyroid lobectomy, unilateral	14.0	45	5.0
60225* with contralateral subtotal lobectomy, including isthmus	14.0	45	5.0
60240 Thyroidectomy; total or complete	16.0	45	5.0
60242 near total	14.0	45	5.0
60245 Thyroidectomy, subtotal or partial;	14.5	45	5.0
60246 with removal of substernal thyroid gland, cervical approach	BR		5.0
60252 Thyroidectomy, total or subtotal for malignancy; with limited neck dissection	24.0	180	5.0
60254 with radical neck dissection (For parathyroid transplant, see 60510)	28.0	180	6.0
60260 Thyroidectomy, secondary; unilateral	15.0	45	5.0
60261 bilateral	18.0	45	5.0
60270 Thyroidectomy, including substernal thyroid gland, sternal split or transthoracic approach ((BR+))	BR	45	5.0
60280 Excision of thyroglossal duct cyst or sinus	11.0	45	4.0

AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

✓ WAC 296-22-355 PARATHYROID, THYMUS, ADRENAL GLANDS AND CAROTID BODY.

	Unit Value	Follow-up Days=	Basic Anes@
<b>EXCISION</b>			
(For pituitary and pineal surgery, see Nervous System)			
60500 Parathyroidectomy or exploration of parathyroid(s);	18.0	45	5.0
60505 with mediastinal exploration, sternal split or transthoracic approach	24.0	60	12.0
60510 Transplantation of parathyroid gland(s) during thyroidectomy	BR		12.0
60520 Thymectomy, partial or total (separate procedure)	18.0	60	12.0
60540 Adrenalectomy, partial or complete, or exploration of adrenal			

	Unit Value	Follow-up Days=	Basic Anes@
60545 with or without biopsy, transabdominal, lumbar or dorsal (separate procedure), unilateral; with excision of adjacent retroperitoneal tumor	19.0	90	9.0
60550 Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal, bilateral; one stage	22.0	90	9.0
60555 two stages ((BR+))	24.0	90	9.0
60600 Excision of carotid body tumor; without excision of carotid artery	BR		9.0
60605 with excision of carotid artery	17.0	60	8.0
60699 Unlisted procedure, endocrine system	24.0	60	8.0
	BR		5.0

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

✓ WAC 296-22-365 SKULL, MENINGES, AND BRAIN.

	Unit Value	Follow-up Days=	Basic Anes@
(For injection procedure for cerebral angiography, see 36100-36220)			
(For injection procedure for ventriculography, see 61025, 61030, 61120, 61130)			
(For injection procedure for pneumoencephalography, see 61053, 62286)			

**PUNCTURE FOR INJECTION, DRAINAGE OR ASPIRATION**

*61000 Subdural tap through fontanelle (infant); unilateral or bilateral; initial	*2.0	0	
*61001 subsequent taps	*1.4	0	
*61020 Ventricular puncture through previous burr hole, fontanelle, or implanted ventricular catheter/reservoir; without injection	*2.0	0	
<del>((61025 with gas injection procedure for ventriculography</del>	<del>5.0</del>	<del>7</del>	<del>7.0</del>
<del>61030 with injection procedure for positive contrast ventriculography</del>	<del>5.6</del>	<del>7</del>	<del>7.0</del>
<del>61045* with injection procedure of dye or radioactive material for CSF flow study, including lumbar puncture</del>	<del>5.6</del>	<del>7</del>	<del>7.0</del>
<u>(61025 has been deleted. To report, use 61026)</u>			
61026* with injection of drug or other substance for diagnosis or treatment	BR		7.0
<u>(61030, 61045 have been deleted. To report, use 61026)</u>			
*61050 Cisternal or lateral cervical puncture; without injection (separate procedure)	*1.8	0	
<del>((61051* with injection of dye or drug</del>	<del>2.5</del>	<del>0</del>	<del>6.0</del>

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
<del>61052*</del> with injection of gas or contrast media for myelography . . . . .	3.0	0	6.0				
<del>61053*</del> with injection of gas or contrast media for cisternography or pneumoencephalography . . . . .	4.5	0	6.0))	61311	28.0	90	13.0
				61320	26.0	90	13.0
				61321	28.0	90	11.0
(61051, 61052, and 61053 have been deleted. To report, use 61055)				61330	28.0	90	13.0
61055* with injection of drug or other substance for diagnosis or treatment . . . . .	BR		6.0	61331	26.0	90	9.0
61070* Puncture of shunt tubing or reservoir for aspiration or injection procedure . . . . .	2.0	0	0	61332	BR		9.0
				61333	BR		9.0
				61334	BR		9.0
				61340			
<b>BURR HOLE(S) OR TREPHINE</b>				61341	16.0	90	9.0
61105 Twist drill hole for subdural or ventricular puncture; not followed by other surgery . . . . .	BR			61345	24.0	90	9.0
61106 followed by other surgery . . . . .	BR						
61107 for implanting ventricular catheter or pressure recording device . . . . .	8.0	30	7.0				
61120 Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material); not followed by other surgery . . . . .	10.0	30	7.0	61440	BR		10.0
61130 followed by other surgery . . . . .	7.0	0		61450			
61140 Burr hole(s) or trephine; for biopsy of brain or intracranial lesion . . . . .	20.0	0	5.0		28.0	90	10.0
61150 Burr hole(s) for drainage of brain abscess or cyst . . . . .	24.0	90	9.0	61458	30.0	90	10.0
61151 subsequent tapping/aspiration of intracranial abscess or cyst . . . . .	2.0	0	4.0	61460	34.0	90	10.0
61154 Burr hole(s); for evacuation and/or drainage of hematoma, extradural or subdural; unilateral . . . . .	26.0	90	9.0	61470	40.0	90	11.0
61155 bilateral . . . . .	39.0	90	9.0	61480	40.0	90	11.0
61156 for aspiration of hematoma or cyst, intracerebral . . . . .	25.0	90	9.0	61490	24.0	90	9.0
61210 for implanting ventricular catheter, reservoir, or pressure recording device (separate procedure) . . . . .	8.0	30	7.0	61491	30.0	90	11.0
61215 Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter . . . . .	BR		7.0	61500	BR		8.0
61250 Burr hole(s) or trephine, supratentorial, exploratory, not followed by other surgery; unilateral . . . . .	15.0	30	7.0	61501	BR		8.0
61251 bilateral . . . . .	22.0	30	7.0	61510	BR		8.0
61253 Burr hole(s) or trephine, infratentorial, unilateral or bilateral . . . . .	BR						
(If burr hole(s) or trephine followed by craniotomy at same operative session, use 61304-61321; do not use 61250, 61251, or 61253)				61512	34.0	90	12.0
				61518	40.0	90	11.0
				61514	40.0	90	11.0
				61516	32.0		9.0
				61518	30.0		11.0
				61519	40.0	90	11.0
				61520	44.0	90	13.0
				61521	40.0	90	11.0
				61522	BR		11.0
<b>CRANIECTOMY OR CRANIOTOMY</b>							
61304 Craniectomy or craniotomy, exploratory; supratentorial . . . . .	34.0	90	9.0	61524	30.0	90	13.0
61305 infratentorial (posterior fossa) . . . . .	40.0	90	10.0		30.0	90	13.0
61310 Craniectomy or craniotomy, evacuation of hematoma, extradural, subdural or intracerebral;				61526			

	Unit Value	Follow- up Days=	Basic Anes@		Unit Value	Follow- up Days=	Basic Anes@	
tumor;	30.0	90	13.0	<b>SURGERY FOR ANEURYSM OR ARTERIOVENOUS MALFORMATION</b>  (For excision of vascular malformation, see 61532)				
61530 combined with middle/posterior fossa craniotomy	BR		<u>13.0</u>					
61532 Craniectomy, trephination, bone flap craniotomy; for excision of intracranial vascular malformation	<del>BR</del> <u>BR</u>		13.0		61700 Surgery of intracranial aneurysm, intracranial approach; carotid circulation	40.0	90	13.0
61533 for insertion of epidural electrode array	<u>BR</u>		<u>9.0</u>		61702 vertebral-basilar circulation	44.0	90	15.0
(For continuous EEG monitoring, see 95950-95954)					61703 Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery (Selverstone-Crutchfield type)	BR		7.0
61534 for excision of (( <del>cerebral cortical scar</del> )) epileptogenic focus without electrocorticography during surgery	<del>BR</del> <u>BR</u>		9.0	(For cervical approach for direct ligation of carotid artery, see 37600-37606)				
61535 for removal of epidural electrode array, without excision of cerebral tissue (separate procedure)	<u>BR</u>		<u>9.0</u>	61705 Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery	32.0	90	15.0	
61536 for excision of cerebral (( <del>cortical scar</del> )), epileptogenic focus with electrocorticography during surgery (includes removal of electrode array)	<del>BR</del> <u>BR</u>		9.0	61708 by intracranial electrothrombolysis	30.0	90	9.0	
61538 for lobectomy with electrocorticography during surgery, temporal lobe	38.0	90	9.0	61710 by intra-arterial embolization, injection procedure or balloon catheter	24.0	90	9.0	
61539 for lobectomy with electrocorticography during surgery, other than temporal lobe, partial or total	38.0	90	9.0	61711 Anastomosis, arterial, extracranial-intracranial (e.g., middle cerebral/cortical) arteries	36.0	90	15.0	
61541 for transection of corpus callosum	<u>BR</u>		<u>9.0</u>	(For carotid or vertebral thromboendarterectomy, see 35300)				
61542 for total hemispherectomy	48.0	90	<u>9.0</u>	61712 Microdissection, intracranial or spinal procedure (list separately in addition to code for primary procedure)	BR		<u>9.0</u>	
61543 for partial or subtotal hemispherectomy	<u>BR</u>		<u>9.0</u>	<b>STEREOTAXIS</b>				
61544 for excision or coagulation of choroid plexus	30.0	90	11.0	<del>((61715 Stereotactic hypophysectomy, transnasal</del>	<del>24.0</del>	<del>90</del>	<del>5.0)</del>	
61546 Craniotomy for hypophysectomy; intracranial approach	34.0	90	10.0	(For nonstereotaxis, see 61548)				
61548 Hypophysectomy, transnasal or transeptal approach, nonstereotactic	<del>BR</del> <u>BR</u>		4.0	61720 Stereotactic lesion, any method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus	38.0	90	8.0	
(For stereotaxis, see 61715)				61735 subcortical structure other than globus pallidus or thalamus	38.0	90	8.0	
61550 Craniectomy for craniostenosis; single suture	18.0	90	9.0	61750 Stereotactic biopsy, aspiration or excision, including burr hole(s) for intracranial lesion	BR		8.0	
61552 multiple sutures, one stage	22.0	90	9.0	61751 with computerized axial tomography	BR		<u>8.0</u>	
61553 each stage of multiple stages	BR		<u>9.0</u>	61780 Stereotactic localization, including burr hole(s), ventriculography and introduction of subcortical electrodes	BR+		8.0	
61555 Reconstruction of skull by multiple bone flaps	BR		<u>9.0</u>	61790 Stereotactic lesion of gasserian ganglion, percutaneous, by neurolytic agent (e.g., alcohol, thermal, electrical, radiofrequency)	18.0	90	7.0	
(For cranial reconstruction for orbital hypertelorism, see 21260-21263)				<b>NEUROSTIMULATORS, INTRACRANIAL</b>				
(For sequestrectomy for osteomyelitis, see 21020)				61850 Burr or twist drill hole(s) for implantation of neurostimulator electrodes; cortical	15.0	30	8.0	
61561 Reconstruction of skull by orbital advancement, including sutureotomy or craniotomy; unilateral	<u>BR</u>		<u>9.0</u>	61855 subcortical	18.0	30	8.0	
61562 bilateral	<u>BR</u>		<u>9.0</u>					
61570 (Craniectomy or craniotomy for excision of foreign body from brain	BR		<u>9.0</u>					
61571 for penetrating wound of brain	BR		<u>9.0</u>					

	Unit Value	Follow-up Days=	Basic Anes@
61860 Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral; cortical . . . . .	15.0	30	6.0
61865 subcortical . . . . .	18.0	30	6.0
61870 Craniectomy for implantation of neurostimulator electrodes, cerebellar; cortical . . . . .	18.0	30	7.0
61875 subcortical . . . . .	19.0	30	7.0
61880 Revision or removal of intracranial neurostimulator electrodes . . . . .	BR		7.0
61885 Incision for subcutaneous placement of neurostimulator receiver, direct or inductive coupling . . . . .	BR		7.0
61888 Revision or removal of intracranial neurostimulator receiver . . . . .	BR		7.0

(See WAC 296-22-010, item 2)

REPAIR

62000 Elevation of depressed skull fracture; simple, extradural . . . . .	18.0	90	9.0
62005 compound or comminuted, extradural . . . . .	24.0	90	9.0
62010 with debridement of brain and repair of dura . . . . .	29.0	90	11.0
62100 Repair of dural/CSF leak, including surgery for rhinorrhea/otorrhea . . . . .	30.0	90	9.0
(For repair of spinal dural/CSF leak, see 63708)			
62120 Repair of encephalocele, including cranioplasty . . . . .	BR		9.0
62140 Cranioplasty for skull defect, up to 5 cm diameter . . . . .	20.0	90	9.0
62141 larger than 5 cm diameter . . . . .	BR		9.0
62142 <u>Removal of bone flap or prosthetic plate of skull . . . . .</u>	BR		9.0
62145 Cranioplasty for skull defect with reparative brain surgery . . . . .	BR+		11.0

CSF SHUNT

62180 Ventriculocisternostomy (Torkildsen type operation) . . . . .	32.0	90	11.0
62190 Creation of shunt; subdural-atrial, -jugular, -auricular . . . . .	24.0	90	9.0
62192 subdural-peritoneal, -pleural, -other terminus . . . . .	22.0	90	9.0
62194 Replacement or irrigation, subdural catheter . . . . .	6.0	90	5.0
62200 Ventriculocisternostomy, third ventricle . . . . .	32.0	90	11.0
62220 Creation of shunt; ventriculo-atrial, -jugular, -auricular . . . . .	26.0	90	11.0
62223 ventriculo-peritoneal, -pleural, -other terminus . . . . .	24.0	90	9.0
62225 Replacement or irrigation, ventricular catheter . . . . .	10.0	90	5.0
62230 Replacement or revision of shunt, obstructed valve, or distal catheter in shunt system . . . . .	20.0	90	11.0
62256 Removal of complete shunt system; without replacement . . . . .	10.0	90	11.0
62258 with replacement by similar or other shunt at same operation . . . . .	3.0	0	9.0

(For percutaneous irrigation or aspiration of shunt reservoir, see 61070)

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-22-370 SPINE AND SPINAL CORD.

	Unit Value	Follow-up Days=	Basic Anes@
(For application of caliper or tongs, see 20660)			
(For treatment of fracture or dislocation of spine, see (( <del>22325-22370</del> )) 22305-22327)			

PUNCTURE FOR INJECTION, DRAINAGE OR ASPIRATION

62268* Percutaneous aspiration, spinal cord cyst or syrinx . . . . .			BR
(For CT guidance, see 76365, 76366; for ultrasonic guidance, see 76938, 76939)			
62269* Biopsy of spinal cord, percutaneous needle . . . . .			BR
(For CT guidance, see 76360, 76361; for ultrasonic guidance, see 76942, 76943)			
62270* Spinal puncture, lumbar; diagnostic	1.6		0
62272* Spinal puncture, therapeutic, for drainage of spinal fluid (by needle or catheter) . . . . .			BR
62273* Injection, lumbar epidural, of blood or clot patch . . . . .	2.1		
62274* Injection of anesthetic substance, diagnostic or therapeutic; subarachnoid or subdural, simple	2.1		0
62276* subarachnoid or subdural, differential	3.5		0
62277* subarachnoid or subdural, continuous . . . . .	3.0		
62278* epidural or caudal, single . . . . .	2.1		0
62279* epidural or caudal, continuous . . . . .	3.0		
62280* Injection of neurolytic substance (e.g., alcohol, phenol, iced saline solutions); subarachnoid . . . . .	5.0		
62282* epidural or caudal . . . . .	5.0		
62284* Injection procedure for myelography, spinal or posterior fossa . . . . .	3.0		7
62286* Injection procedure for pneumoencephalography, lumbar . . . . .	4.0		7
62288* <u>Injection of substance other than anesthetic, contrast, or neurolytic solutions; subarachnoid (separate procedure) . . . . .</u>			BR
62289* Injection of substance other than anesthetic, contrast, or neurolytic solutions; epidural or caudal . . . . .	2.8		
62290* Injection procedure for diskography, single or multiple levels; lumbar . . . . .	2.8		
62291* cervical . . . . .	2.8		
62292 Injection procedure for chemonucleolysis; including diskography, intervertebral disc; one or more levels-lumbar . . . . .	13.0	180	4.0
62293 Cervical . . . . .	13.0	180	4.0
62294* Injection procedure, arterial, for occlusion of arteriovenous malformation, spinal . . . . .	2.8		

LAMINECTOMY OR LAMINOTOMY, FOR EXPLORATION OR DECOMPRESSION



	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
62295 Laminectomy for exploration of intraspinal canal, one or two segments; cervical	32	90	8.0	63170 Laminectomy for myelotomy (Bischof type), thoracic or thoracolumbar	BR	90	8.0
62296 thoracic	32.0	90	8.0	63180 Laminectomy and section of dentate ligaments, with or without dural graft, cervical; one or two segments	38.0	90	8.0
62297 lumbar	26.0	90	8.0	63182 more than two segments	BR		<u>8.0</u>
62299 sacral	26.0	90	8.0	63185 Laminectomy for rhizotomy; one or two segments	28.0	90	8.0
62301 Laminectomy for exploration of intraspinal canal, more than two segments; cervical	BR		9.0	63190 more than two segments	BR		8.0
62302 thoracic	BR		8.0	63191 Laminectomy for section of spinal accessory nerve; unilateral	BR		8.0
62303 lumbar	BR		7.0	63192 bilateral	BR		<u>8.0</u>
63001 Laminectomy for decompression of spinal cord and/or cauda equina, one or two segments; cervical	30.0	90	9.0	<u>(For resection of sternocleidomastoid muscle, use 21720)</u>			
63003 thoracic	30.0	90	8.0	63194 Laminectomy for cordotomy, unilateral, one stage; cervical	32.0	90	8.0
63005 lumbar, except for spondylolisthesis	24.0	90	7.0	63195 thoracic	32.0	90	7.0
63010 lumbar for spondylolisthesis (Gill type procedure)	28.0	90	7.0	63196 Laminectomy for cordotomy, bilateral, one stage; cervical	32.0	90	8.0
63011 sacral	24.0	90	7.0	63197 thoracic	32.0	90	7.0
63015 Laminectomy for decompression of spinal cord and/or cauda equina, more than two segments; cervical	BR		8.0	63198 Laminectomy for cordotomy, bilateral, two stages within fourteen days; cervical	40.0	90	8.0
63016 thoracic	BR		7.0	63199 thoracic	40.0	90	7.0
63017 lumbar	BR		7.0	<b>EXCISION FOR LESION OTHER THAN HERNIATED INTER-VERTEBRAL DISK</b>			
(When followed by arthrodesis, see 22550-22565)				63210 Laminectomy, one or two segments, for excision of intraspinal lesion; cervical	34.0	90	8.0
63020 Laminotomy (hemilaminectomy), for herniated intervertebral disk, and/or decompression of nerve root; one interspace, cervical, unilateral	26.0	90	9.0	63215 thoracic	34.0	90	7.0
63021 one interspace, cervical, bilateral	28.0	90	9.0	63220 lumbar	30.0	90	7.0
63030 one interspace, lumbar, unilateral	25.0	90	7.0	63225 sacral	30.0	90	7.0
63031 one interspace, lumbar, bilateral	27.0	90	7.0	63240 Laminectomy, more than two segments, for excision of intraspinal lesion; cervical	BR		9.0
63035 additional interspaces, cervical or lumbar	BR		9.0	63241 thoracic	BR		8.0
63040 Laminotomy (hemilaminectomy), for herniated intervertebral disk, and/or decompression of nerve root, any level, extensive or reexploration; cervical	BR		9.0	63242 lumbar	BR		7.0
63041 thoracic	BR		8.0	63250 Laminectomy for excision or occlusion of arteriovenous malformation of cord; cervical	BR		9.0
63042 lumbar	BR		7.0	63251 thoracic	BR		8.0
(When followed by arthrodesis, see 22550-22565)				<b>STEREOTAXIS</b>			
(Do not use both 63035 and 63040-63042 for same procedure)				63600 Stereotactic lesion of spinal cord, percutaneous, any modality (including stimulation and/or recording)	18.0	90	<u>7.0</u>
63060 Hemilaminectomy (laminectomy) for herniated intervertebral disk, thoracic; posterior approach	28.0	90	8.0	63610 Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery	8.0	0	<u>7.0</u>
63064 costovertebral approach	30.0	90	8.0	63615 Stereotactic biopsy, aspiration, or excision of lesion, spinal cord	BR		<u>7.0</u>
63065 Transthoracic approach for herniated intervertebral disk or other mass lesion, thoracic spine	32.7	90	8.0	<b>NEUROSTIMULATORS, SPINAL</b>			
63075 Discectomy, cervical, anterior approach, without arthrodesis; single interspace	26.0	90	9.0	63650 Percutaneous implantation of neurostimulator electrodes; epidural	BR		<u>7.0</u>
63076 additional interspaces	5.0		<u>9.0</u>	63652 intradural (spinal cord)	BR		<u>8.0</u>
(For discectomy with arthrodesis, see 22550-22566)				63655 Laminectomy for implantation of neurostimulator electrodes; epidural	BR		<u>7.0</u>
<b>INCISION</b>				63656 endodural	BR		<u>7.0</u>
				63657 subdural	BR		<u>7.0</u>
				63658 spinal cord (dorsal or ventral)	BR		<u>7.0</u>
				63660 Revision or removal of spinal neurostimulator electrodes	BR		<u>7.0</u>
				63685 Incision for subcutaneous placement of neurostimulator receiver, direct or inductive coupling	BR		<u>7.0</u>

	Unit Value	Follow-up Days=	Basic Anes@
63688 Revision or removal of spinal neurostimulator receiver . . . . .	BR		<u>7.0</u>
<b>REPAIR</b>			
63700 Repair of meningocele; less than 5 cm diameter . . . . .	20.0	90	9.0
63702 larger than 5 cm diameter . . . . .	BR		<u>9.0</u>
63704 Repair of myelomeningocele; less than 5 cm diameter . . . . .	BR		<u>9.0</u>
63706 larger than 5 cm diameter . . . . .	BR		<u>9.0</u>
(For complex skin closure, see Integumentary System)			
63708 Repair dural/CSF leak . . . . .	BR		<u>9.0</u>
63710 Dural graft, spinal . . . . .	BR		<u>9.0</u>
(For laminectomy and section of dentate ligaments, with or without dural graft, cervical, see 63180-63182)			
<b>SHUNT, SPINAL CSF</b>			
63740 Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural or other including laminectomy . . . . .	26.0	90	9.0
63744 Replacement, irrigation or revision of lumbar-subarachnoid shunt . . . . .	10.0	90	5.0
63746 Removal of entire lumbar-subarachnoid shunt system without replacement . . . . .	10.0	90	5.0
63750 Insertion, subarachnoid catheter with reservoir and/or pump for intermittent or continuous infusion of drug, including laminectomy . . . . .	BR		<u>5.0</u>

**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

✓ **WAC 296-22-375 EXTRACRANIAL NERVES, PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM.**

(For intracranial surgery on cranial nerves, see 61450, 61460, 61790)

**INTRODUCTION/INJECTION OF ANESTHETIC AGENT (NERVE BLOCK), DIAGNOSTIC OR THERAPEUTIC SOMATIC NERVES**

Anesthetic Agent (diagnostic or therapeutic)

(For anesthesia services in conjunction with surgical procedures, see Anesthesia section)

**Somatic**

	Unit Value	Follow-up Days=	Basic Anes@
64400* Injection, anesthetic agent; trigeminal nerve, any division or branch . . . . .	*3.0	0	
64402* facial nerve . . . . .	*2.5	0	
64405* greater occipital nerve . . . . .	*2.5	0	
64408* vagus nerve . . . . .	*2.5	0	
64410* phrenic nerve . . . . .	*2.5	0	
64412* spinal accessory nerve . . . . .	*2.5	0	
64413* cervical plexus . . . . .	*2.5	0	
64415* brachial plexus . . . . .	*2.5	0	
64417* axillary nerve . . . . .	*2.5	0	
64418* suprascapular nerve . . . . .	2.0	0	

	Unit Value	Follow-up Days=	Basic Anes@
64420* intercostal nerve, single . . . . .	*2.0	0	
64421* intercostal nerves, multiple, regional block . . . . .	*2.5	0	
64425* ilioinguinal, iliohypogastric nerves . . . . .	*2.0	0	
64430* pudendal nerve . . . . .	*2.5	0	
64435* paracervical (uterine) nerve . . . . .	*2.5	0	
64440* paravertebral nerve (thoracic, lumbar, sacral, coccygeal), single . . . . .	*3.0	0	
64441* paravertebral nerves, multiple, regional block . . . . .	*3.2	0	
64442* paravertebral facet joint nerve, lumbar, single level . . . . .	2.5	0	
64443* paravertebral facet joint nerve, lumbar, each additional level . . . . .	0.5	0	
64445* sciatic nerve . . . . .	*2.5	0	
64450* other peripheral nerve or branch . . . . .	*2.0	0	

(For phenol destruction, see 64600-64640)

(For subarachnoid or subdural, see 62274-62277)

(For epidural or caudal, see 62278, 62279)

**SYMPATHETIC NERVES**

64505* Injection, anesthetic agent; sphenopalatine ganglion . . . . .	*3.0	0	
64508* carotid sinus (separate procedure) . . . . .	*2.5	0	
64510* stellate ganglion (cervical sympathetic) . . . . .	*2.0	0	
64520* lumbar or thoracic (paravertebral sympathetic) . . . . .	*3.0	0	
64530* celiac plexus, with or without radiologic monitoring . . . . .	*4.0		

**NEUROSTIMULATORS, PERIPHERAL NERVE**

64550 Application of surface (transcutaneous) neurostimulator . . . . .	BR		
64553 Percutaneous implantation of neurostimulator electrodes; cranial nerve . . . . .	BR		
64555 peripheral nerve . . . . .	BR		
64560 autonomic nerve . . . . .	BR		
64565 neuromuscular . . . . .	BR		
64573 Incision for implantation of neurostimulator electrodes; cranial nerve . . . . .	BR		
64575 peripheral nerve . . . . .	BR		
64577 autonomic nerve . . . . .	BR		
64580 neuromuscular . . . . .	BR		
64585 Revision or removal of peripheral neurostimulator electrodes . . . . .	BR		
64590 Incision for subcutaneous placement of neurostimulator receiver, direct or inductive coupling . . . . .	BR		
64595 Revision or removal of peripheral neurostimulator receiver . . . . .	BR		

**DESTRUCTION BY NEUROLYTIC AGENT (E.G., CHEMICAL, THERMAL, ELECTRICAL, RADIOFREQUENCY) SOMATIC NERVES**

64600 Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch . . . . .	5.0	7	
64605 second and third division branches at foramen ovale . . . . .	5.0	30	
64610 second and third division . . . . .			

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
branches at foramen ovale under radiologic monitoring . . . . .	5.0	30		(For section of recurrent laryngeal nerve, see 31595)			
64620 Destruction by neurolytic agent; intercostal nerve . . . . .	4.0	7		64746 phrenic nerve . . . . .	5.0	30	3.0
64622 paravertebral facet joint nerve, lumbar, single level . . . . .	BR			(For section of recurrent laryngeal nerve, see 31595)			
64623 paravertebral facet joint nerve, lumbar, each additional level . . . . .	BR			64752 vagus nerve (vagotomy), transthoracic . . . . .	14.0	45	11.0
64630 pudendal nerve . . . . .	5.0			64755 vagi limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, parietal cell vagotomy, supra- or highly selective vagotomy) . . . . .	BR	45	3.0
64640 Other peripheral nerve or branch . . . . .	5.0			64760 vagus nerve (vagotomy), abdominal . . . . .	14.0	45	6.0
<b>SYMPATHETIC NERVES</b>				64761 pudendal nerve, unilateral . . . . .	BR		6.0
64680 Destruction by neurolytic agent, celiac plexus, with or without radiologic monitoring . . . . .	6.0	7		64762 pudendal nerve, bilateral . . . . .	BR		6.0
<b>EXPLORATION, NEUROLYSIS OR NERVE DECOMPRESSION (NEUROPLASTY)</b>				64763 Transection or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy; unilateral . . . . .	6.0	45	3.0
Decompression or freeing of intact nerve from scar tissue, including external neurolysis and transposition				64764 bilateral . . . . .	9.0	45	3.0
(For internal neurolysis by dissection, see 64727)				64766 Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy; unilateral . . . . .	10.0	60	4.0
(For facial nerve decompression, see 69720)				64768 bilateral . . . . .	13.0	60	4.0
64702 Neurolysis; digital, one or both, same digit . . . . .	4.8	90	3.0	64771 Transection or avulsion of other cranial nerve, extradural . . . . .	BR		3.0
64704 nerve of hand or foot . . . . .	8.0	90	3.0	64772 Transection or avulsion of other spinal nerve, extradural . . . . .	BR		3.0
64708 Neurolysis, major peripheral nerve; arm or leg; other than specified . . . . .	12.0	90	3.0				
64712 sciatic nerve . . . . .	BR		3.0	<b>EXCISION</b>			
64713 brachial plexus . . . . .	BR		3.0	(For excision of tender scar, skin and subcutaneous tissues with or without tiny neuroma, see 11400-11460, 13000-13300)			
64714 lumbar plexus . . . . .	BR		3.0	<b>EXCISION-SOMATIC NERVES</b>			
64716 Neurolysis and/or transposition; cranial nerve (specify) . . . . .	BR		3.0	(For Morton neurectomy, see 28080)			
64718 ulnar nerve at elbow . . . . .	15.0	90	3.0	64774 Excision of neuroma; cutaneous nerve, surgically identifiable . . . . .	3.0	30	3.0
64719 ulnar nerve at wrist . . . . .	9.0	90	3.0	64776 digital nerve, one or both, same digit . . . . .	3.0	30	3.0
64721 median nerve at carpal tunnel . . . . .	10.0	90	3.0	64778 digital nerve, each additional digit (list separately by this number) . . . . .	2.0		
64722 Decompression; unspecified nerve(s) (specify) . . . . .	BR		3.0	64782 hand or foot, except digital nerve . . . . .	6.0	30	3.0
64726 plantar digital nerve . . . . .	6.0	90	3.0	64783 hand or foot, each additional nerve, except same digit (list separately by this number) . . . . .	3.0	30	3.0
64727 Internal neurolysis by dissection, with or without microdissection (list separately in addition to code for primary neuroplasty) . . . . .	BR		3.0	64784 major peripheral nerve except sciatic . . . . .	10.0	30	3.0
<b>INTRODUCTION/INJECTION OF ANESTHETIC AGENT (NERVE BLOCK), DIAGNOSTIC OR THERAPEUTIC SOMATIC NERVES</b>				64786 sciatic nerve . . . . .	BR		3.0
<b>TRANSECTION OR AVULSION OF NERVES</b>				64787 Insertion of plastic cap on nerve end . . . . .	BR		3.0
(For stereotactic lesion of gasserian ganglion, see 61790)				64788 Excision of neurofibroma or neurolemmoma, cutaneous nerve . . . . .	6.0	30	3.0
64732 Transection or avulsion of; supraorbital nerve . . . . .	7.0	30	3.0	64790 major peripheral nerve . . . . .	BR		3.0
64734 infraorbital nerve . . . . .	7.0	30	3.0	64792 extensive (including malignant type) . . . . .	BR		3.0
64736 mental nerve . . . . .	7.0	30	3.0	64795 Biopsy of nerve . . . . .	BR		3.0
64738 inferior alveolar nerve by osteotomy . . . . .	10.0	30	3.0	<b>EXCISION-SYMPATHETIC NERVES</b>			
64740 lingual nerve . . . . .	BR		3.0	64802 Sympathectomy, cervical; unilateral . . . . .	14.5	60	6.0
64742 facial nerve, differential or complete . . . . .	BR		3.0	64803 bilateral . . . . .	19.0	60	6.0
64744 greater occipital nerve . . . . .	7.0	30	3.0				

	Unit Value	Follow-up Days=	Basic Anes@
64804 Sympathectomy, cervicothoracic; unilateral, one stage	20.0	60	6.0
64806 bilateral or two stage unilateral	28.0	60	8.0
64809 Sympathectomy, thoracolumbar; unilateral	20.0	60	6.0
64811 bilateral	28.0	60	8.0
<del>((64814 Sympathectomy, hypogastric or presacral neurectomy (separate procedure))</del>	<del>14.0</del>	<del>60</del>	<del>5.0</del>
<u>(64814 Hypogastric or presacral neurectomy has been deleted. To report, use 64999)</u>			
64818 Sympathectomy, lumbar; unilateral	15.0	60	5.0
64819 bilateral	21.0	60	5.0
<del>((64824 periarterial</del>	<del>24.0</del>	<del>60</del>	<del>5.0</del>
<u>(64824 has been deleted. To report periarterial sympathectomy, use 64999)</u>			

**NERVE REPAIR BY SUTURE (NEURORRHAPHY)**

64830 Microdissection and/or microrepair of nerve (list separately in addition to code for nerve repair)	<u>BR</u>		<u>3.0</u>
64831 Suture of digital nerve, hand or foot; one nerve	4.8	90	3.0
64832 each additional digit nerve	1.2		
64834 Suture of one nerve, hand or foot; common sensory nerve	8.0	90	3.0
64835 median motor thenar	10.0	90	3.0
64836 ulnar motor	12.0	90	3.0
64837 Suture of each additional nerve, hand or foot	<u>BR</u>		<u>3.0</u>
64840 Suture of posterior tibial nerve	<u>BR</u>		<u>3.0</u>
64856 Suture of major peripheral nerve, arm or leg, except sciatic; including transposition	14.0	90	3.0
64857 without transposition	<u>BR</u>	90	3.0
64858 Suture of sciatic nerve <del>((BR+))</del>	<u>BR</u>		3.0
64859 Suture of each additional major peripheral nerve	<u>BR</u>		<u>3.0</u>
64861 Suture of; brachial plexus <del>((BR+))</del>	<u>BR</u>		3.0
64862 lumbar plexus	<u>BR</u>		<u>3.0</u>
64864 Suture of facial nerve; extracranial <del>((BR+))</del>	<u>BR</u>		3.0
64865 intratemporal, with or without grafting	<u>BR</u>		<u>3.0</u>
64866 Anastomosis; facial-spinal accessory	26.0	90	3.0
64868 facial-hypoglossal	26.0	90	3.0
64870 facial-phrenic	26.0	90	3.0
64872 Suture of nerve; requiring secondary or delayed suture (list separately in addition to code for primary neurorrhaphy)	<u>BR</u>		<u>3.0</u>
64874 requiring extensive proximal mobilization, or transposition of nerve (list separately in addition to code for nerve suture)	<u>BR</u>		3.0
64876 requiring shortening of bone of extremity (list separately in addition to code for nerve suture)	<u>BR</u>		<u>3.0</u>
<b>NEURORRHAPHY WITH NERVE GRAFT</b>			
64890 Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length	<u>BR</u>	90	3.0

	Unit Value	Follow-up Days=	Basic Anes@
64891 more than 4 cm length	<u>BR</u>	90	3.0
64892 Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length	<u>BR</u>	90	3.0
64893 more than 4 cm length	<u>BR</u>	90	3.0
64895 Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length	<u>BR</u>	90	3.0
64896 more than 4 cm length	<u>BR</u>	90	3.0
64897 Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length	<u>BR</u>	90	3.0
64898 more than 4 cm length	<u>BR</u>	90	3.0
64901 Nerve graft, each additional nerve; single strand	<u>BR</u>	90	3.0
64902 multiple strands (cable)	<u>BR</u>	90	3.0
64905 Nerve pedicle transfer; first stage	<u>BR</u>	90	3.0
64907 second stage	<u>BR</u>	90	3.0

**OTHER PROCEDURES**

64999 Unlisted procedure, nervous system	<u>BR</u>		<u>3.0</u>
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**AMENDATORY SECTION (Amending Order 81-28, filed 11/30/81, effective 1/1/82)**

**WAC 296-22-405 EYEBALL.**

	Unit Value	Follow-up Days=	Basic Anes@
(For goniotomy, see 65820)			
<b>REMOVAL OF EYE</b>			
65091 Evisceration ocular contents; without implant	10.0	30	3.0
65093 with implant	12.0	30	3.0
65101 Enucleation of eye, without implant	10.0	30	3.0
65103 with implant, muscles not attached to implant	11.0	30	3.0
65105 with, muscles attached to implant, muscles attached to implant	12.0	30	3.0
(For conjunctivoplasty after enucleation, see 68320 et seq)			
65110 Exenteration orbit (does not include skin graft), removal orbital contents; only	20.0	60	4.0
65112 with therapeutic removal of bone	<u>BR</u>		4.0
65114 with temporalis muscle transplant	25.0	60	4.0
(For skin graft to orbit (split skin), see 15120, 15121; free, full thickness, see 15260, 15261)			
(For eyelid repair involving more than skin, see 67930 et seq)			

**SECONDARY IMPLANT PROCEDURES**

An ocular implant is an implant inside muscular cone; an orbital implant is an implant outside muscular cone.

65130 Insertion ocular implant secondary; after evisceration, in scleral shell	8.0	30	4.0
65135 after enucleation, muscles not attached to implant	10.0	30	4.0

	Unit Value	Follow-up Days=	Basic Anes@
65140 after enucleation, muscles attached to implant . . . . .	14.0	30	4.0
65150 Reinsertion ocular implant; with or without conjunctival graft . . . .	BR		4.0
65155 with use of foreign material for reinforcement and/or attachment of muscles to implant . . . .	BR		4.0
65175 Removal ocular implant . . . . .	BR		4.0

(For orbital implant (implant outside muscle cone) insertion, see 67550; removal, see 67560)

**REMOVAL OF OCULAR FOREIGN BODY**

(For removal of implanted material: Ocular implant, see 65175; anterior segment implant, see 65920; posterior segment implant, see 67120; orbital implant, see 67560)

(For diagnostic x-ray for foreign body, see 70030-70050)

(For diagnostic echography for foreign body, see 76529)

(For removal of foreign body from orbit: frontal approach, see 67413; lateral approach, see 67430; transcranial approach, see 61334)

(For removal of foreign body from eyelid, embedded, see 67938)

(For removal of foreign body from lacrimal system, see 68530)

65205* Removal foreign body, external eye; conjunctival superficial . . . .	0.2	0	4.0
65210* conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating . . . . .	0.6	0	4.0
65220* corneal, without slit lamp . . . .	0.6	0	4.0
65222* corneal, with slit lamp . . . . .	0.8	0	4.0

(For repair of corneal laceration with foreign body, see 65275)

65230 Removal foreign body intraocular; from anterior chamber, magnetic extraction . . . . .	12.0	45	6.0
65235 from anterior chamber, nonmagnetic extraction . . . . .	16.0	45	8.0
65240 from lens (without extraction lens), magnetic extraction . . . . .	12.0	30	6.0
65245 from lens (without extraction lens), nonmagnetic extraction . .	BR		<u>8.0</u>

(For removal implanted material anterior segment, see 65920)

65260 from posterior segment, magnetic extraction, anterior or posterior route . . . . .	12.0	30	6.0
65265 from posterior segment, nonmagnetic extraction . . . . .	18.0	30	8.0

(For removal implanted material posterior segment, see 67120)

**REPAIR OF LACERATION OF EYEBALL**

(For fracture of orbit, see 21380 et seq)

(For repair wound of eyelid, skin, linear, simple, see 12011-12018;

	Unit Value	Follow-up Days=	Basic Anes@
intermediate, layered closure, see 12051-12057; linear, complex, see 13150-13300; other, see 67930-67935)			
(For repair wound of lacrimal system, see 68700)			
(For repair operative wound, see 66250)			
65270* Repair laceration; conjunctiva, with or without nonperforating laceration sclera, direct closure . . . . .	0.9	0	4.0
65272 conjunctiva, by mobilization and rearrangement, without hospitalization . . . . .	BR		4.0
65273 conjunctiva, by mobilization and rearrangement, with hospitalization . . . . .	BR		4.0
65275 cornea, nonperforating, with or without removal foreign body . .	SV		4.0
65280 cornea and/or sclera, perforating, not involving uveal tissue . .	BR	30	5.0
65285 cornea and/or sclera, perforating, with reposition or resection of uveal tissue . . . . .	<del>(BR)</del> <u>15.4</u>	30	5.0

(Repair of laceration includes use of conjunctival flap and restoration of anterior chamber, by air or saline injection when indicated)

(For repair of iris or ciliary body, see 66680)

65290 Repair wound extraocular muscle, tendon and/or Tenon's capsule . . . .	4.4	30	4.0
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**AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)**

**WAC 296-22-410 ANTERIOR SEGMENT—CORNEA.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
65300 Delimiting keratotomy . . . . .	2.0	15	3.0

(For paracentesis of cornea, see 65800-65815)

(For removal of foreign body, cornea, see 65220-65222)

	Unit Value	Follow-up Days=	Basic Anes@
<b>EXCISION</b>			
65400 Excision lesion cornea (keratectomy, lamellar, partial), except pterygium . . . . .	8.0	30	3.0
65410* Biopsy cornea . . . . .	1.0	0	3.0
65420 Excision or transposition, pterygium; without graft . . . . .	6.0	30	3.0
65426 with graft . . . . .	<del>(BR+)</del> <u>BR</u>		3.0

**REMOVAL OR DESTRUCTION**

65430* Scraping cornea, diagnostic, for smear and/or culture . . . . .	0.4	0	4.0
65435* Removal corneal epithelium; with or without chemocauterization (abrasion, curettage) . . . . .	1.0	0	4.0

	Unit Value	Follow-up Days=	Basic Anes@
65436 with application of chelating agent, e.g., EDTA . . . . .	BR		
65445 Thermocauterization lesion of cornea . . . . .	1.6	7	4.0
65455 Cryotherapy lesion of cornea . . . . .	1.6	7	4.0
65600 Tattoo of cornea, mechanical or chemical . . . . .	8.0	30	3.0

**KERATOPLASTY**

(Corneal transplant includes preparation of donor material)

65710 Keratoplasty (corneal transplant) lamellar; autograft . . . . .	24.0	90	8.0
65720 homograft, fresh . . . . .	24.0	90	8.0
65725 homograft, preserved . . . . .	24.0	90	8.0
65730 Keratoplasty (corneal transplant) penetrating (except in aphakia); autograft . . . . .	30.0	90	8.0
65740 homograft, fresh . . . . .	30.0	90	8.0
65745 homograft, preserved . . . . .	30.0	90	8.0
65750 Keratoplasty (corneal transplant) penetrating, in aphakia . . . . .	30.0	90	8.0

**OTHER PROCEDURES**

65760 Keratomeleusis (refractive keratoplasty) . . . . .	30.0	90	8.0
65765 Keratophakia . . . . .	30.0	90	8.0
65770 Keratoprosthesis . . . . .	32.0	90	8.0

(For fitting of contact lens for treatment of disease, see 92070)

(For unlisted procedures on cornea, see 66999)

**AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)**

**WAC 296-22-413 ANTERIOR SEGMENT—ANTERIOR CHAMBER.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
*65800 Paracentesis anterior chamber eye (separate procedure); with diagnostic aspiration of aqueous . . . . .	*1.0	0	3.0
65805* with therapeutic release of aqueous . . . . .	1.5	0	3.0
65810 with removal of vitreous and/or discission of anterior hyaloid membrane, with or without air injection . . . . .	8.0	90	3.0
65815 with removal of blood, with or without irrigation and/or air injection . . . . .	5.6	15	3.0
(For injection, see 66020-66030)			
(For removal of blood clot, see 65930)			
65820 Goniotomy; without goniotomy . . . . .	10.0	30	3.0
65825 with goniotomy . . . . .	10.0	30	4.0
65830 Goniotomy, without goniotomy . . . . .	BR		3.0
65850 Trabeculectomy ab externo . . . . .	BR		3.0
65855 <u>Trabeculoplasty by laser surgery, one or more sessions (defined treatment series)</u> . . . . .	BR		3.0

(If retreatment necessary after several months because of disease progression, a new treatment or treatment series should be reported with a modifier, if necessary, to indicate lesser or greater complexity)

(For trabeculectomy, see 66170)

**OTHER PROCEDURES**

65865 Severing adhesions anterior segment of eye, <u>incisional technique</u> (with or without injection air or liquid) (separate procedure); goniosynechia . . . . .	10.0	30	6.0
65870 anterior synechia, except goniosynechia . . . . .	9.0	30	6.0
65875 posterior synechia . . . . .	9.0	30	6.0
65880 corneovitreous adhesions . . . . .	BR		3.0
65900 Removal epithelial downgrowth anterior chamber eye . . . . .	BR		6.0
65920 Removal implanted material anterior segment eye . . . . .	BR		6.0
65930 Removal of blood clot, anterior segment eye . . . . .	BR		6.0
66020 Injection, anterior chamber (separate procedure); air or liquid . . . . .	2.0	7	3.0
66030* medication . . . . .	1.1	7	3.0

(For unlisted procedures on anterior segment, see 66999)

**AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)**

**WAC 296-22-415 ANTERIOR SEGMENT—ANTERIOR SCLERA.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>EXCISION</b>			
(For removal of intraocular foreign body, see 65230-65235)			
(For operations on posterior sclera, see 67250-67255)			
66130 Excision lesion sclera . . . . .	BR		6.0
66150 Fistulization sclera for glaucoma; trephination with iridectomy . . . . .	12.0	45	6.0
66155 thermocauterization with iridectomy . . . . .	12.0	45	6.0
66160 sclerectomy with punch or scissors, with iridectomy . . . . .	12.0	45	6.0
66165 iridencleisis or iridotaxis . . . . .	12.0	45	6.0
66170 trabeculectomy ab externo . . . . .	BR		
(For trabeculectomy ab externo, see 65850)			
(For repair of operative wound, see 66250)			
<b>REPAIR</b>			
(For scleral procedures in retinal surgery, see 67102 et seq)			
66220 Repair scleral staphyloma; without graft . . . . .	20.0	90	6.0
66225 with graft . . . . .	24.0	90	6.0

(For scleral reinforcement, see 67250-67255)

**REVISION OPERATIVE WOUND**

66250	Revision or repair operative wound anterior segment, any type, early or late, major or minor procedure .....	BR		6.0
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**OTHER PROCEDURES**  
(For unlisted procedures on anterior sclera, see 66999)

**AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)**

**WAC 296-22-425 ANTERIOR SEGMENT—LENS.**

	Unit Value	Follow-up Days=	Basic Anes@	
<b>INCISION</b>				
66800	Discission lens (needling of lens); initial .....	5.0	45	3.0
66801	subsequent .....	2.4	45	3.0
66820	Discission of secondary membranous cataract ("after cataract") and/or anterior hyaloid (Ziegler or Wheeler knife technique) ....	5.0	45	3.0

**REMOVAL CATARACT**

66830	Removal of secondary membranous cataract ("after cataract"), with corneoscleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy) .....	12.0	90	3.0
66840	Removal of lens material; aspiration technique, one or more stages .....	12.0	30	3.0
66850	phacofragmentation technique (mechanical or ultrasonic, e.g., phacoemulsification), with aspiration .....	16.0	90	3.0
66915	Expression lens, linear, one or more stages .....	20.0	90	3.0
66920	Extraction lens with or without iridectomy; intracapsular, with or without enzymes .....	20.0	90	3.0
66930	intracapsular, for dislocated lens .....	22.0	90	3.0
66940	extracapsular (other than 66840, 66850, 66915) .....	20.0	90	3.0
66945	in presence of fistulization bleb and/or by temporal, inferior or inferotemporal route, intracapsular or extracapsular .	22.0	90	3.0

Preliminary iridectomy, done as a separate procedure prior to extraction of lens, is included in the listed extraction of lens

(For removal of intralenticular foreign body without lens extraction, see 65240-65245)

(For repair of operative wound, see 66250)

**ANTERIOR SEGMENT—OTHER PROCEDURES**

	Unit Value	Follow-up Days=	Basic Anes@	
<del>((66980</del>	<del>Insertion intraocular lens prosthesis; at time of cataract extraction (any technique) one stage .....</del>			<del>BR))</del>
	<del>(66980 Cataract extraction with lens implantation has been deleted. To report, see 66983, 66984)</del>			
66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (one stage procedure) ..			BR 3.0
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure) ..			BR 3.0
66985	<del>((secondary,))</del> insertion of intraocular lens subsequent to <del>((earlier))</del> cataract extraction (separate procedure) .....			BR 3.0
	(For removal of implanted material from anterior segment, see 65920)			
	(For intraocular lens prosthesis supplied by physician, see 99070)			
	(For ultrasonic determination of intraocular lens power, see 76516, 76517)			
	(For secondary fixation (separate procedure), see 66682)			
66999	Unlisted procedure, anterior segment of eye .....			BR 3.0

**AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)**

**WAC 296-22-427 POSTERIOR SEGMENT—VITREOUS.**

	Unit Value	Follow-up Days=	Basic Anes@	
67005	Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal ..			BR 3.0
67010	subtotal removal with mechanical vitrectomy (such as VISC or rotoextractor) .....			BR 3.0
	(For removal of vitreous by paracentesis of anterior chamber, see 65810)			
	(For removal of corneovitreous adhesions, see 65880)			
67015	Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy) .....	9.0	15	3.0
67025	Injection of vitreous substitute, pars plana approach (separate procedure), excludes air or balanced salt solutions .....	12.0	30	3.0
67030	Discission of vitreous strands (without removal), pars plana approach .....			BR 3.0
<del>((67035</del>	<del>Vitrectomy mechanical (such as VISC or rotoextractor) pars plana approach, with or without removal of lens by same technique .....</del>			<del>BR))</del>

(67035 has been deleted. To report use 67036)

	Unit Value	Follow-up Days=	Basic Anes@
67036 Vitrectomy, mechanical, pars plana approach . . . . .	BR		3.0
(For associated lensectomy, see 66850)			
(For use of vitrectomy in retinal detachment surgery, see 67108)			
(For associated removal of foreign body, see 65260-65265)			
(For unlisted procedures on vitreous, see 67299)			

**AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)**

**WAC 296-22-430 POSTERIOR SEGMENT—RETINAL DETACHMENT.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>REPAIR</b>			
(If diathermy, cryotherapy and/or photocoagulation are combined, report under principle modality used)			
67102 Repair retinal detachment (one or more stages, same hospitalization); diathermy, with or without drainage of subretinal fluid and/or injection of air or saline . . . . .	20.0	90	3.0
67103 cryotherapy, with or without drainage of subretinal fluid((BR+))	BR		3.0
67104 drainage of subretinal fluid with photocoagulation (one or more stages), xenon arc . . . . .	22.0	90	3.0
67106 drainage of subretinal fluid with photocoagulation (one or more stages), laser . . . . .	22.0	90	3.0
67107 scleral buckling (such as lamellar excision, imbrication, or encircling procedure), with or without implant, may include procedures 67102-67106 . . . . .	30.0	90	8.0
67108 with vitrectomy, any method, with or without air tamponade, may include procedures 67102-67107 and/or removal of lens by same technique . . . . .	30.0	120	5.0
67109 by technique other than 67102-67108 . . . . .	BR		3.0
67112 previously operated upon, any technique . . . . .	BR		3.0
(For aspiration or drainage of subretinal or subchoroidal fluid, see 67015)			
67115 Release of encircling material (posterior segment) . . . . .	BR		3.0
67120 Removal implanted material, posterior segment ((eye)) extraocular . . . . .	BR		3.0
67121 intraocular . . . . .	BR		3.0
(For removal from anterior segment, use 65920)			

(For removal of foreign body, see 65260, 65265)

**PROPHYLAXIS**

Repetitive services. The services listed below are often performed in multiple sessions or groups of sessions. The methods of reporting vary. The following descriptors are intended to include all sessions in a defined treatment period.

67142 Prophylaxis retinal detachment (e.g., retinal break, lattice degeneration), without drainage, one or more stages; diathermy . . . . .	10.0	30	3.0
67143 cryotherapy . . . . .	10.0	30	3.0
67144 photocoagulation, xenon arc . . . . .	10.0	30	3.0
67146 photocoagulation, laser . . . . .	10.0	30	3.0

**POSTERIOR SEGMENT—OTHER PROCEDURES**

**DESTRUCTION—RETINA, CHOROID**

67212 Destruction of localized lesion retina or choroid (e.g. choroidopathy), one or more stages; diathermy . . . . .	10.0	30	3.0
67213 cryotherapy . . . . .	10.0	30	3.0
67214 photocoagulation, xenon arc . . . . .	10.0	30	3.0
67216 photocoagulation, laser . . . . .	10.0	30	3.0
67218 radiation by implantation of source (includes removal of source) . . . . .	BR		3.0
67222 Destruction of progressive retinopathy (eg, diabetic), one or more stages; diathermy . . . . .	12.0	30	3.0
67223 cryotherapy . . . . .	12.0	30	3.0
67224 photocoagulation, xenon arc . . . . .	12.0	30	3.0
67226 photocoagulation, laser . . . . .	12.0	30	3.0
(For unlisted procedures on retina, see 67299)			

**SCLERAL REPAIR**

(For excision lesion sclera, see 66130)

67250 Scleral reinforcement (separate procedure); without graft . . . . .	22.0	90	3.0
67255 with graft . . . . .	24.0	90	3.0

(For repair scleral staphyloma, see 66220-66225)

67299 Unlisted procedure, posterior segment . . . . .	BR		3.0
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**AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)**

**WAC 296-22-435 OCULAR ADNEXA—EXTRAOCULAR MUSCLES.**

	Unit Value	Follow-up Days=	Basic Anes@
67311 Strabismus surgery on patient not previously operated on, any procedure, any muscle, (may include minor displacement, eg, for A or V pattern); one muscle . . . . .	10.0	30	3.0
67312 two muscles, one or both eyes . . . . .	10.0	30	3.0
67313 three or more muscles, and/or adjustable suture one or both eyes . . . . .	12.0	30	3.0
67320 Transposition extraocular muscle (e.g., for paretic muscle), one or			



	Unit Value	Follow-up Days=	Basic Anes@
67331 more stages, one or more muscles, with displacement of plane of action more than 5 mm . . . . .	18.0	30	3.0
67332 Strabismus surgery on patient previously operated on; not involving reoperation of muscles . . . . .	10.0	30	3.0
67332 involving reoperation of muscles . . . . .	BR		<u>3.0</u>

**OTHER PROCEDURES**

67350 Biopsy extraocular muscle . . . . . (For repair of wound extraocular muscle, tendon or Tenon's capsule, see 65290)	4.4	15	3.0
67399 Unlisted procedure, ocular muscle . . . . .	BR		<u>3.0</u>

**AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)**

**WAC 296-22-440 OCULAR ADNEXA—ORBIT.**

**EXPLORATION, EXCISION**

	Unit Value	Follow-up Days=	Basic Anes@
67400 Orbitotomy without bone flap (frontal approach); for exploration, with or without biopsy . . . . .	12.0	30	7.0
67405 drainage only . . . . .	12.0	30	7.0
67412 with removal lesion . . . . . ((BR+))	BR		7.0
67413 with removal foreign body . . . . .	BR		<u>7.0</u>
67415 Transconjunctival or aspirational biopsy . . . . .	2.2	15	3.0
(For exenteration, enucleation, and repair, see 65101 et seq)			
67420 Orbitotomy with bone flap, lateral approach (e.g., Kroenlein); with removal of lesion . . . . .	22.0	30	7.0
67430 with removal foreign body . . . . .	22.0	30	7.0
67440 with drainage or decompression . . . . .	22.0	30	7.0
67450 for exploration, with or without biopsy . . . . .	22.0	30	7.0
(For orbitotomy, transcranial approach, see 61330-61334)			
(For orbital implant, see 67550, 67560)			
(For removal of eyeball or for repair after removal, see 65091-65175)			

**OTHER PROCEDURES**

*67500 Retrobulbar injection; medication (separate procedure, does not include supply of medication) . . . . .	*0.6	0	
67505 alcohol . . . . .	2.0	15	
67510 air or opaque contrast medium for radiography . . . . .	1.0	7	
67515* Injection therapeutic agent into Tenon's capsule . . . . .	0.7	0	3.0
(For subconjunctival injection, see 68200)			

	Unit Value	Follow-up Days=	Basic Anes@
67550 Orbital implant (implant outside muscle cone); insertion . . . . .	15.0	30	3.0
67560 removal or revision . . . . .	BR		<u>3.0</u>
(For ocular implant (implant inside muscle cone), see 65093-65105, 65130-65175)			
(For treatment of fractures of malar area, orbit, see 21350 et seq)			
67599 Unlisted procedure, orbit . . . . .	BR		<u>3.0</u>

**AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)**

**WAC 296-22-445 OCULAR ADNEXA—EYELIDS.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
*67700 Blepharotomy, drainage abscess eyelid . . . . .	*0.4	0	3.0
67710 Severing tarsorrhaphy . . . . .	0.4	0	3.0
67715 Canthotomy (separate procedure) . . . . .	0.4	0	3.0
(For canthoplasty, see 67950)			
(For division symblepharon, see 68340)			

**EXCISION OR REMOVAL OF LESION INVOLVING MORE THAN SKIN (I.E., INVOLVING LID MARGIN, TARSUS AND/OR PALPEBRAL CONJUNCTIVA\*)**

(For removal of lesion, involving mainly skin of eyelid, see 11440-11446; 11640-11646; 17000-17010)			
(For repair wounds, blepharoplasty, grafts, reconstructive surgery, see 67930-67975)			
67800 Excisionchalazion; single . . . . .	1.2	15	3.0
67801 multiple, same lid . . . . .	1.4	15	3.0
67805 multiple, different lids . . . . .	1.6	15	3.0
67808 under general anesthesia and/or requiring hospitalization, single or multiple . . . . .	3.2	30	3.0
67810* Biopsy eyelid . . . . .	1.0	37	3.0
*67820 Correction trichiasis; epilation, forceps only . . . . .	*0.4	0	
*67825 epilation, ((electrosurgical)) (eg, by electrotherapy or cryotherapy) . . . . .	*1.0	0	3.0
67830 incision lid margin . . . . .	BR		<u>3.0</u>
67835 incision lid margin, with free mucous membrane graft . . . . .	BR		<u>3.0</u>
67840* Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure . . . . .	1.6	0	3.0
(For excision and repair of eyelid by reconstructive surgery, see 67961-67966)			
67850* Destruction of lesion of lid margin (up to 1 cm) . . . . .	1.6	0	3.0
(For chemosurgery technique of malignancies of skin, see 17300-17302)			

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
(For initiation or follow-up care of topical chemotherapy, e.g., 5-FU or similar agents, see appropriate office visits)				67935	3.4	30	3.0
				67938	BR		3.0
<b>TARSORRHAPHY</b>				(For repair skin of eyelid, see 12011-12018; 12051-12057; 13150-13300)			
67880 Construction intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy; . . . . .	2.0	30	3.0	(For repair lacrimal canaliculi, see 68700)			
67882 with transposition of tarsal plate . . . . .	14.0	60	3.0	(For tarsorrhaphy, canthorrhaphy, see 67880-67882)			
(For severing of tarsorrhaphy, see 67710)				(For repair blepharoptosis and lid retraction, see 67901-67911)			
(For canthoplasty, reconstruction canthus, see 67950)				(For blepharoplasty for entropion, ectropion, see 67916, 67917, 67923, 67924)			
(For canthotomy, see 67715)				(For correction blepharochalasis (blepharorhytidectomy), see 15820-15823)			
<b>REPAIR BLEPHAROPTOSIS, LID RETRACTION</b>				(For repair skin of eyelid, adjacent tissue transfer, see 14060, 14061; preparation for graft, see 15000; free graft, see 15120, 15121, 15260, 15261)			
67901 Repair blepharoptosis; frontalis muscle technique with suture . . .	12.0	60	3.0	(For excision lesion of eyelid, see 67800 et seq.)			
67902 frontalis muscle technique with fascial sling (includes obtaining fascia) . . . . .	16.0	60	3.0	(For repair lacrimal canaliculi, see 68700)			
67903 (tarso) levator resection, internal approach . . . . .	16.0	60	3.0	67950 Canthoplasty (reconstruction of canthus) . . . . .	BR		3.0
67904 (tarso) levator resection, external approach . . . . .	16.0	60	3.0	67961 Excision and repair eyelid, involving lid margin, tarsus, conjunctiva, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin . . . . .			
67906 superior rectus technique with fascial sling (includes obtaining fascia) . . . . .	16.0	60	3.0	67966 over one-fourth of lid margin . . . . .	12.0	60	3.0
67907 superior rectus tendon transplant . . . . .	16.0	60	3.0	(For canthoplasty, see 67950)	15.0	60	3.0
67908 conjunctivo-tarso-levator resection (Fasanella-Servat type) . . . . .	12.0	60	3.0	(For free skin grafts, see 15120, 15121, 15260, 15261)			
67909 Reduction of overcorrection of ptosis . . . . .	BR		3.0	(For tubed pedicle flap preparation, see 15515; for delay, see 15630; for attachment, see 15555)			
67911 Correction of lid retraction . . . . .	12.0	60	3.0	67971 Reconstruction eyelid full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, one stage or first stage . . . . .	15.0	60	3.0
<b>REPAIR ECTROPION, ENTROPION</b>				67973 total eyelid, lower, one stage or first stage . . . . .	17.0	60	3.0
(For correction trichiasis by mucous membrane graft, see 67835)				67974 total eyelid, upper, one stage or first stage . . . . .	20.0	60	3.0
67914 Repair ectropion; suture . . . . .	1.6	15	3.0	67975 second stage . . . . .	2.4	60	3.0
67915 thermocauterization . . . . .	1.4	15	3.0	<b>OTHER PROCEDURES</b>			
67916 blepharoplasty, excision tarsal wedge . . . . .	9.0	60	3.0	67999 Unlisted procedure, eyelids . . . . .	BR		3.0
67917 blepharoplasty, extensive (e.g., Kuhnt-Szymanowski operation) . . . . .	11.0	60	3.0	(For cicatricial ectropion or entropion requiring scar excision, skin graft, etc., see 15100-15260)			
(For correction everted punctum, see 68705)							
67921 Repair entropion; suture . . . . .	1.6	15	3.0				
67922 thermocauterization . . . . .	1.4	15	3.0				
67923 blepharoplasty, excision tarsal wedge . . . . .	9.0	60	3.0				
67924 blepharoplasty, extensive (e.g., Wheeler operation) . . . . .	11.0	60	3.0				
(For repair cicatricial ectropion or entropion requiring scar excision or skin graft, see also 67961 et seq.)							
<b>RECONSTRUCTIVE SURGERY, BLEPHAROPLASTY INVOLVING MORE THAN SKIN (I.E., INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL CONJUNCTIVA)</b>							
67930 Suture recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva) direct closure; partial thickness . . . . .	1.6	15	3.0				

**AMENDATORY SECTION** (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

✓WAC 296-22-450 OCULAR ADNEXA—CONJUNCTIVA.

	Unit Value	Follow-up Days=	Basic Anes@
(For removal of foreign body, see 65205 et seq.)			
<b>INCISION, DRAINAGE</b>			
68020 Incision conjunctiva, drainage cyst	0.4	15	3.0
68040 Expression conjunctival follicles, e.g., for trachoma	SV		
<b>EXCISION, DESTRUCTION</b>			
68100 Biopsy conjunctiva	1.0	15	3.0
68110 Excision lesion conjunctiva; up to 1 cm	1.0	15	3.0
68115 over 1 cm	2.0	15	3.0
68130 with adjacent sclera	BR		3.0
68135* Destruction lesion conjunctiva	0.60	0	3.0
(For nevus, see 11440-11460)			
<b>INJECTION</b>			
68200 Subconjunctival injection	0.6	7	
(For injection into Tenon's capsule or retrobulbar injection, see 67500-67515)			
<b>CONJUNCTIVOPLASTY</b>			
(For wound repair, see 65270-65273)			
68320 Conjunctivoplasty; with conjunctival graft or extensive rearrangement	12.0	30	3.0
68325 with buccal mucous membrane graft (includes obtaining graft)	14.0	30	5.0
68326 Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement	BR		3.0
68328 with buccal mucous membrane graft (includes obtaining graft)	BR		5.0
68330 Repair symblepharon; conjunctivoplasty, without graft	BR		3.0
68335 with free graft conjunctiva or buccal mucous membrane (includes obtaining graft)	BR		5.0
68340 division symblepharon with or without insertion of conformer or contact lens	BR		3.0
<b>OTHER PROCEDURES</b>			
68360 Conjunctival flap; bridge or partial (separate procedure)	5.0	30	3.0
68362 total (such as Gunderson thin flap or purse string flap)	9.0	30	3.0
(For conjunctival flap for perforating injury, see 65280-65285)			
(For repair of operative wound, see 66250)			
(For removal of conjunctival foreign body, see 65205-65210)			
68399 Unlisted procedure, conjunctiva	BR		3.0
(For repair of symblepharon without graft, see 11400-11460, 13000-14160)			

**AMENDATORY SECTION** (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

✓WAC 296-22-455 OCULAR ADNEXA—LACRIMAL SYSTEM.

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
68400 Incision, drainage lacrimal gland	2.4	15	3.0
68420 Incision, drainage lacrimal sac	2.0	15	3.0
*68440 Snip incision lacrimal punctum	*0.4	0	3.0
<b>EXCISION</b>			
68500 Excision of lacrimal gland: (dacryoadenectomy), except for tumor; total	12.0	45	3.0
68505 partial	12.0	45	3.0
68510 Biopsy lacrimal gland	BR		3.0
68520 Excision of lacrimal sac (dacryocystectomy)	12.0	45	3.0
68525 Biopsy of lacrimal sac	BR		3.0
68530 Removal or foreign body or dacryolith, lacrimal passages	SV		
68540 Excision of lacrimal gland tumor; frontal approach	15.0	45	3.0
68550 involving osteotomy	BR		3.0
<b>REPAIR</b>			
68700 Plastic repair canaliculi	BR		3.0
68705 Correction everted punctum, cautery	1.0	60	3.0
68720 Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)	14.0	60	5.0
68745 Conjunctivorhinstomy (fistulization of conjunctiva to nasal cavity); without tube	15.0	90	5.0
68750 with insertion of tube or stent	15.0	90	5.0
68760 Closure lacrimal punctum, thermocauterization	1.0	15	3.0
68770 Closure lacrimal fistula (separate procedure)	5.0	30	3.0
<b>PROBING AND RELATED PROCEDURES</b>			
*68800 Dilation lacrimal punctum, with or without irrigation, unilateral or bilateral	*0.4	0	3.0
*68820 Probing nasolacrimal duct, with or without irrigation, unilateral or bilateral;	*0.6	0	3.0
68825 requiring hospitalization	BR		3.0
(See also 92018)			
68830 with insertion of tube or stent (without general anesthesia)	2.8	15	3.0
*68840 Probing lacrimal canaliculi, with or without irrigation	*0.4	0	3.0
68850* Injection contrast medium for dacryocystography	0.7	0	3.0
(For dacryocystography, see 70170, 70171)			
<b>OTHER PROCEDURES</b>			
68899 Unlisted procedure, lacrimal system	BR		3.0

AMENDATORY SECTION (Amending Order 81-28, filed 11/30/81, effective 1/1/82)

WAC 296-22-465 EXTERNAL EAR.

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
*69000 Drainage external ear, abscess or hematoma; simple	*0.4	0	3.0
69005 complicated ((BR+))	BR		3.0
*69020 Drainage external auditory canal, abscess	*0.4	0	3.0
69090 Ear piercing	0.6	7	
<b>EXCISION</b>			
(For plastic closure, see 13000-15760)			
69100 Biopsy external ear	0.6	7	3.0
69105 Biopsy external auditory canal	0.6	7	3.0
69110 Excision external ear; partial, simple repair	3.0	30	3.0
69120 complete amputation	8.0	90	3.0
(For reconstruction of ear, see 15120 et seq.)			
69140 Excision exostosis(es), of external auditory canal	12.0	90	3.0
69145 Excision soft tissue lesion, external auditory canal	0.6	90	3.0
69150 Radical excision external auditory canal lesion; without neck dissection ((BR+))	BR		3.0
69155 with neck dissection ((BR+))	BR		6.0
(For resection of temporal bone, see 69535)			
(For skin grafting, see 15000-15261)			
<b>REMOVAL FOREIGN BODY</b>			
*69200 Removal foreign body from external auditory canal; without general anesthesia	*0.4	0	
69205 with general anesthesia	2.0	7	3.0
69210 Removal impacted cerumen (separate procedure), one or both ears	0.5	0	3.0
69220 Debridement, mastoidectomy cavity, simple (e.g., routine cleaning; unilateral)	BR		3.0
69221 bilateral	BR		3.0
69222 Debridement, mastoidectomy cavity, complex (e.g., with anesthesia or more than routine cleaning); unilateral	BR		3.0
69223 bilateral	BR		3.0
<b>REPAIR</b>			
(For suture of wound or injury of external ear, see 12011-14300)			
69300 Otoplasty protruding ear, with or without size reduction; unilateral	10.0	180	3.0
69301 bilateral	16.0	180	3.0
69310 Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to trauma, infection), separate procedure	BR		3.0

	Unit Value	Follow-up Days=	Basic Anes@
69320 Reconstruction external auditory canal for congenital atresia, single stage	16.0	180	3.0
(For combination with middle ear reconstruction see 69631, 69641)			
(For other reconstructive procedures with grafts (skin, cartilage, bone), see 13150-15760, 21230-21235)			

OTHER PROCEDURES

(For otoscopy under general anesthesia, see 92502)			
69399 Unlisted procedure, external ear.	BR		3.0

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-22-470 MIDDLE EAR.

	Unit Value	Follow-up Days=	Basic Anes@
<b>INTRODUCTION</b>			
69400 Eustachian tube inflation, transnasal; with catheterization	0.3	0	
69401 without catheterization	0.3	0	
69405 Eustachian tube catheterization, transtympanic	BR		
69410 Focal application of phase control substance, middle ear (baffle technique)	BR		
<b>INCISION</b>			
*69420 Myringotomy, including aspiration and/or eustachian tube inflation	*0.6	0	3.0
*69424 Ventilating tube removal when originally inserted by another physician; unilateral	BR		3.0
69425 bilateral	BR		3.0
*69433 Tympanostomy (requiring insertion of ventilating tube); local or topical anesthesia; unilateral	1.6	7	3.0
*69434 bilateral	1.8	0	3.0
(69433, 69434 would normally be completed in an office setting)			
69436 Tympanostomy (requiring insertion of ventilating tube), general anesthesia; unilateral	2.0		3.0
69437 bilateral	3.0		3.0
(69436, 69437 would normally require the facilities available in an office surgical suite or in a hospital)			
69440 Middle ear exploration through postauricular or ear canal incision	10.0	30	3.0
(For atticotomy, see 69601 et seq.)			
69450 Tympanolysis, transcanal			3.0
<b>EXCISION</b>			
69501 Transmastoid antrotomy ("simple" mastoidectomy)	12.0	180	5.0

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@	
69502	Mastoidectomy; complete	18.0	180	5.0				
69505	modified radical	20.0	180	6.0				
69511	radical	20.0	180	6.0				
	(For skin graft, see 15000 et seq.)							
	(For mastoidectomy cavity debridement, see 69220-69223)							
69530	Petrous apicectomy including radical mastoidectomy	30.0	180	6.0	69641	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction	23.0 180 5.0	
69535	Resection temporal bone, external approach	BR	180	6.0	69642	with ossicular chain reconstruction	26.0 180 5.0	
	(For middle fossa approach, see 69950-69970)				69643	with intact or reconstructed wall, without ossicular chain reconstruction	26.0 180 5.0	
69540	Excision aural polyp	1.0	15	3.0	69644	with intact or reconstructed canal wall, with ossicular chain reconstruction	28.0 180 5.0	
69550	Excision aural glomus tumor; transcanal	BR		3.0	69645	radical or complete, without ossicular chain reconstruction	24.0 180 5.0	
69552	transmastoid	BR		3.0	69646	radical or complete, with ossicular chain reconstruction	26.0 180 5.0	
69554	extended (extratemporal)	BR		3.0	69650	Stapes mobilization	12.0 90 3.0	
<b>REPAIR</b>					69660	Stapedectomy with reestablishment of ossicular continuity, with or without use of foreign material	20.0 90 5.0	
69601	Revision mastoidectomy; resulting in complete mastoidectomy	15.0	180	6.0	69661	with footplate drill out	BR 90 5.0	
69602	resulting in modified radical mastoidectomy	20.0	180	5.0		(For revision, see 69632)		
69603	resulting in radical mastoidectomy	20.0	180	5.0	69666	Repair oval window fistula	20.0 180 5.0	
69604	resulting in tympanoplasty	BR		5.0	69667	Repair round window fistula	20.0 180 5.0	
	(For planned secondary tympanoplasty after mastoidectomy, see 69631, 69632)				69670	Mastoid obliteration (separate procedure)	BR 6.0	
69605	with apicectomy	BR				(69675 Tympanic neurectomy has been revised as 69676, 69677)		
	(For skin graft, see 15120, 15121, 15260, 15261)				69676	Tympanic neurectomy; unilateral	3.0 180 6.0	
69610	Tympanic membrane repair, with or without site preparation or perforation preparation for closure without patch	0.6	0	3.0	69677	bilateral	BR 180 6.0	
69611	Tympanic membrane patching with tissue graft	0.6	0	3.0	<b>OTHER PROCEDURES</b>			
69620	Myringoplasty, (surgery confined to drumhead and donor area)	13.0	180	3.0	69700	Closure postauricular fistula, mastoid (separate procedure)	7.0 60 3.0	
69631	Tympanoplasty, without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction	22.0	180	3.0	69720	Decompression, facial nerve, intratemporal; lateral to geniculate ganglion	24.0 180 6.0	
69632	with ossicular chain reconstruction, e.g., postfenestration	22.0	180	3.0	69725	including medial to geniculate ganglion	26.0 180 6.0	
69633	with ossicular chain reconstruction and synthetic prosthesis (e.g., total ossicular replacement prosthesis, TORP)	BR		3.0	69740	Suture facial nerve, intratemporal, with or without graft or decompression; lateral to geniculate ganglion	30.0 180 6.0	
69635	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction	22.0	180	6.0	69745	including medial to geniculate ganglion	30.0 180 6.0	
69636	with ossicular chain reconstruction	24.0	180	6.0		(For extracranial suture of facial nerve, see 64864)		
69637	with ossicular chain reconstruction and synthetic prosthesis (e.g., total ossicular replacement prosthesis, TORP)	BR	0	6.0	69799	Unlisted procedure, middle ear	BR 5.0	
					<b>AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)</b>			
					✓ WAC 296-22-475 INNER EAR.			
						Unit Value	Follow-up Days=	Basic Anes@
					<b>INCISION, DESTRUCTION</b>			
					69801	Labyrinthotomy, with or without cryosurgery or other nonexcisional destructive procedures or tack procedure; transcanal	20.0 180	6.0
					69802	with mastoidectomy	BR	6.0

	Unit Value	Follow-up Days=	Basic Anes@
69805 Endolymphatic sac operation; without shunt . . . . .	BR		6.0
69806 with shunt . . . . .	BR		6.0
69820 Fenestration semicircular canal . . . . .	22.0	180	6.0
69840 Revision fenestration operation . . . . .	11.0	180	6.0
<b>EXCISION</b>			
69905 Labyrinthectomy; transcanal . . . . . ((BR+))	BR		6.0
69910 with mastoidectomy . . . . .	BR		6.0
69915 Vestibular nerve section, translab- yrintine approach . . . . .	BR	180	6.0
(For transcranial approach, see 69950)			
69949 Unlisted procedure, inner ear . . . . .	BR		6.0
<b>TEMPORAL BONE, MIDDLE FOSSA APPROACH</b>			
(For external approach, see 69535)			
69950 Vestibular nerve section, transcranial approach . . . . .	BR		6.0
69955 Total facial nerve decompression and/or repair (may include graft) . . . . .	BR		6.0
69960 Decompression internal auditory canal . . . . .	BR		6.0
69965 Eustachian tuboplasty . . . . .	BR		6.0
69970 Removal of tumor . . . . .	BR		6.0
<b>OTHER PROCEDURES</b>			
69979 Unlisted procedure, temporal bone, middle fossa approach . . . . .	BR		6.0

**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

✓WAC 296-23-01006 RADIOLOGY, RADIATION THERAPY, NUCLEAR MEDICINE AND MODIFIERS. Listed services and procedures may be modified under certain circumstances. When applicable, the modifying circumstance should be identified by the addition of the appropriate modifier code which is a two digit number placed after the usual procedure number from which it is separated by a hyphen. If more than one modifier is used, the "multiple modifiers" code placed first after the procedure code indicates that one or more additional modifier codes will follow. Modifiers commonly used in RADIOLOGY (INCLUDING NUCLEAR MEDICINE AND DIAGNOSTIC ULTRASOUND) are as follows:

- 22 UNUSUAL SERVICES: When the service(s) provided is greater than that usually required for the listed procedure, it may be identified by adding modifier '-22' to the usual procedure number. List modified value. A report may also be appropriate. Note: Modifier -22 may be utilized with computerized tomography numbers when additional slices are required or a more detailed examination is necessary.
- 25 DIGITAL RADIOLOGY (e.g., digital subtraction angiography, digital fluoroscopy, digital radiography): When this technique is utilized, the modifier '-25' may be appended to the appropriate five digit number of the radiologic procedure to indicate

- 26 PROFESSIONAL COMPONENT: Certain procedures (e.g., laboratory, radiology, electrocardiogram, specific diagnostic and therapeutic services,) are a combination of a physician component and a technical component. When the physician component is billed separately, the procedure may be identified by adding the modifier '-26' to the usual procedure number and value as appropriate. The total cost of procedure cannot exceed the basic unit value.
- 27 TECHNICAL COMPONENT: Certain procedures (e.g., laboratory, radiology, electrocardiogram, specific diagnostic and therapeutic services) are a combination of a physician component and a technical component. When the technical component is billed separately, the procedure may be identified by adding the modifier '-27' to the usual procedure number and value as appropriate. The total cost of procedure cannot exceed the basic unit value.
- 50 MULTIPLE OR BILATERAL PROCEDURES: When multiple or bilateral procedures are provided at the same operative session, the first major procedure may be reported as listed. The secondary or lesser procedure(s) may be identified by adding the modifier '-50' to the usual procedure number(s) and value at 50 percent of the listed values unless otherwise indicated.
- 52 REDUCED SERVICES: Under certain circumstances a service or procedure is partially reduced or eliminated at the physician's election. Under these circumstances the service provided can be identified by its usual procedure number and the addition of the modifier '-52' signifying that the service is reduced. This provides a means of reporting reduced services at reduced charge without disturbing the identification of the basic service. Note: Modifier -52 may be utilized with computerized tomography numbers for a limited study or a follow-up study.
- 62 TWO SURGEONS: Under certain circumstances the skills of two surgeons (usually with different skills) may be required in the management of a specific surgical procedure. Under such circumstances the services of each may be identified by adding the modifier '-62' to the procedure number used by each surgeon for reporting his services.
- 66 SURGICAL TEAM: Under some circumstances, highly complex procedures (requiring the concomitant services of several physicians, often of different specialties, plus other highly skilled, specially trained personnel and various types of complex

equipment) are carried out under the 'surgical team' concept. Such circumstances may be identified by each participating physician with the addition of the modifier '-66' to the basic procedure number used for reporting services.

- 75 **CONCURRENT CARE, SERVICES RENDERED BY MORE THAN ONE PHYSICIAN:** When the patient's condition requires the additional services of more than one physician, each physician may identify his or her services by adding the modifier '-75' to the basic service performed.
- 76 **REPEAT PROCEDURE BY SAME PHYSICIAN:** The physician may need to indicate that a procedure or service was repeated subsequent to the original service. This may be reported by adding the modifier '-76' to the procedure code of the repeated service.
- 77 **REPEAT PROCEDURE BY ANOTHER PHYSICIAN:** The physician may need to indicate that a basic procedure performed by another physician had to be repeated. This may be reported by adding modifier '-77' to the repeated service.
- 80 **ASSISTANT SURGEON:** Surgical assistant services may be identified by adding the modifier '-80' to the usual procedure number(s).
- 90 **REFERENCE (OUTSIDE) LABORATORY:** When laboratory procedures are performed by a party other than the treating or reporting physician the procedure(s) may be identified by adding the modifier '-90' to the usual procedure number and shall be billed as charged to the physician.
- 99 **MULTIPLE MODIFIERS:** Under certain circumstances two or more modifiers may be necessary to completely delineate a service. In such situations modifier '-99' should be added to the basic procedure, and other applicable modifiers may be listed as a part of the description of the service. Value in accordance with appropriate modifiers.

	((Professional Com= po= ment))
70016 complete procedure . . . . .	BR
(For injection procedure only for cisternography, see 61053)	
70020 Ventriculography, air or positive contrast supervision and interpretation only . . . . .	8.0 ((8-0))
70021 positive contrast, supervision and interpretation only . . . . .	24.0
(For injection procedures for ventriculography, see 61025, 61030, 61120)	
70022 Stereotaxic localization . . . . .	((BR+)) BR
70030 Radiologic examination, eye, for detection of foreign body . . . . .	8.8 ((3-5))
70040 for localization of foreign body (does not include detection) . . . . .	14.0 ((6-4))
70050 for detection and localization of foreign body . . . . .	18.0 ((8-0))
70100 Radiologic examination, mandible, less than four views . . . . .	6.0 ((2-4))
70110 complete, minimum of four views . . . . .	10.0 ((4-0))
70120 Radiologic examination, mastoid(s), less than three views per side . . . . .	6.0 ((2-4))
70130 complete minimum of three views per side . . . . .	12.0 ((4-8))
70134 Radiologic examination, internal auditory meati, complete . . . . .	12.0 ((4-8))
70140 Radiologic examination, facial bones, less than three views . . . . .	6.0 ((2-4))
70150 complete, minimum of three views . . . . .	10.0 ((4-0))
70160 Radiologic examination, nasal bones complete, minimum of three views . . . . .	6.4 ((2-6))
70170 Nasolacrimal duct (dacryocystography) supervision and interpretation only . . . . .	4.0 ((4-0))
70171 complete procedure . . . . .	10.0
(For injection procedure for dacryocystography, see 68850)	
70190 Radiologic examination, optic foramina, . . . . .	6.0 ((2-4))
70200 orbits, complete, minimum of four views . . . . .	8.0 ((3-2))
70210 Paranasal sinuses, less than three views . . . . .	5.0 ((2-0))
70220 Radiologic examination, sinuses, paranasal, complete, minimum of three views without contrast studies . . . . .	8.8 ((3-5))
70230 with contrast studies, supervision and interpretation only . . . . .	10.0 ((4-0))
70231 with contrast studies, complete procedure . . . . .	16.0 ((5-3))
70240 Radiologic examination, sella turcica . . . . .	5.0 ((2-0))
70250 Radiologic examination, skull, limited, less than four views, with or without stereo . . . . .	6.0 ((2-4))
70260 complete, minimum of four views, with or without stereo . . . . .	12.0 ((4-8))
70300 Radiologic examination, teeth, single view . . . . .	2.0 ((0-8))
70310 partial examination, less than full mouth . . . . .	4.0 ((1-6))
70320 complete examination, full mouth . . . . .	8.0 ((3-2))
70328 Radiologic examination, temporomandibular joints, unilateral, open and closed mouth . . . . .	6.0 ((2-4))
70330 bilateral . . . . .	8.8 ((3-5))
70332 Temporomandibular joint arthrotomography (includes a contrast arthrogram and appropriate laminographic studies); supervision and interpretation only . . . . .	8.4 ((8-4))
70333 complete procedure . . . . .	21.1

**AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)**

**WAC 296-23-015 HEAD AND NECK.**

	((Professional Com= po= ment))
70002 Pneumoencephalography, supervision and interpretation only . . . . .	16.0 ((16-0))
70003 complete, procedure . . . . .	40.0
(For injection procedure only for pneumoencephalography, see 62286)	
70010 Myelography, posterior fossa supervision and interpretation only . . . . .	((BR+)) BR
70011 complete procedure . . . . .	BR
(For injection procedure, see 61052)	
70015 Cisternography, positive contrast; supervision and interpretation only . . . . .	BR

((Professional  
Com-  
Unit po=  
Value nent))

AMENDATORY SECTION (Amending Order 83-23,  
filed 8/2/83)

✓ WAC 296-23-020 CHEST.

		((Professional Com- Unit po= Value nent))		((Professional Com- Unit po= Value nent))	
(For injection procedure only for arthro- tomography, see 21116)					
70350	Cephalogram (orthodontic) .....	4.0 ((+6))			
70355	Orthopantogram .....	10.0 ((4-0))			
70360	Radiologic examination, neck for soft tis- sues .....	4.0 ((+6))	<del>((71000 Chest, "minifilm" .....</del>	<del>1.7 (0-7))</del>	
70370	pharynx or larynx, including fluoroscopy and/or magnification technique ...	8.0 ((3-2))	<u>(71000 Chest minifilm has been deleted)</u>		
70373	Laryngography, contrast; supervision and interpretation only .....	9.6 ((9-6))	71010	<u>radiologic examination, chest, single view, ((posteroanterior)) frontal .....</u>	4.0 ((+6))
70374	complete procedure .....	24.0	71015	<u>stereo, ((posteroanterior)) frontal ..</u>	5.0 ((2-0))
(For injection procedure only for laryn- gography, see 31708)			71020	<u>radiologic examination, chest, two views, ((posteroanterior)) frontal and lateral; .....</u>	7.0 ((2-8))
70380	Radiologic examination, salivary gland for calculus .....	6.4 ((2-6))	71021	<u>with apical lordotic procedure .....</u>	7.2 ((2-9))
70390	Sialography supervision and interpreta- tion only .....	3.2 ((3-2))	71022	<u>with oblique projections .....</u>	7.2 ((2-9))
70391	complete procedure .....	8.0	71023	<u>with fluoroscopy</u>	
(For injection procedure only for sialo- graphy, see 42550)			71030	<u>radiologic examination, chest, comple- te, minimum of four views; .....</u>	8.0 ((3-2))
70400	Orbitography, air or positive contrast; su- pervision and interpretation only .....	<u>BR ((BR))</u>	71034	<u>((including)) with fluoroscopy .....</u>	10.0 ((4-0))
70401	complete procedure .....	<u>BR</u>	(For ((independent)) <u>separate</u> chest flu- oroscopy, see 76000)		
(For injection procedure only for orbito- graphy, see 67510)			71035	Radiologic examination, chest, special views, e.g., lateral decubitus, Bucky stud- ies .....	BR
70450	Computerized tomography, head; without contrast material .....	58.0 ((23-0))	71036	Fluoroscopic localization for needle biopsy of intrathoracic lesion, including follow- up films .....	<u>BR</u> ((BR+))
70460	with contrast material .....	64.0 ((25-5))	71038	Fluoroscopic localization for transbron- chial biopsy or brushing .....	BR
70470	without intravenous contrast material, followed by contrast materials and fur- ther sections .....	71.0 ((28-0))	(For biopsy procedure, see 32420)		
(For coronal, sagittal, and/or oblique sections, see 76375)			71040	Bronchography, unilateral; supervision and interpretation only .....	5.6 ((5-6))
70480	Computerized axial tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material ..	58.0 ((23-0))	71041	complete procedure .....	14.0
70481	with contrast material .....	64.0 ((25-5))	71060	<u>bronchography, bilateral; supervision and interpretation only .....</u>	8.8 ((8-8))
70482	without contrast material, followed by contrast material and further sections .	71.0 ((28-0))	71061	complete procedure .....	22.0
(For coronal, sagittal, and/or oblique sections, see 76375)			(For injection procedure only for bron- chography, see 31715, 31710)		
70486	Computerized axial tomography, maxi- llofacial area; without contrast ma- terial .....	58.0 ((23-0))	71090	Insertion pacemaker, fluoroscopy and ra- diography, supervision and interpretation only .....	BR
70487	with contrast material(s) .....	64.0 ((25-5))	71100	Ribs, unilateral, minimum of two views .	7.2 ((2-9))
70488	without contrast material, followed by contrast material(s) and further sec- tions .....	71.0 ((28-0))	71101	including posteroanterior chest; mini- mum of three views .....	11.2 ((4-5))
(For coronal, sagittal, and/or oblique sections, see 76375)			71110	bilateral, minimum of three views ....	10.0 ((4-0))
70490	Computerized axial tomography, soft is- sue neck; without contrast material ....	<u>BR</u>	71111	including posteroanterior chest, mini- mum of four views .....	14.0 ((5-6))
70491	with contrast material(s) .....	<u>BR</u>	71120	Sternum, minimum of two views .....	6.0 ((2-4))
70492	without contrast material followed by contrast material(s) and further sec- tions .....	<u>BR</u>	71130	Sternoclavicular joint(s), minimum of three views .....	6.0 ((2-4))
(For coronal, sagittal, and/or oblique sections, see 76375)			71250	Computerized tomography, thorax; with- out contrast material .....	77.0 ((22-0))
(For cervical spine, see 72125, 72126)			71260	with contrast material(s) .....	84.0 ((22-0))
70550	<u>Magnetic resonance (e.g., proton) imag- ing; brain .....</u>	<u>BR</u>	71270	without contrast material, followed by contrast material and further sections	90.0 ((22-0))
70552	brain stem .....	<u>BR</u>	(For coronal, sagittal, and/or oblique sections, see 76375)		
			71550	<u>Magnetic resonance (e.g., proton) imag- ing, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy) .....</u>	<u>BR</u>



**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

✓ **WAC 296-23-025 SPINE AND PELVIS.**

	((Profes= sional Com= Unit po= Value nent))
72010 Spine, entire, survey study (A-P & lateral).....	16.0 ((6.4))
72020 Radiologic examination, spine, single view, specify level .....	((BR))
	<u>6.5</u>
72040 cervical, A-P and lateral .....	6.0 ((2.4))
72050 complete, minimum of four views .....	10.0 ((4.0))
72052 including oblique and flexion and extension views .....	15.2 ((6.8))
72070 thoracic, A-P and lateral .....	9.0 ((3.6))
72072 thoracic, A-P and lateral, including swimmer's view of the cervicothoracic junction .....	12.0 ((4.8))
72074 thoracic, complete inc. obliques, minimum of four views .....	16.0 ((6.4))
72080 thoraco-lumbar, A-P and lateral .....	9.0 ((3.6))
72090 scoliosis study, including supine and erect studies .....	6.0 ((2.4))
72100 lumbo-sacral, A-P and lateral .....	9.0 ((3.6))
72110 lumbosacral, complete, with oblique views .....	16.0 ((6.4))
72114 including bending views .....	18.5 ((7.4))
72120 bending views only, minimum of four views .....	10.0 ((4.0))
72125 Computerized axial tomography, cervical spine; without contrast material .....	((BR))
	<u>62.4</u>
72126 with contrast material .....	((BR))
	<u>72.8</u>
(For injection procedure, see 62284)	
72128 Computerized axial tomography, thoracic spine; without contrast material .....	((BR))
	<u>62.4</u>
72129 with contrast material .....	((BR))
	<u>72.8</u>
(For injection procedure, see 62284)	
72131 Computerized axial tomography, lumbar spine; without contrast material .....	((BR))
	<u>60.0</u>
72132 with contrast material .....	((BR))
	<u>70.0</u>
(For injection procedure, see 62284)	
(For coronal, sagittal, and/or oblique sections, see 76375)	
72140 <u>Magnetic resonance (e.g., proton) imaging; spinal cord</u>	
<u>(72145 has been deleted. To report, see 72125-72132)</u>	
72170 Pelvis, A-P only .....	5.0 ((2.0))
72180 stereo .....	6.4 ((2.6))
72190 complete, minimum of three views .....	8.0 ((3.2))
(For pelvimetry, see 74710)	
72192 Computerized tomography, pelvis; without contrast material	
72193 with contrast material(s)	
72194 without contrast material, followed by contrast material(s) and further sections	
(For pelvimetry, see 74710)	

	((Profes= sional Com= Unit po= Value nent))
72200 Sacro-iliac joints, less than three views ..	5.0 ((2.0))
72202 complete, minimum of three views .....	8.0 ((3.2))
72220 Sacrum and coccyx, minimum of two views .....	6.4 ((2.6))
72240 Myelography, cervical supervision and interpretation only .....	7.2 ((7.2))
72241 complete procedure .....	18.0
72255 thoracic supervision and interpretation only .....	7.2 ((7.2))
72256 complete procedure .....	18.0
72265 lumbosacral supervision and interpretation only .....	7.2 ((7.2))
72266 complete procedure .....	18.0
72270 entire spinal canal supervision and interpretation only .....	12.0 ((12.0))
72271 complete procedure .....	30.0
(For injection procedures for myelography, see 62284)	
72285 Diskography, cervical supervision and interpretation only .....	8.0 ((8.0))
72286 complete procedure .....	20.0
72295 lumbar supervision and interpretation only .....	8.0 ((8.0))
72296 complete procedure .....	20.0
(For injection procedures for diskography, see 62290, 62291)	

**AMENDATORY SECTION** (Amending Order 81-28, filed 11/30/81, effective 1/1/82)

✓ **WAC 296-23-030 UPPER EXTREMITIES.**

	((Profes= sional Com= Unit po= Value nent))
73000 Clavicle .....	4.8 ((1.9))
73010 Scapula .....	6.0 ((2.4))
73020 Shoulder, limited, one view .....	4.0 ((1.6))
73030 complete, minimum of two views .....	6.0 ((2.4))
73040 arthrography supervision and interpretation only .....	4.0 ((4.0))
73041 complete procedure .....	10.0
(For injection procedure for arthrography, see 23350)	
73050 Acromio-clavicular joints, bilateral, with or without weighted distraction .....	7.0 ((2.8))
73060 Humerus, minimum of two views .....	4.8 ((1.9))
73070 Elbow, limited, A-P and lateral .....	4.8 ((1.9))
73080 complete, minimum of three views .....	6.0 ((2.4))
73085 Radiologic examination, elbow, arthrography; supervision and interpretation only .....	4.0 ((4.0))
73086 complete procedure .....	10.0
(For injection procedure only for arthrography, see 24220)	
73090 Forearm, including one joint, A-P and lateral .....	4.8 ((1.9))
73092 upper extremity, infant, minimum of two views .....	3.6 ((1.4))
73100 Wrist, limited, A-P and lateral .....	4.0 ((1.6))
73110 complete, minimum of three views .....	6.0 ((2.4))
73115 Radiologic examination, wrist, arthrography; supervision and interpretation only .....	4.0 ((4.0))

	((Profes= sional Com= Unit po= Value nent))
73116 complete procedure . . . . .	10.0
(For injection procedure only for arthrography, see 25246)	
73120 Hand, limited, minimum of two views . . .	4.0 ((+6))
73130 complete, minimum of three views . . .	6.0 ((2-4))
73140 Finger(s), minimum of two views . . . . .	3.6 ((+4))
73200 Computerized tomography, upper extremity; without contrast material . . . . .	58.0 ((+3-0))
73201 with contrast material(s) . . . . .	64.0 ((+3-0))
73202 without contrast material, followed by contrast material(s) and further sections . . . . .	71.0 ((+3-0))

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

✓ WAC 296-23-035 LOWER EXTREMITIES.

	((Profes= sional Com= Unit po= Value nent))
73500 Radiologic examination, hip, unilateral, one view . . . . .	5.0 ((2-0))
73510 complete, minimum of two views . . . . .	7.0 ((2-8))
73520 Radiologic examination, hips, bilateral, complete minimum of two views of each hip (including A-P of pelvis) . . . . .	9.6 ((3-8))
73525 Radiologic examination, hip, arthrography; supervision and interpretation only . . . . .	BR ((BR))
73526 complete procedure . . . . .	BR ((BR))
(For injection procedure only for arthrography, see 27093, 27094)	
73530 Radiologic examination, hip, during operative procedure, up to four studies . . . . .	16.0 ((6-4))
73531 each additional study, over four . . . . .	3.0 ((+2))
73540 Radiologic examination, hip and pelvis, infant or child, minimum of two views . .	6.4 ((2-6))
73550 Radiologic examination, femur (thigh), A-P and lateral . . . . .	6.0 ((2-4))
73560 Radiologic examination, knee, A-P and lateral . . . . .	4.4 ((+8))
73562 A-P and lateral, with oblique(s), minimum three views . . . . .	6.4 ((2-6))
73564 complete, including obliques, and/or tunnel, and/or patella and/or standing views . . . . .	8.4 ((3-3))
73580 Radiologic examination, knee, arthrography supervision and interpretation only . . . . .	6.4 ((6-4))
73581 complete procedure . . . . .	16.0
(For injection procedure for arthrography, see 27370)	
73590 Radiologic examination, tibia and fibula (leg), including one joint, A-P and lateral . . . . .	4.8 ((+9))
73592 lower extremity, infant, minimum of two views . . . . .	4.0 ((+6))
73600 Radiologic examination, ankle, limited, A-P and lateral . . . . .	4.4 ((+8))
73610 complete, minimum of three views . . .	6.0 ((2-4))
73615 Radiologic examination, ankle, arthrography; supervision and interpretation only . . . . .	4.0 ((4-0))
73616 complete procedure . . . . .	10.0

	((Profes= sional Com= Unit po= Value nent))
(For injection procedure only for arthrography, see 27648)	
73620 Radiologic examination, foot, limited, A-P and lateral . . . . .	4.0 ((+6))
73630 complete, minimum of three views . . . . .	5.6 ((2-2))
73650 Radiologic examination, calcaneus, minimum of two views . . . . .	4.4 ((+8))
73660 Toe(s), minimum of two views . . . . .	3.6 ((+4))
73700 Computerized tomography, lower extremity; without contrast material . . . . .	58.0 ((+3-0))
73701 with contrast material(s) . . . . .	64.0 ((+3-0))
73702 without contrast material, followed by contrast materials and further sections . . . . .	71.0 ((+3-0))

✓ AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-23-040 ABDOMEN.

	((Profes= sional Com= Unit po= Value nent))
74000 Abdomen, single view (KUB) A-P . . . . .	6.0 ((2-4))
74010 with additional oblique or cone view . .	8.0 ((3-2))
74020 complete, includes ducubitus and/or erect views . . . . .	11.0 ((4-4))
74022 complete acute abdomen series, including supine, erect, and/or decubitus views, upright PA chest . . . . .	BR
74150 Computerized tomography, abdomen; without contrast material . . . . .	77.0 ((22-0))
74160 with contrast material . . . . .	84.0 ((22-0))
74170 without contrast material, followed by contrast material and further sections . .	90.0 ((22-0))

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

✓ WAC 296-23-045 GASTROINTESTINAL TRACT.

	((Profes= sional Com= Unit po= Value nent))
74210 Pharynx and/or cervical esophagus . . . . .	8.8 ((4-8))
74220 Esophagus . . . . .	8.8 ((4-8))
74230 Pharynx and/or esophagus, by cineradiography . . . . .	12.0 ((6-6))
74235 <u>Removal of foreign body(s), esophageal, with use of Foley-type catheter under fluoroscopic guidance</u> . . . . .	BR
74240 Uppergastrointestinal tract, with or without delayed films, without KUB . . . . .	14.0 ((7-7))
74241 with KUB . . . . .	15.2 ((8-0))
74245 with small bowel, includes multiple serial films . . . . .	17.6 ((8-8))
74246 Radiological exam gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon, with or without delayed films; without KUB . . . . .	BR
74247 with KUB . . . . .	BR
74250 Small bowel, includes multiple serial films . . . . .	14.0 ((7-0))

	((Profes= sional Com= Unit Value po= nent))		((Profes= sional Com= Unit Value po= nent))
74260 Duodenography, hypotonic . . . . .	BR	74410 Urography, infusion, drip technique	
74270 Colon, barium enema . . . . .	12.0 ((6-6))	<u>and/or bolus technique;</u> . . . . .	20.0 ((8-8))
74280 Air contrast with specific high density		with nephrotomography . . . . .	26.0 ((10-4))
barium with or without glucagon . . . . .	14.0 ((7-8))	retrograde, with or without KUB . . . . .	12.0 ((4-8))
74285 high kilovoltage technique for polyp		74425 Urography, antegrade, (pyelostogram,	
study . . . . .	BR	nephrostogram, loopogram); supervision	
74290 Cholecystography, oral contrast . . . . .	9.6 ((3-8))	and interpretation only . . . . .	BR
74291 repeat examination, same study or		complete procedure . . . . .	BR
multiple exam . . . . .	4.8 ((1-9))	(For injection procedure only, see	
74300 Cholangiography, operative . . . . .	10.0 ((4-8))	50394, 50684, 50690)	
74301 operative, additional set . . . . .	3.0 ((1-2))	74430 Cystography, minimum of three views,	
74305 postoperative . . . . .	12.0 ((6-8))	supervision and interpretation only . . . . .	3.5 ((3-5))
(For biliary duct stone extraction, per-		74431 Cystography, complete procedure . . . . .	8.8
cutaneous, see 47630; via basket cath-		(For injection procedure for cystogra-	
eter, see 74327)		phy, see 51600, 51605)	
74310 intravenous . . . . .	16.0 ((6-4))	74440 Vasography, vesiculography, or epididy-	
74315 oral . . . . .	12.0 ((4-8))	mography supervision and interpretation	
74320 percutaneous, transhepatic supervision		only . . . . .	3.5 ((3-5))
and interpretation only . . . . .	6.4 ((6-4))	74441 complete procedure . . . . .	8.8
74321 complete procedure . . . . .	16.0	(For injection procedure, see 52010,	
(For injection procedure for percutane-		52110, 55300)	
ous transhepatic cholangiography, see		74445 Corpora cavernosography; supervision	
47500)		and interpretation only . . . . .	BR
74325 Diagnostic pneumoperitoneum; supervi-	BR	74446 complete procedure . . . . .	BR
74326 complete procedure . . . . .	BR	(For injection procedure only, see	
(For injection procedure only for pneu-		54230)	
moperitoneum, see 49400)		74450 Urethrocytography, retrograde . . . . .	3.8 ((3-8))
74327 Postoperative biliary duct stone removal,		74451 complete procedure . . . . .	9.6
fluoroscopic monitoring and radiography .	BR	74455 voiding . . . . .	5.6 ((5-6))
74328 Endoscopic catheterization of the biliary		74456 complete procedure . . . . .	14.0
ductal system, fluoroscopic monitoring	BR	(For injection procedure <u>only</u> for voiding	
and radiography . . . . .		urethrocytography, see ((51610))	
74329 Endoscopic catheterization of the		51600)	
pancreatic ductal system, fluoroscopic	BR	74460 Retroperitoneal pneumography . . . . .	4.8 ((4-8))
monitoring and radiography . . . . .		74461 complete procedure . . . . .	12.0
74330 Combined endoscopic catheterization of		(For injection procedure for retroperito-	
the biliary and pancreatic ductal systems,	BR	neal pneumography, see 49430)	
fluoroscopic monitoring and radiography .		74470 Translumbar renal cyst study (contrast	
(74331 has been deleted. For endoscopic		visualization) or antegrade urography . . .	4.0 ((4-8))
sphincterotomy, use 43262)		74471 complete procedure . . . . .	10.0
74340 Introduction of long gastrointestinal tube		(For injection procedure only for trans-	
(e.g., Miller-Abbott), with multiple	BR	lumbar renal cyst study, see 50390)	
fluoroscopies and films . . . . .		74475 Introduction of intracatheter or catheter	
		into renal pelvis for drainage and/or in-	
		jection, percutaneous, with fluoroscopic	
		monitoring and radiography; supervision	
		and interpretation only . . . . .	BR
		74476 complete procedure . . . . .	BR
		(For injection procedure only, see	
		50392)	
		74480 Introduction of ureteral catheter or stent	
		into ureter through renal pelvis for drain-	
		age and/or injection, percutaneous, with	
		fluoroscopic monitoring and radiography;	
		supervision and interpretation only . . . . .	BR
		74481 complete procedure . . . . .	BR
		(For injection procedure only, see	
		50393)	

**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

**WAC 296-23-050 URINARY TRACT.**

	((Profes= sional Com= Unit Value po= nent))		((Profes= sional Com= Unit Value po= nent))
(For kidney, ureter and bladder, see 74000-74020)			
74400 Urography, (pyelography) intravenous,			
including kidneys, ureters, and bladder . .	15.2 ((6-1))		
74405 with special hypertensive contrast con-			
centration and/or clearance studies . . .	16.0 ((5-8))		

**AMENDATORY SECTION (Amending Order 80-29, filed 12/23/80, effective 3/1/81)**

**WAC 296-23-055 FEMALE GENITAL TRACT.**

	((Profes- sionat Com- Unit po- Value nent))
	((Profes- sionat Com- Unit po- Value nent))
(For abdomen and pelvis, see 74000-74170, 72170-72190)	
74710 Pelvimetry with or without placental localization	10.0 ((4-0))
74720 Abdomen for fetal age, fetal position and/or placental localization, single view	4.0 ((1-6))
74725 multiple views	6.0 ((2-4))
74730 Placentography with contrast cystography; supervision and interpretation only	BR
74731 complete procedure	BR
74740 Hysterosalpingography supervision and interpretation only	4.3 ((4-3))
74741 complete procedure	10.8
(For injection procedure for hysterosalpingography, see 58340)	
74760 Pelvic pneumography	4.0 ((4-0))
74761 complete procedure	10.0
(For injection procedure for pelvic pneumography, see 49440)	
74770 Radiologic examination, fetal study, intrauterine contrast visualization; supervision and interpretation only	BR
74771 complete procedure	BR
74775 <u>Perineogram (e.g., vaginogram, for sex determination or extent of anomalies)</u>	

**AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)**

**WAC 296-23-065 VASCULAR SYSTEM.**

(For vascular injection procedures, see 36000-36299)

(For cardiac fluoroscopy, see 93280)

(For cardiac catheterization, see 93501-93599)

When multiple vascular radiographic procedures are performed at the same time (e.g., aortic arch study plus renal arteriogram), the total value shall be the value for the major procedure plus 50% of the value for the lesser procedure(s) unless otherwise indicated. See modifier -5. The cost of catheters, drugs and contrast media is included in the listed value for the radiographic procedure.

	((Profes- sionat Com- Unit po- Value nent))
	((Profes- sionat Com- Unit po- Value nent))
<b>HEART</b>	
75500 Angiocardiography, by cineradiography supervision and interpretation only	8.8 ((8-8))
75501 complete procedure (including catheterization)	22.0

((Profes-  
sionat  
Com-  
Unit po-  
Value nent))

75505 Angiocardiography by serialography (single plane); supervision and interpretation only	9.2 ((9-2))
75506 complete procedure (including catheterization)	23.0
75507 Angiocardiography by serialography, multi-plane; supervision and interpretation only	18.4 ((18-4))
75509 complete procedure (including catheterization)	46.0
<del>((75510 Angiocardiography, CO<sub>2</sub> or positive contrast, intravenous, for pericardial effusion or atrial wall thickness; supervision and interpretation only</del>	<del>8.0</del>
<del>75511 complete procedure</del>	<del>20.0)</del>
<u>(75510, 75511 CO<sub>2</sub> or positive contrast angiocardiography have been deleted. To report, use 76499.)</u>	
75519 Cardiac radiography, selective cardiac catheterization; right side, supervision and interpretation only	17.2 ((17-2))
75520 complete procedure	43.0
75523 left side, supervision and interpretation only	8.6 ((8-6))
75524 left side, complete procedure	21.5
75528 Cardiac radiography, selective cardiac catheterization, right and left side, complete procedure	55.0
75552 <u>Magnetic resonance (e.g., proton) imaging, myocardium</u>	<u>BR</u>

**AORTA AND ARTERIES**

(For injection procedure only, see 36100-36299)

(For digital radiology, use modifier -25, page 290)

**Aortography**

75600 thoracic or abdominal, without serialography supervision and interpretation only	8.0 ((8-0))
75601 complete procedure	20.0
75605 by serialography supervision and interpretation only	11.0 ((11-0))
75606 complete procedure	30.0
75620 Abdominal, including lower extremities, without serialography	32.0 ((11-2))
75622 Abdominal, catheter, without serialography	32.0 ((11-2))
75625 Aortography, abdominal, translumbar, by serialography; supervision and interpretation only	15.2 ((15-2))
75626 complete procedure	40.0
75627 Aortography, abdominal, catheter, by serialography; supervision and interpretation only	17.0 ((17-0))
75628 complete procedure	48.0
75630 Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography; supervision and interpretation only	BR ((BR))
75631 complete procedure	BR
75650 Angiography, cervicocerebral, catheter, including vessel origin; supervision and interpretation only	17.2 ((17-2))
75651 complete procedure	40.0
75652 Angiography, cervicocerebral, selective catheter, including vessel origin; one vessel, supervision and interpretation only	12.6 ((12-6))

	((Profes= sional Com= Unit Value ment))		((Profes= sional Com= Unit Value ment))		
75653	one vessel, complete procedure . . . . .	36.0	75727	selective (including flush aortogram), complete procedure . . . . .	46.0 ((19-7))
75654	two vessels, supervision and interpreta- tion only . . . . .	13.3 ((13-3))	75728	supraselective, complete procedure . . . . .	48.0 ((20-6))
75655	two vessels, complete procedure . . . . .	38.0		(For selective angiography, additional visceral vessels studied after basic exam- ination, see 75772, 75773)	
75656	three or four vessels, supervision and interpretation only . . . . .	17.2 ((17-2))	75731	Angiography, adrenal, unilateral, selec- tive; supervision and interpretation only . . . . .	19.7 ((19-7))
75657	three or four vessels, complete proce- dure . . . . .	40.0	75732	complete procedure . . . . .	46.0
75658	Angiography, brachial, retrograde; super- vision and interpretation only . . . . .	17.2 ((17-2))	75733	Angiography, adrenal, bilateral, selective; supervision and interpretation only . . . . .	20.6 ((20-6))
75659	complete procedure . . . . .	40.0	75734	complete procedure . . . . .	48.0
75660	Angiography, carotid, cerebral, unilater- al, selective external; supervision and in- terpretation only . . . . .	17.2 ((17-2))	75736	Angiography, pelvic; selective or suprase- lective, supervision and interpretation only . . . . .	18.9 ((18-9))
75661	complete procedure . . . . .	40.0	75737	selective, complete procedure . . . . .	44.0
75662	Angiography, carotid, cerebral, bilateral, selective external; supervision and inter- pretation only . . . . .	21.5 ((21-5))	75738	supraselective, complete procedure . . . . .	46.0 ((19-7))
75663	complete procedure . . . . .	50.0	75741	Angiography, pulmonary, unilateral, selec- tive; supervision and interpretation only . . . . .	10.5 ((10-5))
75665	Angiography, carotid, cerebral, unilater- al; supervision and interpretation only . . . . .	17.2 ((17-2))	75742	complete procedure . . . . .	30.0
75667	direct puncture, complete procedure . . . . .	40.0	75743	Angiography, pulmonary, bilateral, selec- tive; supervision and interpretation only . . . . .	21.5 ((21-5))
75669	catheter, complete procedure . . . . .	46.0 ((19-7))	75744	complete procedure . . . . .	50.0
75671	Angiography, carotid, cerebral, bilateral; supervision and interpretation only . . . . .	21.5 ((21-5))	75746	Angiography, pulmonary; by nonselective catheter or venous injection, supervision and interpretation only . . . . .	10.5 ((10-5))
75672	direct puncture, complete procedure . . . . .	50.0	75747	catheter, nonselective, complete proce- dure . . . . .	30.0
75673	catheter, complete procedure . . . . .	54.0 ((23-2))	75748	venous injection, complete procedure . . . . .	40.0 ((15-2))
75676	Angiography, carotid, cervical, unilateral; supervision and interpretation only . . . . .	17.2 ((17-2))	75750	Angiography, coronary, root injection; supervision and interpretation only . . . . .	25.8 ((25-8))
75677	direct puncture, complete procedure . . . . .	40.0	75751	complete procedure . . . . .	60.0
75678	catheter, complete procedure . . . . .	46.0 ((19-7))	75752	Angiography, coronary, unilateral selec- tive injection, including left ventricular and supra-avalvular angiogram and pres- sure recording; supervision and interpre- tation only . . . . .	30.1 ((30-1))
75680	Angiography, carotid, cervical, bilateral; supervision and interpretation only . . . . .	21.5 ((21-5))	75753	complete procedure . . . . .	70.0
75681	direct puncture, complete procedure . . . . .	50.0	75754	Angiography, coronary, bilateral selective injection, including left ventricular and supra-avalvular angiogram and pressure re- cording; supervision and interpretation only . . . . .	34.4 ((34-4))
75682	catheter, complete procedure . . . . .	54.0 ((23-2))	75755	complete procedure . . . . .	80.0
75685	Angiography, vertebral; supervision and interpretation only . . . . .	17.2 ((17-2))	75756	Angiography, internal mammary; super- vision and interpretation only . . . . .	15.2 ((15-2))
75686	direct puncture, complete procedure . . . . .	40.0	75757	complete procedure . . . . .	40.0
75687	catheter, complete procedure . . . . .	46.0 ((19-7))	75762	Angiography, coronary bypass, unilateral selective injection; supervision and inter- pretation only . . . . .	BR ((BR))
75690	Angiography, vertebral, cervical, unilat- eral; supervision and interpretation only . . . . .	17.2 ((17-2))	75764	complete procedure . . . . .	BR
75691	direct puncture, complete procedure . . . . .	40.0	75766	Angiography, coronary bypass, multiple selective injection; supervision and inter- pretation only . . . . .	BR ((BR))
75692	catheter, complete procedure . . . . .	46.0 ((19-7))	75767	complete procedure . . . . .	BR
75695	Angiography, vertebral, cervical, bilater- al; supervision and interpretation only . . . . .	21.5 ((21-5))	75772	Angiography, visceral, selective, addition- al vessels studied after basic examination; supervision and interpretation only . . . . .	BR
75696	direct puncture, complete procedure . . . . .	50.0	75773	complete procedure . . . . .	BR
75697	catheter, complete procedure . . . . .	54.0 ((23-2))		VEINS AND LYMPHATICS	
75705	Angiography, spinal, selective; supervi- sion and interpretation only . . . . .	9.8 ((9-8))		(For injection procedure only for venous system, see 36400-36510)	
75706	complete procedure . . . . .	28.0		(For injection procedure only for lymph- atic system, see 38790-38794)	
75710	Angiography, extremity, unilateral, super- vision and interpretation only . . . . .	10.5 ((10-5))	75801	Lymphangiography, extremity only, uni- lateral; supervision and interpretation only . . . . .	9.6 ((9-6))
75711	without serialography, complete proce- dure . . . . .	30.0			
75712	by serialography, complete procedure . . . . .	32.0 ((11-2))			
75716	Angiography, extremity, bilateral; super- vision and interpretation only . . . . .	11.2 ((11-2))			
75717	without serialography, complete proce- dure . . . . .	32.0			
75718	by serialography, complete procedure . . . . .	34.0 ((11-9))			
75722	Angiography, renal, unilateral, selective (including flush aortogram); supervision and interpretation only . . . . .	17.2 ((17-2))			
75723	complete procedure . . . . .	40.0			
75724	Angiography, renal, bilateral, selective (including flush aortogram); supervision and interpretation only . . . . .	25.8 ((25-8))			
75725	complete procedure . . . . .	60.0			
75726	Angiography, visceral; selective or supra- selective, supervision and interpretation only . . . . .	19.7 ((19-7))			

	((Profes= sional Com= Unit Value ment))		((Profes= sional Com= Unit Value ment))
75802 complete procedure	25.0	75887 Percutaneous transhepatic portography without hemodynamic evaluation; supervision and interpretation only	
75803 Lymphangiography, extremity only, bilateral; supervision and interpretation only	<u>12.0</u> ((+2-0))	75888 complete procedure	<u>12.9</u> ((+2-9))
75804 complete procedure	35.0	75889 Hepatic venography wedged or free, with hemodynamic evaluation; supervision and interpretation only	34.0
75805 Lymphangiography, pelvic/abdominal, unilateral; supervision and interpretation only	<u>12.0</u> ((+2-0))	75890 complete procedure	<u>14.4</u> ((+4-4))
75806 complete procedure	35.0	75891 Hepatic venography, wedged or free, without hemodynamic evaluation; supervision and interpretation only	38.0
75807 Lymphangiography, pelvic/abdominal, bilateral; supervision and interpretation only	<u>12.0</u> ((+2-0))	75892 complete procedure	<u>12.9</u> ((+2-9))
75808 complete procedure	35.0	75893 Venous sampling thru catheter without angiography (e.g., for parathyroid hormone, renin)	34.0
75810 Splenoportography; supervision and interpretation only	<u>15.2</u> ((+5-2))		5.0 ((+1-9))
75811 complete procedure	40.0	TRANSCATHETER THERAPY AND BIOPSY	
(For injection procedure for splenoportography, see 38200)		75894 Transcatheter therapy, embolization, including angiography; supervision and interpretation only	<u>15.2</u> ((+5-2))
75820 Venography, extremity, unilateral supervision and interpretation only	<u>8.0</u> ((8-0))	75895 complete procedure	40.0
75821 complete procedure	16.0	75896 Transcatheter therapy, infusion, including angiography; supervision and interpretation only	<u>15.9</u> ((+5-9))
75822 Venography, extremity, bilateral; supervision and interpretation only	<u>10.0</u> ((+0-0))	75897 complete procedure	42.0
75823 complete procedure	26.0	75898 Angiogram through existing catheter for follow-up study for transcatheter therapy, embolization or infusion	10.0 ((3-8))
75825 caval, inferior or superior, with serialography	<u>16.0</u> ((+6-0))	75950 Transcatheter intravascular occlusion, temporary, including angiography; supervision and interpretation only	BR ((BR))
75826 complete procedure	32.0	75951 complete procedure	BR
75827 Venography, caval, superior, with serialography; supervision and interpretation only	<u>12.0</u> ((+2-0))	75955 Transcatheter intravascular occlusion, permanent, including angiography; supervision and interpretation only	BR ((BR))
75828 complete procedure	35.0	75956 complete procedure	BR
75831 Venography, renal, unilateral, selective; supervision and interpretation only	<u>15.2</u> ((+5-2))	75961 Transcatheter retrieval, percutaneous, of fractured venous or arterial catheter	BR
75832 complete procedure	40.0	75970 Transcatheter biopsy; supervision and interpretation only	BR ((BR))
75833 Venography, renal, bilateral, selective; supervision and interpretation only	<u>19.5</u> ((+9-5))	75971 complete procedure	BR
75834 complete procedure	45.0		(For transcatheter renal and ureteral biopsy, see 52007((-52+07)))
75840 Venography, adrenal, unilateral, selective; supervision and interpretation only	<u>10.8</u> ((+0-8))		(For percutaneous needle biopsy of pancreas, see 48102; of retroperitoneal lymph node or mass, see 49180)
75841 complete procedure	30.0	75972 Percutaneous transluminal angioplasty, unilateral; supervision and interpretation only	BR ((BR))
75842 Venography, adrenal, bilateral, selective; supervision and interpretation only	<u>12.2</u> ((+2-2))	75973 complete procedure	BR
75843 complete procedure	32.0	75974 Percutaneous transluminal angioplasty, bilateral; single catheter, supervision and interpretation only	BR ((BR))
75845 Venography, azygos; selective or nonselective, supervision and interpretation only	<u>10.6</u> ((+0-6))	75975 complete procedure	BR
75846 selective, complete procedure	30.0	75976 Percutaneous transluminal angioplasty, bilateral, dual catheters; supervision and interpretation only	BR ((BR))
75847 nonselective, complete procedure	28.0 ((+0-6))	75977 complete procedure	BR
75850 Venography, intraosseous; supervision and interpretation only	<u>12.2</u> ((+2-2))		(For injection procedure only for percutaneous transluminal angioplasty, see 36100-36299)
75851 complete procedure	32.0		(For percutaneous transluminal coronary angioplasty, see 93570)
75860 Venography, sinus or jugular, catheter; supervision and interpretation only	((30.0-10-8))	75980 Percutaneous transhepatic biliary drainage with monitoring; supervision and interpretation only	BR ((BR))
75861 complete procedure	<u>12.2</u>	75981 complete procedure	BR
75870 Venography, superior sagittal sinus; supervision and interpretation only	32.0 ((+2-2))		
75871 complete procedure, including direct puncture	12.2 ((+2-2))		
75872 Venography, epidural; supervision and interpretation only	32.0		
75873 complete procedure	BR ((BR))		
75880 Venography, orbital; supervision and interpretation only	BR		
75881 complete procedure	<u>13.7</u> ((+3-7))		
75885 Percutaneous transhepatic portography with hemodynamic evaluation; supervision and interpretation only	36.0		
75886 complete procedure	<u>13.7</u> ((+3-7))		
	36.0		

	Unit Value	(Professional Component)		Unit Value	(Professional Component)
75982 Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction; supervision and interpretation only.....			76087 complete procedure .....	6.3	((6.3))
			76088 Mammary ductogram or galactogram, bilateral; supervision and interpretation only.....	15.8	
75983 complete procedure .....			76089 complete procedure .....	10.6	((+0.6))
		BR ((BR))		26.5	
<u>(For injection procedure only for percutaneous biliary drainage, see 47510)</u>		BR	(For injection procedure only for mammary ductogram or galactogram, see 19030)		
75984 Change of percutaneous drainage catheter with contrast monitoring (i.e., biliary tract, urinary tract); supervision and interpretation only .....			76090 Mammography, unilateral .....	8.8	((3-5))
			76091 bilateral .....	13.2	((5-3))
75985 complete procedure .....		BR ((BR))	(For xeromammography, list 76150 in addition to code for mammography)		
		BR	76096 Radiologic examination, localization of breast nodule or calcification before operation, with marker and confirmation of its position with appropriate imaging .....	14.6	((6-9))
<u>(For injection procedure only for percutaneous biliary drainage, see 47510)</u>			76100 Laminography (tomography, planigraphy, body section radiography) (independent procedure) .....	13.2	((9-2))
<u>(For percutaneous nephrostolithotomy or pyelostolithotomy, see 50080, 50081)</u>			76101 Radiologic examination, complex motion (i.e., hypercycloidal) body section (e.g., mastoid polytomography), other than kidney; unilateral .....	19.3	((7-7))
75990 Drainage of abscess, percutaneous, with radiologic guidance (i.e., fluoroscopy, ultrasound, or computed tomography), with or without placement of indwelling catheter.....		BR	76102 bilateral .....	35.0	((+4.0))
(75990 is neither organ nor area specific. For drainage of abscess performed without radiology or fluoroscopy, see under specific anatomic site)			(For nephrotomography, see 74415)		
			76105 to complement routine examination ...	7.0	((2.8))
			76120 Cineradiography (independent procedure).....	13.2	((5-3))
			76125 to complement routine examination ...	7.0	((2.8))

**AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)**

**WAC 296-23-079 MISCELLANEOUS.**

	Unit Value	(Professional Component)		Unit Value	(Professional Component)
(For arthrography of shoulder, see 73040, 73041; elbow, see 73085, 73086; wrist, see 73115, 73116; hip, see 73525, 73526; knee, see 73580, 73581; ankle, see 73615, 73616)			76130 Radiologic examination; at bedside or in operating room, not otherwise specified ..	2.7	((BR))
76000 Fluoroscopy <del>((independent))</del> separate procedure <del>((s))</del> , other than 71023 or 71034 .....	3.0	((3.0))	76135 in home .....	BR	
76010 Radiologic examination from nose to rectum for foreign body, single film, child ..	BR		76137 after regular hours .....	BR	
76020 Bone age studies .....	6.0	((2.4))	76140 Written consultation on x-ray examination made elsewhere .....		((BR+ =))
76040 Bone length studies (orthoroentgenogram, scanogram) .....	10.0	((4.0))		BR	
76061 <del>((Bone))</del> Radiological examination, osseous survey; limited (e.g., for metastases) ..	15.2	((6.1))	76150 Xeroradiography .....	6.0	
76062 complete (axial and appendicular skeleton) .....	BR		<u>(76300 has been deleted. For thermography of the breast, use 76499)</u>		
76065 osseous survey, infant .....	13.2	((5.3))	76350 Subtraction in conjunction with contrast studies .....	BR	
76066 Joint survey, single view, one or more joints (specify) .....	BR	((BR))	76360 Computerized tomography guidance for needle biopsy; supervision and interpretation only .....	BR	((BR))
76080 Fistula or sinus tract study supervision and interpretation only .....	4.8	((4.8))	76361 complete procedure .....	BR	
76081 complete procedure .....	12.0		76365 Computerized tomography guidance for cyst aspiration; supervision and interpretation only .....	BR	((BR))
76086 Mammary ductogram or galactogram, <del>((unilateral))</del> unilateral; supervision			76366 complete procedure .....	BR	
			76370 Computerized tomography guidance for placement of radiation therapy fields .....	BR	
			76375 Computerized tomography, coronal, sagittal, and/or oblique reconstruction .....	23.5	((23.5))
			76400 <u>Magnetic resonance (eg, proton) imaging, bone marrow blood supply .....</u>	BR	
			76499 Unlisted diagnostic radiologic procedure ..	BR	

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

✓ WAC 296-23-07902 HEAD AND NECK.

	Unit Value
76500	Echoencephalography, A-mode, diencephalic midline, ((A-mode)) . . . . . 7.7
<del>((76505)</del>	<del>Echoencephalography, complete (diencephalic midline and ventricular size), A-mode . . . . . 11.4)</del>
	<u>(76505 has been deleted. To report complete A-mode echoencephalography, use 76999)</u>
76506	Echoencephalography, B-mode (gray scale) complete (for determination of ventricular size, delineation of cerebral contents and detection of fluid, masses or other intracranial abnormalities), including A-mode encephalography as secondary component where indicated . . . . . BR
76511	<del>((Echography))</del> Ophthalmic, ultrasound, echography; spectral analysis with amplitude quantitation, A-mode . . . . . 22.9
76512	contact scan B-mode . . . . . 22.9
76515	tomography, with or without A(=mode and/) or M-mode . . . . . 57.2
76516	<del>((Echography))</del> Ophthalmic ( <del>ultrasonic</del> ) biometry(;) by ultrasound echography; A-mode . . . . . 15.4
76517	scan B-mode . . . . . 28.6
76529	Ophthalmic ultrasound foreign body locatization . . . . . BR
<del>((76530)</del>	<del>Echography thyroid, A-mode . . . . . 8.0)</del>
	<u>(76530 has been deleted. To report A-mode echography of thyroid, use 76999)</u>
76535	<del>((scan B-mode))</del> Echography, thyroid, B-scan and/or real time with image documentation . . . . . 11.4
	<u>(76550, carotid imaging has been deleted. To report, use 93870)</u>

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

✓ WAC 296-23-07903 HEART.

	Unit Value
76601	Echography, chest; A-mode . . . . . 9.7
76604	B-scan (includes mediastinum) . . . . . 11.4
76620	Echocardiography, M-mode, complete . . . . . 15.4
76625	limited, e.g., follow-up or limited study . . . . . 7.7

76627	Echocardiography, real-time scan; complete . . . . . 11.4
76628	limited . . . . . 9.7
76629	<del>((unlisted))</del> Echocardiography <u>((procedure)) M-mode and real time with image documentation . . . . . BR</u>
76632	Doppler echocardiography <u>(Procedure 76632 is often performed in combination with M-mode or 2-dimensional echocardiography)</u> <u>(For echocardiography as a cardiovascular procedure, see 93300-93320)</u> <u>(76640 has been deleted. To report A-mode echography of the breast, use 76999)</u>

AMENDATORY SECTION (Amending Order 80-29, filed 12/23/80, effective 3/1/81)

✓ WAC 296-23-07904 THORAX.

	Unit Value
<del>((76640)</del>	<del>Echography breast, A-mode . . . . . 9.7)</del>
76645	<del>((scan B-mode))</del> Echography, breast, B-scan and/or real time with image documentation . . . . . 19.2

AMENDATORY SECTION (Amending Order 80-29, filed 12/23/80, effective 3/1/81)

✓ WAC 296-23-07905 ABDOMEN AND RETROPERITONEUM.

	Unit Value
76700	Echography, scan B-mode, abdominal, complete . . . . . 22.9
76705	limited, (e.g., follow-up or limited study) . . . . . 15.4
76770	Echography, scan B-mode, retroperitoneal (e.g., renal, aorta, nodes), complete . . . . . 22.9
76775	limited . . . . . 19.2

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

✓ WAC 296-23-07906 OBSTETRICS, GYNECOLOGY AND PELVIS.

	Unit Value
76805	Echography, pelvic scan B-mode, (e.g., obstetrics, gynecology, or transplants); complete . . . . . 21.2



	Unit Value
76815 fetal growth rate only . . . . .	9.7
76855 Echography, pelvic area (Doppler) .	11.4
76856 Echography, pelvic, real time . . . . .	BR

GENITALIA

76870 Echography, scrotum and contents .	BR
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EXTREMITIES

76880 Echography, extremity, B-scan and/or real time with image documentation . . . . .	BR
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AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

✓ WAC 296-23-07907 ((~~PERIPHERAL~~)) VASCULAR ((SYSTEM)) STUDIES.

	Unit Value
<u>(Doppler peripheral flow studies, 76900-76920 have been deleted. To report, see 93850-93950)</u>	

76925 Peripheral imaging, B-scan, Doppler or real-time scan . . . . .	BR
76930 Pericardiocentesis; supervision and interpretation . . . . .	BR
76931 complete procedure . . . . .	BR

ULTRASONIC GUIDANCE PROCEDURES

76934 Ultrasonic guidance for thoracocentesis; supervision and interpretation only . . . . .	3.0
76935 complete procedure . . . . .	5.0
76938 Ultrasonic guidance for cyst or renal pelvis aspiration; supervision and interpretation only . . . . .	1.0
76939 complete procedure . . . . .	2.0
76942 Ultrasonic guidance for needle biopsy; supervision and interpretation only . . . . .	4.0
76943 complete procedure . . . . .	6.0
76946 Ultrasonic guidance for amniocentesis; supervision and interpretation only . . . . .	4.0
76947 complete procedure . . . . .	6.0
76950 Echography for placement of radiation therapy fields, B-scan . . . . .	17.1
76960 Ultrasonic guidance for placement of radiation therapy fields except for B-scan echography . . . . .	14.3

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

✓ WAC 296-23-125 DIAGNOSTIC.

	Unit Value
ENDOCRINE SYSTEM	
78000 Thyroid uptake, single determination . . . . .	6.0
78001 multiple determinations (as 6 and 24 hours, etc.) . . . . .	8.0
78003 Thyroid stimulation, suppression or discharge (not including initial uptake studies) . . . . .	9.0
78006 Thyroid imaging, with uptake; single determination . . . . .	16.0
78007 multiple determinations . . . . .	18.0
78010 Thyroid imaging only . . . . .	10.0
78011 with vascular flow . . . . .	BR
78015 Thyroid carcinoma metastases imaging; limited area (e.g., neck and chest only) . . . . .	20.0
78016 with additional studies (e.g., urinary recovery, etc.) . . . . .	25.0
78017 multiple areas . . . . .	BR
78018 whole body . . . . .	BR

(For triiodothyronine true (TT-3), RIA, see 84480)

(For triiodothyronine, free (FT-3), RIA (unbound T-3 only), see 84481)

(For T-4 thyroxine, CPB or resin uptake, see 84435)

(For TT-4 thyroxine, RIA, see 84436)

(For T-4 thyroxine, neonatal, see 84437)

(For FT-4 thyroxine, free, RIA (unbound T-4 only), see 84439)

(For calcitonin, RIA, see 82308)

~~((78070 Parathyroid imaging . . . . . BR~~

~~(For parathormone (parathyroid hormone), RIA, see 83970))~~

(78070 has been deleted. To report parathyroid imaging, use 78099)

78075 Adrenal imaging . . . . . BR

(For adrenal cortex antibodies, RIA, see 86681)

(For cortisol, RIA, plasma, see 82533)

(For cortisol, RIA, urine, see 82534)

((RADIATION THERAPY)) THERAPEUTIC RADIOLOGY

	Unit Value		Unit Value
(For aldosterone, double isotope technique, see 82087)		(For vasopressin level (antidiuretic hormone), RIA, see 84588)	
(For aldosterone, RIA, blood, see 82088)		(For estradiol, RIA, see 82670)	
(For aldosterone, RIA, urine, see 82089)		(For progesterone, RIA, see 84144)	
(For 17-ketosteroids, RIA, see 83588)		(For testosterone, blood, RIA, see 84403)	
(For 17-OH ketosteroids, RIA, see 83599)		(For testosterone, urine, RIA, see 84405)	
(For 17-hydroxycorticosteroids, RIA, see 83491)		(For etiocholanolone, RIA, see 82696)	
(For insulin, RIA, see 83525)		(For chemical analysis, RIA tests, see WAC 296-23-212, chemistry and toxicology)	
(For insulin antibodies, RIA, see 86337)		78099 Unlisted endocrine procedure, diagnostic nuclear medicine . . . . .	BR
(For insulin factor antibodies, RIA, see 86338)		(For chemical analysis, RIA tests, see <u>Chemistry and Toxicology section</u> )	
(For proinsulin, RIA, see 84206)			
(For glucagon, RIA, see 82943)			
(For adrenocorticotrophic hormone (ACTH), RIA, see 82024)		HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC SYSTEM	
(For human growth hormone (HGH), (somatotropin), RIA, see 83003)		78102 Bone marrow imaging; limited area	BR
(For human growth hormone antibody, RIA, see 86277)		78103 multiple areas . . . . .	BR
(For thyroglobulin antibody, RIA, see 86800)		78104 whole body . . . . .	BR
(For thyroid microsomal antibody, RIA, see 86376)		78110 Blood or plasma volume, radioisotope technique; single sampling . . . . .	8.0
(For thyroid stimulating hormone (TSH), RIA, see 84443)		78111 multiple sampling . . . . .	BR+
(For thyrotropin releasing factor, RIA, see 84444)		(For dye method, see 84605, 84610)	
(For plus long-acting thyroid stimulator (LATS), see 84445)		78120 Red cell mass determination, single sampling . . . . .	12.0
(For follicle stimulating hormone (FSH component of pituitary gonadotropin), RIA, see 83001)		78121 multiple sampling . . . . .	BR+
(For luteinizing hormone (LH component of pituitary gonadotropin), (ICSH), RIA, see 83002)		78130 Red cell survival study (e.g., radiochromium) . . . . .	20.0
(For luteinizing releasing factor (LRH), RIA, see 83727)		78135 plus splenic and/or hepatic sequestration . . . . .	30.0
(For prolactin level (mammotropin), RIA, see 84146)		78140 Red cell splenic and/or hepatic sequestration . . . . .	20.0
(For oxytocin level, (oxytocinase), RIA, see 83949)		78160 Plasma radio-iron turnover rate . . . . .	16.0
		78162 Radio-iron oral absorption . . . . .	BR
		78170 Radio-iron red cell utilization . . . . .	24.0
		<del>((78180 Radio-iron body distribution and storage pools . . . . . BR+))</del>	
		<u>(78180 has been deleted. To report radioiron body distribution and storage pools, use 78199)</u>	
		(For hemosiderin, RIA, see 83071)	
		(For intrinsic factor antibodies, RIA, see 86340)	
		(For cyanocobalamin (vitamin B-12), RIA, see 82607)	

	Unit Value		Unit Value
(For folic acid (folate) serum, RIA, see 82746)		78223 Hepatobiliary ductal system imaging, including gallbladder . . . . .	BR
(For human hepatitis antigen, nepatitis associated agent (Australian antigen) (HAA), RIA, see 86287)		78225 Liver-lung study, imaging (e.g., subphrenic abscess) . . . . .	BR
(For hepatitis A antibody (HAAb), RIA, see 86296)		78230 Salivary gland imaging; static . . . . .	14.0
(For hepatitis A virus antibody (HAVAb), see 86297)		78231 with serial views . . . . .	16.0
(For hepatitis B core antigen (HB <sub>c</sub> Ag), RIA, see 86288)		78232 Salivary gland function study . . . . .	BR
(For hepatitis B core antibody (HB <sub>c</sub> Ab), RIA, see 86289)		<del>((78240 Pancreas imaging . . . . . 20.0))</del>	
(For hepatitis B surface antigen (HB <sub>s</sub> Ag), RIA, see 86287)		<u>(78240 has been deleted. To report pancreas imaging, use 78299)</u>	
(For hepatitis B surface antibody (HB <sub>s</sub> Ab), RIA, see 86291)		78261 Gastric mucosa imaging . . . . .	BR
(For hepatitis Be antigen (HB <sub>e</sub> Ag), RIA, see 86293)		78262 Gastroesophageal reflux study . . . . .	BR
(For hepatitis Be antibody (HB <sub>e</sub> Ab), RIA, see 86295)		78264 Gastric emptying study . . . . .	BR
78185 Spleen imaging only; static . . . . .	20.0	78270 Vitamin B-12 absorption studies (e.g., Schilling test); without intrinsic factor . . . . .	10.0
(If combined with liver study, use procedures 78215 and 78216)		78271 with intrinsic factor . . . . .	20.0
78186 with vascular flow . . . . .	25.0	78272 Vitamin B-12 absorption studies combined, with and without intrinsic factor . . . . .	25.0
78191 Platelet survival . . . . .	BR	78276 Gastrointestinal aspirate blood loss localization . . . . .	BR
78195 Lymphatics and lymph glands imaging . . . . .	BR	78278 Acute gastrointestinal blood loss imaging . . . . .	BR
78199 Unlisted hematopoietic, R-E and lymphatic procedure, diagnostic nuclear medicine . . . . .	BR	78280 Gastrointestinal blood loss study . . . . .	16.0
(For chemical analysis, RIA tests, see WAC 296-23-212, chemistry and toxicology)		78282 Gastrointestinal protein loss (e.g., radiochromium albumin) . . . . .	12.0
<b>GASTROINTESTINAL SYSTEM</b>		<del>((78285 Gastrointestinal fat absorption study (e.g., radioiodinated triolein) . . . . . 12.0)</del>	
78201 Liver imaging; static . . . . .	20.0	<del>78286 Gastrointestinal fatty acid absorption study (e.g., radioiodinated oleic acid) . . . . . 10.0))</del>	
78202 with vascular flow . . . . .	25.0	<u>(78285, 78286 have been deleted. To report gastrointestinal fat or fatty acid absorption studies, use 78299)</u>	
(For spleen imaging only, use 78185 and 78186)		(For gastrin, RIA, see 82941)	
78215 Liver and spleen imaging; static . . . . .	25.0	(For intrinsic factor level, see 83528)	
78216 with vascular flow of liver and/or spleen . . . . .	30.0	(For carcinoembryonic antigen level (CEA), RIA, see 86151)	
78220 Liver function study with hepatobiliary agents; with serial images . . . . .	20.0	78290 Bowel imaging (e.g., ectopic gastric mucosa, Meckel's localization, volvulus) . . . . .	20.0
<del>((78221 with probe technique . . . . . 25.0))</del>		78291 Peritoneal-venous shunt patency test (eg, for LeVeen shunt) . . . . .	BR
<u>(78221 has been deleted. To report liver function study with probe technique, use 78299)</u>		78299 Unlisted gastrointestinal procedure, diagnostic nuclear medicine . . . . .	BR
		(For chemical analysis, RIA tests, see WAC 296-23-212, chemistry and toxicology)	

	Unit Value		Unit Value
<b>MUSCULOSKELETAL SYSTEM</b>			
		<del>((78409</del> with determination of ventricular ejection fraction (gated blood pool) . . . . . <del>BR))</del>	
<u>(Bone and joint imaging can be used in the diagnosis of a variety of infectious inflammatory diseases, eg, osteomyelitis, as well as for localization of primary and/or metastatic neoplasms)</u>		78411 (( with determination of ventricular ejection fraction (first pass determination))) <u>Cardiac blood pool imaging by first pass technique, with determination of global or regional ventricular function (specify right, left, or both) including but not necessarily limited to ejection fraction and wall motion, at rest; . . . . .</u>	<u>BR</u>
(For positron method or other complex instrumentation, see WAC 296-20-010, Item 10)		<u>78412</u> with exercise and/or pharmacologic intervention, including but not necessarily limited to continuous vital signs and ECG monitoring, and treadmill or bicycle exercise for cardiovascular stress at submaximal or maximal levels	<u>BR</u>
78300 Bone, imaging limited area (e.g., spine, pelvis, or skull, etc.) . . . . .	<del>((30.0))</del> 25.0		
78305 multiple areas . . . . .	<del>((BR+))</del> 40.0		
78306 whole body . . . . .	<del>((BR+))</del> 48.2		
78310 vascular flow only . . . . .	BR		
78380 Joint imaging; limited area . . . . .	BR		
78381 multiple areas . . . . .	BR	<del>((78413</del> with determination of ventricular wall motion . . . . . <del>BR))</del>	
78399 Unlisted musculoskeletal procedure, diagnostic nuclear medicine . . . . .	BR	<u>(78413 has been deleted. To report, use 78411)</u>	
<b>CARDIOVASCULAR SYSTEM</b>			
<del>((78401</del> Cardiac blood pool imaging, static (e.g., pericardial effusion) . . . . . <del>20.0))</del>		<u>(78405, 78406 Myocardium imaging has been deleted. To report, use 78418-78424)</u>	
<u>(78401 has been deleted. To report, see 78402-78415)</u>		78414 Determination of ventricular ejection fraction with probe technique .	<u>BR</u>
78402 Cardiac blood pool imaging with vascular flow assessment (sequential imaging with or without time activity curve evaluation) . . . . .	25.0	78415 Cardiac blood pool imaging, functional imaging (eg, phase and amplitude analysis)	
78403 <del>(( with determination of regional ventricular function (e.g., gated blood pool images)))</del> <u>Cardiac blood pool imaging by gated equilibrium blood pool techniques with determination of global or regional ventricular function (specify right, left, or both) including but not necessarily limited to ejection fraction and wall motion, at rest; . . . . .</u>	BR	78418 Myocardium imaging; regional myocardial perfusion at rest . . . . .	<u>BR</u>
78404 <u>with exercise and/or pharmacologic intervention, including but not necessarily limited to continuous vital signs and ECG monitoring, and treadmill or bicycle exercise for cardiovascular stress at submaximal or maximal levels with determination of ventricular volume (specify right, left, or both) . . . . .</u>	<u>BR</u>	<u>78420</u> with quantitative evaluation (eg, pharmacokinetic temporal assessment)	
		78422 <del>((myocardial infarction))</del> <u>for evaluation of infarction (infarct avid imaging) . . . . .</u>	<u>BR</u>
78407 <u>(78409 has been deleted. To report, use 78403)</u>	<u>BR</u>	78424 regional myocardial perfusion (redistribution ((or)) resting ((imaging)) or postexercise study) . . . . .	<u>BR</u>
		78425 Regurgitant index . . . . .	<u>BR</u>
		78428 Cardiac shunt detection . . . . .	<u>BR</u>
		78435 Cardiac flow study, imaging (i.e., angiocardigraphy) . . . . .	<u>BR</u>

	Unit Value		Unit Value
78445 Vascular flow study, imaging (i.e., angiography, venography) . . . . .	BR	78630 Cerebrospinal fluid flow, imaging; cisternography (not including introduction of material) . . . . .	35.0
78455 Venous thrombosis study (e.g., radioactive fibrinogen) . . . . .	BR		
78457 Venous thrombosis imaging (e.g., venogram); unilateral . . . . .	BR	(For injection procedure, see 61000-61070; 62270-62294)	
78458     bilateral . . . . .	BR	78635     ventriculography (not including introduction of material) . . . . .	35.0
78470 Cardiac output . . . . .	BR		
<del>((78490 Tissue clearance studies . . . . .</del>	<del>BR))</del>	(For injection procedure, see 61000-61070; 62270-62294)	
<u>(78490 has been deleted. To report tissue clearance studies, use 78499)</u>			
(For digoxin, RIA, see 82643)			
(For digitoxin (digitalis), RIA, see 82640)			
78499 Unlisted cardiovascular procedure, diagnostic nuclear medicine . . . . .	BR	78640 myelography (not including introduction of material) . . . . .	BR
(For injection procedure, see 61000-61070; 62270-62294)			
(For chemical analysis, RIA tests, see WAC 296-23-212, chemistry and toxicology)			
<b>RESPIRATORY SYSTEM</b>			
78580 Pulmonary perfusion imaging; particulate . . . . .	26.0	78645     shunt evaluation . . . . .	35.0
78581     gaseous . . . . .	BR	(For injection procedure, see 61000-61070; 62270-62294)	
78582     gaseous, with ventilation, rebreathing and washout . . . . .	BR	(For injection procedure, see 61000-61070; 62270-62294)	
78584 Pulmonary perfusion imaging, particulate, with ventilation; single breath . . . . .	BR	78650     CSF leakage . . . . .	32.0
78585     rebreathing and washout, with or without single breath . . . . .	1.6	(For injection procedure, see 61000-61070; 62270-62294)	
78586 Pulmonary ventilation imaging, aerosol; single projection . . . . .	BR	(For myelin basic protein, CSF, RIA, see 83873)	
78587     multiple projections (e.g., anterior, posterior, lateral views) . . . . .	BR	78655 Eye tumor identification with radio-phosphorus . . . . .	BR
78591 Pulmonary ventilation imaging, gaseous, single breath, single projection . . . . .	BR	78660 Dacryocystography (lacrimal flow study) . . . . .	BR
78593 Pulmonary ventilation imaging, gaseous, with rebreathing and washout with or without single breath; single projection . . . . .	22.0	78699 Unlisted nervous system procedure, diagnostic nuclear medicine . . . . .	BR
78594     multiple projections (e.g., anterior, posterior, lateral views) . . . . .	BR	<b>GENITOURINARY SYSTEM</b>	
78599 Unlisted respiratory procedure, diagnostic nuclear medicine . . . . .	BR	78700 Kidney imaging; static . . . . .	18.0
		78701     with vascular flow . . . . .	20.0
		78704     with function study (i.e., imaging renogram) . . . . .	23.0
		78707     with vascular flow and function study . . . . .	30.0
		(For introduction of radioactive substance in association with renal endoscopy, see 50558, 50559, 50578)	
		78715 Kidney vascular flow . . . . .	BR
		78720 Kidney function study (i.e., renogram) . . . . .	15.0
		78725 Kidney function study, clearance . . . . .	BR
		(For renin (angiotensin I), RIA, see 84244)	
		(For angiotensin II, RIA, see 82163)	
<b>NERVOUS SYSTEM</b>			
78600 Brain imaging, limited procedure; static . . . . .	26.0		
78601     with vascular flow . . . . .	31.0		
78605 Brain imaging, complete; static . . . . .	30.0		
78606     with vascular flow . . . . .	35.0		
78610 Brain imaging, vascular flow study only . . . . .	10.0		

	Unit Value		Unit Value
		MISCELLANEOUS STUDIES	
		78800 Tumor localization (e.g., gallium, selenomethionine); limited area . . .	BR
78727 Kidney transplant evaluation . . . . .	BR	(For specific organ, see appropriate heading)	
78730 Urinary bladder residual study . . . . .	BR	(For eye tumor identification, see 78655)	
		78801 multiple areas . . . . .	BR
		78802 whole body . . . . .	BR
78740 Ureteral reflux study (radionuclide voiding cystogram) . . . . .	BR	78805 Abscess localization; limited area . .	BR
		78806 whole body . . . . .	BR
		(For imaging bone infectious inflammatory disease, see 78300-78381)	
		(For estradiol, RIA, see 82670)	
		(For estradiol, RIA, see 82677, 84680)	
		(For progesterone, RIA, see 84144)	
		(For prostatic acid phosphatase, RIA, see 84066)	
78760 Testicular imaging . . . . .	BR	(For Rast, see 86421, 86422)	
		(For gamma-E immunoglobulin, RIA, see 82785)	
		(For gamma-G immunoglobulin, see 82784)	
		(For alpha-1 antitrypsin, RIA, see 86064)	
		(For alpha-1 fetoprotein, RIA, see 86244)	
		(For antinuclear antibodies, RIA, see 86038)	
		(For lactic dehydrogenase, RIA, see 83610)	
<del>((78770 Placenta imaging . . . . . 14.0</del>		(For amikacin, see 82112)	
<del>78775 Placenta localization (e.g., radioiodinated HSA) . . . . . 12.0))</del>		(For aminophylline, see 82137)	
		(For amitriptyline, see 82138)	
		(For amphetamine, chemical, quantitative, see 82145)	
		(For chlordiazepoxide, see 82420, 82425)	
		(For chlorpromazine, see phenothiazine, urine, 84021, 84022)	
		(For clonazepam, see 82510)	
		(For cocaine, quantitative, see 82520)	
		(For diazepam, see 82636)	
		(For dihydromorphinone, quantitative, see 82649)	
		(For phenytoin (diphenylhydantoin), see 84045)	
78799 Unlisted genitourinary procedure, diagnostic nuclear medicine . . . . .	BR	(For flucytosine, see 82741)	
		(For gentamicin, see 84695)	
		(For glutethimide, see 82980)	
		(For introduction of radioactive substance in association with cystotomy or cystostomy, see 51020; in association with cystourethroscopy, see 52250)	
		(For testosterone, blood, RIA, see 84403)	
		(For testosterone, urine, RIA, see 84405)	
		(For introduction of radioactive substance in association with ureteral endoscopy, see 50958, 50959, 50978)	
		<u>(78770, 78775 have been deleted. To report either placenta imaging or placenta localization, use 78799)</u>	
		(For lactogen, placental (HPL) chorionic somatomammotropin, RIA, see 83632)	
		(For chorionic gonadotropin, RIA, see 82998)	
		(For chorionic gonadotropin beta subunit, RIA, see 84701)	
		(For pregnanediol, RIA, see 84135)	
		(For pregnantrial, RIA, see 84138)	

Unit Value

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

✓WAC 296-23-204 PANEL OR PROFILE TESTS.

The following list contains those tests that can be and are frequently done as groups and combinations ("profiles") on automated multichannel equipment. For any combination of tests among those listed immediately below, use the appropriate number ((~~80003~~) 80002-80019. Groups of the tests listed here are distinguished from multiple tests performed individually for immediate or "stat" reporting.

The following unit values apply when three or more of the tests listed below are performed on the same blood or urine specimen under the conditions described under item 6, page 188.

(For collection and handling of specimen, see 99000 and 99001)

- (For lysergic acid diethylamide (LSD), RIA, see 83728)
- (For morphine (heroin), RIA, see 83862)
- (For phencyclidine (PCP), see 83992)
- (For phenobarbital, see barbiturates, 82205, 82210)
- (For tobramycin, see 84840)
- (For kanamycin, see 83578)
- 78890 Generation of automated data: Interactive process involving nuclear physician and/or allied health professional personnel; simple manipulations and interpretation, not to exceed 30 minutes . . . . . BR
- 78891 complex manipulations and interpretation, exceeding 30 minutes . . . . . BR  
(use 78890 or 78891 in addition to primary procedure)
- 78895 Bedside unit required . . . . . BR  
(use 78895 in addition to primary procedure)
- 78990 Provision of diagnostic radionuclide(s) . . . . . ((BR))  
12.0
- 78999 Unlisted miscellaneous procedure, diagnostic nuclear medicine . . . . . BR

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

Unit Value

AMENDATORY SECTION (Amending Order 80-29, filed 12/23/80, effective 3/1/81)

✓WAC 296-23-201 UNLISTED SERVICE OR PROCEDURE. A service or procedure may be provided that is not listed in this fee schedule. When reporting such a service, the appropriate "unlisted procedure" code may be used to indicate the service, identifying it by "special report" as discussed in WAC 296-23-20101 below. The "unlisted procedures" and accompanying codes for PATHOLOGY AND LABORATORY are as follows:

- 80099 Unlisted panel
- 81099 Unlisted urinalysis procedure
- 84999 Unlisted chemistry or toxicology procedure
- 85999 Unlisted hematology procedure
- 86999 Unlisted immunology procedure
- 87999 Unlisted microbiology procedure
- 88099 Unlisted necropsy (autopsy) procedure
- 88199 Unlisted cytopathology procedure
- 88299 Unlisted cytogenetic study
- 88399 Unlisted surgical pathology procedure
- 89399 Unlisted miscellaneous pathology test.

80002	Automated multichannel test; 1 or 2 clinical chemistry test(s) . . . . .	21.0
80003	3 clinical chemistry tests . . . . .	28.0
80004	4 tests . . . . .	32.0
80005	5 tests . . . . .	36.0
80006	6 tests . . . . .	40.0
80007	7 tests . . . . .	44.0
80008	8 tests . . . . .	48.0
80009	9 tests . . . . .	52.0
80010	10 tests . . . . .	56.0
80011	11 tests . . . . .	60.0
80012	12 tests . . . . .	64.0
80016	13-16 clinical chemistry tests, per additional test . . . . .	2.8
80018	17-18 clinical chemistry tests, per additional test . . . . .	((3-0)) 2.8

80019 19 or more clinical chemistry tests (indicate instrument used and number of tests performed), per additional test ..... ((~~3.2~~))  
2.8

**THERAPEUTIC DRUG MONITORING**

(e.g., antiepilepsy drugs, cardiac drugs, antibiotics, sedatives)

80031 Therapeutic quantitative drug monitoring in blood and/or urine; measurement one drug (if drug not specified by individual code number) ..... BR  
80032 2 drugs measured ..... BR  
80033 3 drugs measured ..... BR  
80034 4 or more drugs measured ..... BR  
80040 Serum radioimmunoassay for circulating antibiotic levels ..... BR

**ORGAN OR DISEASE ORIENTED PANELS**

Organ "panels" as an approach to diagnosis have been developed in response to the increased use of general screening programs that are now in use in physicians' offices, health centers, clinics, and hospitals. Also included here are profiles that combine laboratory tests together under a problem oriented classification. The lack of an expanded list of laboratory tests under each number is deliberate. Because no two laboratories utilize the same array of tests in a particular panel, each laboratory should establish its own profile and accompany each reported panel by a listing of the components of that panel performed by the laboratory.

80050 General health screen panel ..... ((BR))  
31.0  
80052 Pre-marital profile ..... BR  
80053 Executive profile ..... BR  
80055 Obstetric profile ..... BR  
80058 Hepatic function panel ..... BR  
80059 Hepatitis panel ..... BR  
80060 Hypertension panel ..... BR  
80061 Lipid profile ..... BR  
80062 Cardiac evaluation (including coronary risk) panel ..... BR  
80063 Cardiac injury panel; ..... BR  
80064 with creatine phosphokinase (CPK) and/or lactic dehydrogenase (LDH) isoenzyme determination ..... BR  
80065 Metabolic panel ..... BR  
80066 Malabsorption panel ..... BR  
80067 Pulmonary (lung function) panel .. BR  
80068 Lung maturity profile ..... BR  
80070 Thyroid panel; ..... BR

80071 with thyrotropin releasing hormone (TRH) ..... BR  
80072 Arthritis panel ..... BR  
80073 Renal panel ..... BR  
80075 Parathyroid panel ..... BR  
80080 Prostatic panel ..... BR  
80082 Pancreatic panel ..... BR  
80084 Pituitary panel ..... BR  
80085 Microcytic anemia panel ..... BR  
80086 Macrocytic anemia panel ..... BR  
80088 Transition panel (for management of patient with proven metastatic disease) ..... BR  
80089 Muscle panel ..... BR  
80090 Antibody panel (e.g., TORCH: Toxoplasma IFA, rubella HI, cytomegalovirus CF, herpes virus CF) ..... BR  
80099 Unlisted panel ..... BR

CONSULTATIONS (CLINICAL PATHOLOGY)

A clinical pathology consultation is a service, including a written report, rendered by the pathologist in response to a request from an attending physician in relation to a test result(s) requiring additional medical interpretive judgment. Reporting of a test result(s) without medical interpretive judgment is not considered a clinical pathology consultation.

80500 Clinical pathology consultation; limited, without review of patient's history and medical records ..... BR  
80502 comprehensive, for a complex diagnostic problem, with review of patient's history and medical records ..... BR

(For consultations involving the examination and evaluation of the patient, see 90600-90643)

**AMENDATORY SECTION (Amending Order 81-28, filed 11/30/81, effective 1/1/82)**

✓ **WAC 296-23-208 URINALYSIS.**

(For specific analyses, see appropriate section)

81000 Urinalysis, routine, complete ..... 12.0  
81002 routine, without microscopy ..... 8.0  
81004 components, single, not otherwise listed, specify ..... 5.0  
81005 chemical, qualitative any number of constituents ..... 8.0  
~~((81006 urine volume measurement ..... 5.0))~~

(81006 urine volume measurement has been deleted. To report, use 81099)



		Unit Value
81010	concentration and dilution test . . . .	14.0
81011	water deprivation test . . . . .	BR
81012	water deprivation test with vaso- pressin response . . . . .	BR
81015	microscopic . . . . .	10.0
81020	two or three glass test . . . . .	10.0
81030	Quantitative sediment analysis and quantitative protein (Addis count) . . .	40.0
81099	Unlisted urinalysis procedure . . . . .	BR

**AMENDATORY SECTION** (Amending Order 83-23,  
filed 8/2/83)

✓ **WAC 296-23-212 CHEMISTRY AND TOX-  
ICOLOGY.**

The material for examination can be from any source. Examination is quantitative unless specified. (For list of automated, multi-channel tests, see 80003-80019.)

		Unit Value
82000	Acetaldehyde, blood . . . . .	40.0
82003	Acetaminophen, urine . . . . .	40.0
	(Acetic anhydride, see volatiles, 84600)	
82005	Acetoacetic acid, serum . . . . .	40.0
82009	Acetone, qualitative . . . . .	12.0
82010	quantitative . . . . .	12.0
	(For acetone bodies, see 82009-82010, 82635, 83947)	
82011	Acetylsalicylic acid; quantitative . . .	32.0
82012	qualitative . . . . .	32.0
82013	Acetylcholinesterase, . . . . .	40.0
	(Acid, gastric, see gastric acid, 82926- 82932)	
	(Acid phosphatase, see 84060-84065)	
82015	Acidity, titratable, urine . . . . .	30.0
	(ACTH, see 82024)	
	(Adrenalin-Noradrenalin, see catechola- mines, 82382-82384)	
82024	Adrenocorticotrophic hormone (ACTH), RIA . . . . .	120.0
82030	Adenosine; 5'-diphosphate (ADP) and 5'-monophosphate (AMP), cy- clic, RIA, blood . . . . .	40.0
82035	5'-triphosphate, blood . . . . .	40.0
82040	Albumin, serum . . . . .	20.0
82042	urine, quantitative (specify meth- od, e.g., Esbach) . . . . .	20.0
	(For albumin/globulin ratio, albumin/glob- ulin ratio by electrophoretic method, see 84155-84200)	
82055	Alcohol (ethanol), blood, chemical . .	30.0

82060	by gas-liquid chromatography .	40.0
82065	urine, chemical . . . . .	30.0
82070	by gas-liquid chromatography .	40.0
82072	Alcohol (ethanol) gelation . . . . .	30.0
82075	breath . . . . .	60.0
82076	Alcohol; isopropyl . . . . .	60.0
82078	methyl . . . . .	60.0
82085	Aldolase, blood, kinetic ultraviolet method . . . . .	26.0
82086	colorimetric . . . . .	20.0
82087	Aldosterone; double isotope tech- nique . . . . .	120.0
82088	RIA blood . . . . .	100.0
82089	RIA urine . . . . .	100.0

(Alkaline phosphatase, see 84075-84080)

82095	Alkaloids, tissue, screening . . . . .	80.0
82096	quantitative . . . . .	120.0
82100	urine, screening . . . . .	80.0
82101	quantitative . . . . .	120.0

(See also 82486, 82600, 82662, 82755,  
84231)

(Alpha amino acid nitrogen, see 82126)

(Alpha-hydroxybutyric (HBD) dehydrogen-  
ase, see 83485, 83486)

(Alphaketoglutarate, see 83584)

(Alpha tocopherol (Vitamin E), see 84446)

82112	Amikacin . . . . .	BR
	(Amikacin serum radioimmunoassay, see 80040)	

82126	Alpha amino acid nitrogen . . . . .	50.0
82128	Amino acids, qualitative . . . . .	40.0
82130	Amino acids, urine or plasma chro- matographic fractionation and quan- titation . . . . .	180.0
82134	Aminohippurate, para (PAH) . . . . .	30.0

(For administration, see 36410, 99070)

82135	Aminolevulinic acid, delta (ALA) . .	50.0
82137	Aminophylline . . . . .	60.0
82138	Amitriptyline . . . . .	60.0
82140	Ammonia, blood . . . . .	40.0
82141	urine . . . . .	40.0
82142	Ammonium chloride loading test . . .	40.0
82143	Amniotic fluid scan (spectrophotometric) . . . . .	50.0

(For L/S ratio, see 83661)

(Amobarbital, see 82205-82210)

82145	Amphetamine, or methamphetamine, chemical, quantitative . . . . .	80.0
82150	Amylase, serum . . . . .	30.0
82155	isoenzymes electrophoretic . . . .	BR+
82156	urine (diastase) . . . . .	30.0
82157	Androstenedione RIA . . . . .	80.0

	Unit Value		Unit Value
82159 Androsterone .....	50.0	82286 Bradykinin .....	BR
82160 RIA.....	50.0	82290 Bromides, blood .....	24.0
(See also 83593-83596)		82291 urine .....	40.0
(Angiotensin I, see renin, 84244)		(For bromsulphthalein (BSP), see 84382)	
82163 Angiotensin II, RIA.....	BR	82300 Cadmium, urine .....	100.0
82165 Aniline .....	BR	82305 Caffeine .....	60.0
(Antidiuretic hormone, RIA, see 84588)		82306 Calcifediol (25-OH Vitamin D-3), chromatographical technique .....	BR
82168 Antihistamines .....	BR	82307 Calciferol (Vitamin D) RIA .....	BR
82170 Antimony, urine.....	80.0	82308 Calcitonin, RIA .....	80.0
(Antimony, screen, see 83015)		( <sup>o</sup> )82310 Calcium, blood, chemical .....	<sup>o</sup> 22.0
(Antitrypsin, alpha-1-, see 86329)		( <sup>o</sup> )82315 fluorometric .....	<sup>o</sup> 22.0
82173 Arginine tolerance test .....	BR	82320 emission flame photometry ....	22.0
82175 Arsenic, blood, urine, gastric con- tents, hair or nails, quantitative ....	80.0	82325 atomic absorption flame photo- metry .....	24.0
(For heavy metal screening, see 83015)		82330 fractionated, diffusible .....	60.0
82180 Ascorbic acid (Vitamin C) blood ...	40.0	82331 after calcium infusion test .....	24.0
(Aspirin, see acetylsalicylic acid, 82011, 82012)		82335 urine, qualitative (Sulkowitch) ...	11.0
(Atherogenic index, blood, ultracentrifuga- tion, quantitative, see 83717)		82340 quantitative timed specimen ...	32.0
82205 Barbiturates quantitative .....	60.0	82345 feces, quantitative timed specimen	80.0
82210 quantitative and identification..	80.0	82355 Calculus (stone) qualitative, chemi- cal .....	40.0
(For qualitative screen, see 82486, 82660, 82662, 82755, 84231)		82360 quantitative, chemical .....	60.0
82225 Barium .....	BR	82365 infrared spectroscopy .....	60.0
(Bence-Jones protein, 84185)		82370 X-ray diffraction .....	50.0
82230 Beryllium, urine .....	80.0	(Carbamates, see individual listings)	
82231 Beta-2 microglobulin, RIA; urine ..	BR	82372 Carbamazepine, serum .....	BR
82232 serum .....	BR	82374 Carbon dioxide, combining power or content .....	10.0
82235 Bicarbonate excretion, urine .....	BR	(See also 82801-82803, 82817)	
82236 Bicarbonate loading test .....	BR	82375 Carbon monoxide, (carboxyhemoglo- bin); quantitative .....	48.0
(Bicarbonate, see 82374)		82376 qualitative .....	48.0
82240 Bile acids, blood, fractionated .....	120.0	(Carbon tetrachloride, see 84600)	
82245 Bile pigments, urine .....	8.0	(Carboxyhemoglobin, see 82375, 82376)	
<sup>o</sup> 82250 Bilirubin, blood, total or direct .....	<sup>o</sup> 24.0	82380 Carotene, blood .....	40.0
82251 blood, total AND direct .....	30.0	(Carotene plus Vitamin A, see 84595)	
82252 feces, qualitative .....	BR	82382 Catecholamines (dopamine, nore- pinephrine, epinephrine); total urine .	BR
82260 urine, quantitative .....	12.0	82383 blood .....	BR
82265 amniotic fluid, quantitative .....	30.0	82384 fractionated .....	BR
82268 Bismuth .....	80.0	(For urine metabolites, see 83835, 84585)	
82270 Blood, feces, occult, screening .....	8.0	82390 Ceruloplasmin, <u>chemical</u> (copper ox- idase), blood .....	40.0
82273 duodenal, gastric contents, quali- tative .....	BR	(For gel diffusion technique, see 86331; immunodiffusion technique, see 86329)	
(Blood urea nitrogen (BUN), see 84520- 84525, 84545)		82400 Chloral hydrate, blood .....	60.0
(Blood volume, see 84605-84610, 78110, 78111)		82405 urine .....	40.0
82280 Boric acid, blood .....	100.0	82415 Chloramphenicol, blood .....	40.0
82285 urine .....	100.0	82418 Chlorazepate dipotassium .....	40.0
		82420 Chlordiazepoxide, blood .....	60.0
		82425 urine .....	60.0

	Unit Value		Unit Value
(( <sup>Ⓐ</sup> ))82435 Chlorides, blood, (specify chemical or electrometric) . . . . .	°20.0	82537 (ACTH) Administration . . . . .	BR
82436 urine, (specify chemical, electrometric or Fantus test) . . . . .	20.0	48 hours after continuous ACTH infusion . . . . .	BR
82437 sweat (without iontophoresis) . . . . .	20.0	82538 after metyrapone tartrate administration . . . . .	BR
(For iontophoresis, see 89360)		82539 dexamethasone suppression test, plasma and/or urine . . . . .	BR
82438 spinal fluid . . . . .	20.0	82540 Creatine, blood . . . . .	24.0
82441 Chlorinated hydrocarbons, screen . . . . .	20.0	82545 urine . . . . .	40.0
82443 Chlorothiazide-hydrochlorothiazide . . . . .	60.0	82546 Creatine and creatinine . . . . .	50.0
(Chlorpromazine, see 84021, 84022)		82550 Creatine phosphokinase (CPK), blood, timed kinetic ultraviolet method . . . . .	26.0
(( <sup>Ⓐ</sup> ))82465 Cholesterol, serum; total . . . . .	°22.0	82552 isoenzymes . . . . .	30.0
82470 total and esters . . . . .	30.0	82555 colorimetric . . . . .	20.0
82480 Cholinesterase, serum . . . . .	40.0	(( <sup>Ⓐ</sup> ))82565 Creatinine, blood . . . . .	°20.0
82482 RBC . . . . .	60.0	(( <sup>Ⓐ</sup> ))82570 urine . . . . .	°20.0
82484 serum and RBC . . . . .	80.0	(( <sup>Ⓐ</sup> ))82575 clearance . . . . .	°40.0
82485 Chondroitin B sulfate, quantitative . . . . .	BR	82585 Cryofibrinogen, blood . . . . .	40.0
(Chorionic gonadotropin, see gonadotropin, 82996-83002)		82595 Cryoglobulin, blood . . . . .	40.0
82486 Chromatography; gas-liquid, compound and method not elsewhere specified . . . . .	BR	(Crystals, pyrophosphate vs. urate, see 84208)	
82487 paper, 1-dimensional, compound and method not elsewhere specified . . . . .	BR	82600 Cyanide, blood . . . . .	80.0
82488 paper, 2-dimensional, not elsewhere specified . . . . .	BR	82601 tissue . . . . .	80.0
82489 thin layer, not elsewhere specified . . . . .	BR	82606 Cyanocobalamin (Vitamin B-12); bioassay . . . . .	70.0
82490 Chromium, blood . . . . .	100.0	82607 RIA . . . . .	45.0
82495 urine . . . . .	100.0	82608 unsaturated binding capacity . . . . .	60.0
82505 Chymotrypsin, duodenal contents . . . . .	30.0	(Cyclic AMP, see 82030)	
82507 Citric acid . . . . .	80.0	(Cyclic GMP, see 83008)	
82512 Clonazepam . . . . .	BR	82614 Cystine, blood, qualitative . . . . .	BR
82520 Cocaine, quantitative . . . . .	60.0	82615 Cystine, and homocystine, urine, qualitative . . . . .	30.0
(Cocaine, screen, see 82486, 82660, 82662, 82755, 84231)		82620 quantitative . . . . .	40.0
(Codeine, quantitative, see 82096, 82101)		82624 Cystine aminopeptidase . . . . .	BR
(Complement, see 86159-86162)		(D hemoglobin, see 83053)	
(Compound S, see 82634)		(Delta-aminolevulinic acid (ALA), see 82135)	
82525 Copper, blood . . . . .	60.0	82626 Dehydroepiandrosterone, RIA . . . . .	BR
82526 urine . . . . .	60.0	(See also 83593-83596)	
(Coprobilinogen, feces, 84575)		(Deoxycortisol, 11- (compound S), RIA, see 82634)	
(Coproprophyrins, see 84118-84121)		82628 Desipramine . . . . .	BR
(Corticosteroids, see 83492-83496)		82633 Desoxycorticosterone, 11-RIA . . . . .	BR
82528 Corticosterone, RIA . . . . .	BR	(See also 83593-83596)	
(See also 83593-83597)		82634 Desoxycortisol, 11-(compound S), RIA . . . . .	80.0
82529 Cortisol; fluorometric, plasma . . . . .	36.0	(See also 83492)	
82531 CPB, plasma . . . . .	75.0	82635 Diacetic acid . . . . .	18.0
82532 CPB, urine . . . . .	75.0	(Diagnex blue, tubeless gastric, see 82939)	
82533 RIA, plasma . . . . .	90.0	(Diastase, urine, see 82156)	
82534 RIA, urine . . . . .	90.0		
82536 after adrenocorticotropic hormone			

	Unit Value		Unit Value
82636 Diazepam .....	50.0	82691 urine .....	60.0
82638 Dibucaine number .....	34.0	82692 Ethosuximide .....	BR
82639 Dicumarol .....	BR	(Ethyl alcohol, see 82055-82075)	
(Dichloroethane, see 84600)		82694 Etiocholanolone .....	BR
(Dichloromethane, see 84600)		(See also 83593, 83596)	
(Diethylether, see 84600)		(Evans blue, see blood volume, 84605-84610)	
82640 Digitoxin digitalis, blood RIA .....	BR+	82696 Etiocholanolone, RIA .....	50.0
82641 urine .....	BR+	82705 Fat or lipids, feces, screening .....	10.0
82643 Digoxin, RIA .....	36.0	82710 quantitative, 24 or 72 hour specimen .....	100.0
82646 Dihydrocodinone .....	BR	82715 Fat differential, feces, quantitative ..	BR
(Dihydrocodinone screen, see 82486-82489, 82662, 82755, 84231)		82720 Fatty acids, blood, esterified .....	40.0
82649 Dihydromorphinone, quantitative ...	75.0	82725 nonesterified .....	40.0
(Dihydromorphinone screen, see 82486, 82489, 82662, 82755, 84231)		82727 Ferric chloride, urine .....	BR
82651 Dihydrotestosterone (DHT) .....	BR	82728 Ferritin, specify method (e.g., RIA, immunoradiometric assay) .....	BR
82654 Dimethadione .....	BR	(Fetal hemoglobin, see hemoglobin 83020, 83033, and 85460)	
(Diphenylhydantoin, see 84045)		(Fetoprotein, alpha-1, see 86329)	
(Dopamine, see 82382-82384)		82730 Fibrinogen, quantitative .....	21.0
82656 Doxepin .....	BR	(See also 85371, 85377)	
82660 Drug screen (amphetamines, barbiturates, alkaloids) .....	((80.0)) 65.0	82735 Fluoride, blood .....	100.0
(See also 82486-82489, 82662, 82755, 84231)		82740 urine .....	100.0
(Duodenal contents, see individual enzymes; for intubation and collection, see 89100)		82741 Flucytosine (5-fluorocytosine) .....	BR
82662 Enzyme immunoassay technique for drugs, EMIT .....	30.0	82742 Flurazepam .....	BR
82664 Electrophoretic technique, not elsewhere specified .....	45.0	82745 Folic acid, (folate), blood bioassay ..	BR+
82666 Epiandrosterone .....	BR	82746 RIA .....	45.0
(See also 83593, 83596)		(Follicle stimulating hormone (FSH), see 83000, 83001)	
(Epinephrine, see 82382-82384)		82750 Formimino-glutamic acid (FIGLU), urine .....	100.0
82668 Erythropoietin, bioassay .....	BR	82755 Free radical assay technique for drugs (FRAT) .....	BR
(For HI method, see 86280)		82756 Free thyroxine index (T-7) .....	BR
82670 Estradiol, RIA (placental) .....	90.0	82757 Fructose, semen .....	BR
82671 Estrogens; fractionated .....	85.0	(Fructose, TLC screen, see 84375)	
82672 total .....	60.0	82759 Galactokinase, RBC .....	BR
82673 Estriol(,(-placental)); fluorometric ..	54.0	82760 Galactose, blood .....	40.0
82674 GLC .....	45.0	82763 tolerance test .....	75.0
82676 ((Estriol, nonpregnancy;)) <u>Chemical</u>	75.0	82765 urine .....	40.0
82677 RIA .....	105.0	82775 Galactose-1-phosphate uridyl transferase .....	60.0
(Estrogen receptor assay, see 84233)		(For TLC screen, see 84375)	
82678 Estrone; chemical .....	75.0	82776 screen .....	18.0
82679 RIA .....	90.0	82780 Gallium .....	BR
(Ethanol, see 82055-82075)		82784 Gammaglobulin, A, D, G, M nephelometric, each .....	12.0
82690 Ethchlorvynol (Placidyl), blood ....	60.0	82785 Gammaglobulin, E, RIA .....	75.0
		82786 Gammaglobulin, salt precipitation method .....	21.0

	Unit Value		Unit Value
(Gammaglobulin by gel (immuno) diffusion, see 86329)		82951 tolerance test (GTT), three specimens (includes glucose) . . . . .	37.5
(Gamma-glutamyl transpeptidase (GGT), see 82977)		82952 tolerance test, each additional beyond three specimens . . . . .	10.5
82790 Gases, blood, oxygen saturation; by calculation from pO <sub>2</sub> . . . . .	40.0	(For intravenous glucose tolerance test, see 82961)	
82791 by manometry . . . . .	40.0	82953 tolbutamide tolerance test . . . . .	15.0
82792 by oximetry . . . . .	20.0	(For insulin tolerance test, see 82937)	
82793 by spectrophotometry . . . . .	40.0	(For leucine tolerance test, see 83681)	
82795 by calculation from pCO <sub>2</sub> . . . . .	6.0	82954 urine . . . . .	20.0
82800 Gases, blood, pH, only . . . . .	20.0	(For intubation, see 89130, 79340)	
82801 pCO <sub>2</sub> . . . . .	24.0	82955 Glucose-6-phosphate dehydrogenase, erythrocyte . . . . .	60.0
82802 pH, pCO <sub>2</sub> by electrode . . . . .	42.0	82960 screen . . . . .	56.0
82803 pH, pCO <sub>2</sub> , pO <sub>2</sub> simultaneous . . . . .	54.0	82961 Glucose tolerance test, intravenous . . . . .	BR
82804 pO <sub>2</sub> by electrode . . . . .	40.0	(For glucose tolerance test with medication use 90784 in addition)	
82812 pO <sub>2</sub> by manometry . . . . .	24.0	82963 Glucosidase, beta . . . . .	BR
82817 pH, pCO <sub>2</sub> by tonometry . . . . .	24.0	82965 Glutamate dehydrogenase, blood . . . . .	40.0
(For arterial puncture, see 36600)		(Glutamic oxaloacetic transaminase (SGOT), see 84450-84455)	
(For blood gas studies as a part of pulmonary function studies, see 94700-94710)		(Glutamic pyruvic transaminase (SGPT), see 84460-84465)	
82926 Gastric acid, free and total; single specimen . . . . .	11.2	82975 Glutamine (glutamic acid amide), spinal fluid . . . . .	80.0
82927 each additional specimen . . . . .	9.0	82977 Glutamyl transpeptidase, gamma (GGT) . . . . .	BR
82928 Gastric acid, free or total; single specimen . . . . .	9.0	82978 Glutathione . . . . .	BR
82929 each additional specimen . . . . .	7.5	82979 Glutathione reductase, RBC . . . . .	BR
82931 Gastric acid, pH titration; single specimen . . . . .	24.0	82980 Glutethimide . . . . .	56.2
82932 each additional specimen . . . . .	18.0	(Glycohemoglobin, see 83036)	
82939 Gastric analysis, tubeless (Diagnex blue) . . . . .	BR	82985 Glycoprotein electrophoresis . . . . .	60.0
(Gastric analysis, with stimulation, see 89140, 89141)		82995 Gold, blood . . . . .	100.0
(Gastric analysis, pepsin, see 83974)		82996 Gonadotropin, chorionic, bioassay; qualitative . . . . .	30.0
(For gastric intubation, see 89130, 74340)		82997 quantitative . . . . .	30.0
(For aspiration of specimens with insulin administration (Hollander test), see 91075)		82998 Gonadotropin, chorionic, RIA . . . . .	((BR)) <u>38.0</u>
82941 Gastrin, RIA . . . . .	48.0	(Gonadotropin, chorionic, beta subunit, RIA, see 84701)	
(GGT, see 82977)		(For immunoassay, qualitative, see 86006, 86007)	
(GLC, gas liquid chromatography, see 82486)		(For quantitative titer, see 86008, 86009)	
82942 Globulin, serum . . . . .	10.5	83000 Gonadotropin, pituitary FSH; bioassay . . . . .	90.0
(See also 82784, 82786, 84155-84200, 86329)		83001 RIA . . . . .	90.0
82943 Glucagon, RIA . . . . .	BR	83002 (LH)(ICSH)RIA . . . . .	90.0
82944 Glucosamine . . . . .	6.0	83003 Growth hormone (HGH), (somatotropin) RIA . . . . .	48.0
82947 Glucose; except urine (e.g., blood, spinal fluid, joint fluid) . . . . .	10.5	83004 after glucose tolerance test . . . . .	48.0
82948 blood, stick test . . . . .	8.2		
82949 fermentation . . . . .	22.5		
82950 post glucose dose (includes glucose) . . . . .	13.5		

	Unit Value		Unit Value
(For growth hormone secretion after arginine tolerance test, see 82173)		(Hormones, see individual alphabetic listings in chemistry section)	
(For human growth hormone antibody, RIA, see 86277)		83150 homo-vanillic acid (HVA), urine .	80.0
83005 Guanase, blood . . . . .	40.0	83485 Hydroxybutyric dehydrogenase, alpha (HBD), blood; kinetic ultraviolet method . . . . .	22.0
83008 Guanosine monophosphate (GMP) cyclic, RIA . . . . .	BR	83486 colorimetric method . . . . .	20.0
83010 Haptoglobin, chemical . . . . .	60.0	83491 Hydroxycorticosteroids, 17- (17-OHCS); RIA . . . . .	64.1
83011 quantitative, electrophoresis . . . . .	30.0	83492 Hydroxycorticosteroids, 17- (17-OHCS); gas liquid chromatography (GLC) . . . . .	82.0
83012 phenotypes, electrophoresis . . . . .	60.0	83493 blood, Porter-Silber type . . . . .	45.0
83015 Heavy metal screen (arsenic, bismuth, mercury, antimony); chemical (e.g., Reinsch, Gutzeit) . . . . .	30.0	83494 blood, fluorometric . . . . .	38.0
83018 chromatography, DEAE column . . . . .	BR	83495 urine, Porter-Silber type . . . . .	52.0
83020 Hemoglobin, electrophoresis (includes A <sub>2</sub> , S, C, etc.) . . . . .	80.0	83496 urine, fluorometric . . . . .	52.0
(Hemoglobin, carboxyhemoglobin (CO), see 82375, 82376; colorimetric, see 85018, 85031)		(See also 82531-82534, 82634, 84409)	
83030 F (fetal), chemical . . . . .	40.0	83497 Hydroxyindolacetic acid, 5-(HIAA), urine . . . . .	60.0
83033 F(fetal), qualitative (APT) test, fecal . . . . .	56.0	(For HIAA, blood, see 84260)	
83036 glycosylated (Alc) . . . . .	60.0	83498 Hydroxyprogesterone, 17-d, RIA . . . . .	105.0
83040 methemoglobin, electrophoretic separation . . . . .	80.0	83499 Hydroxyprogesterone, 20- . . . . .	BR
83045 qualitative . . . . .	20.0	83500 Hydroxy-proline, urine, free only . . . . .	100.0
83050 quantitative . . . . .	40.0	83505 total only . . . . .	100.0
83051 plasma . . . . .	40.0	83510 free and total . . . . .	180.0
83052 sickle, turbidimetric . . . . .	34.0	83523 Imipramine . . . . .	67.0
83053 solubility, S-D, etc. . . . .	40.0	(Immunoglobulines, see 82784, 82785, 82786, 86329, 86335)	
83055 sulfhemoglobin, qualitative . . . . .	20.0	83524 Indican, urine . . . . .	35.0
83060 quantitative . . . . .	40.0	83525 Insulin, RIA . . . . .	40.0
83065 thermolabile . . . . .	BR	83526 Insulin tolerance . . . . .	80.0
83068 unstable, screen . . . . .	BR	(For proinsulin, see 84206)	
83069 urine . . . . .	BR	83528 Intrinsic factor level . . . . .	BR
83070 Hemosiderin, urine . . . . .	12.0	(For intrinsic factor antibodies, RIA, see 86340)	
83071 Hemosiderin, RIA . . . . .	25.6	83530 Insulin clearance . . . . .	40.0
(Heroin, screening, see 82660, 82486, 82662, 82755, 84231; quantitative, see 82096, 82101)		(For administration, see 36410, 99070)	
(HIAA, see 83497)		( <del>83533 Iodine; protein bound (PBI) . . . . .</del> 45.0 <del>83534 total . . . . .</del> 60.0))	
83086 Histidine; blood, qualitative . . . . .	BR	(83533, 83534 Protein bound iodine have been deleted. To report, use 84999)	
83087 urine, qualitative . . . . .	BR	(For thyroxine, see ((8444+)) 84435-84439)	
83088 Histamine . . . . .	100.0	(For triiodothyronine (true T-3), RIA, see 84480)	
(Hollander test, see 91075)		(For T-3 or T-4 radioactive resin uptake, see RT3U, 84250; for RT3U+thyroxine, see 84251)	
(Homocystine, qualitative, see 82615)		83540 Iron, serum, chemical . . . . .	20.0
(Homocystine, quantitative, see 82620)		83545 automated . . . . .	12.0
83093 Homogentisic acid; blood, qualitative . . . . .	BR	83546 radioactive uptake method . . . . .	30.0
83094 Homogentisic acid, urine, qualitative . . . . .	20.0		
83095 quantitative . . . . .	40.0		

	Unit Value		Unit Value
83550	20.0	83645	20.0
83555	12.0	83650	20.0
83565	30.0	83655	60.0
83570	26.0	83660	60.0
83571	20.0	83661	75.0
(Isopropyl alcohol, see alcohol 82076)			
83576	105.0	83670	26.0
83578	49.0	83675	20.0
83582	45.0	83680	26.0
83583	75.0	83681	26.0
83584	40.0	83685	20.0
(Ketone bodies, see 82005-82010; urine, see 81000-81005)			
83586	38.0	83690	30.0
83587	75.0	83700	30.0
83588	54.0	83705	60.0
83589	36.0	(For feces, see 82705-82715)	
83590	60.0	83715	60.0
83593	75.0	83717	100.0
<del>((83596 D/A/E ratio ..... BR))</del>		83718	BR
<u>(83596 D/A/E ratio has been deleted.)</u>			
83597	75.0	83719	BR
(See also 82528, 82632, 82633, 82666, 82694)			
83599	64.1	83720	BR
83600	90.0	83725	60.0
83605	40.0	(Luteinizing hormone (LH), see 83002)	
83610	33.7	83727	60.0
83615	26.0	83728	BR
<del>((#)83620</del>	20.0	83730	30.0
83624	24.0	83735	20.0
83625	60.0	83740	20.0
83626	20.0	83750	40.0
83628	20.0	83755	40.0
83629	20.0	83760	40.0
83631	20.0	83765	40.0
(For hydroxybutyric dehydrogenase (HBD), see 83485)			
83632	30.0	83775	30.0
83633	20.0	(Maltose tolerance, see 82951, 82952)	
83634	20.0	(Mammotropin, see 84146)	
(For tolerance, see 82951-82952)			
(For TLC screen, see 84375)			
		83785	60.0
		83790	BR
		(Marijuana, see tetrahydrocannabinol THC, 84408)	
		83795	60.0
		83799	54.0

	Unit Value		Unit Value
(For screen, see 82486, 82489, 82662, 82755, 84231)		83918 quantitative.....	30.0
83805 Meprobamate, blood or urine .....	60.0	83920 Ornithine carbonyl transferase, (OCT).....	24.0
(For screen, see 82486, 82489, 84231)		83930 Osmolality, blood .....	20.0
83825 Mercury quantitative, blood .....	70.0	83935 urine .....	20.0
83830 urine .....	70.0	83938 Ouabain .....	BR
(Mercury screen, see 83015)		83945 Oxalate, urine.....	40.0
83835 Metanephrines, urine .....	52.0	(For alpha oxoglutarate, see 82120)	
(For catecholamines, see 82382-82384)		83946 Oxazepam.....	40.0
83840 Methadone .....	60.0	83947 Oxybutyric acid, beta .....	40.0
(Methamphetamine, see 82145)		83948 Oxycodone.....	52.0
(Methanol, see 82078)		(Oxygen, see gases, blood, 82790-82817)	
83842 Methapyrilene .....	50.0	83949 Oxytocinase, RIA .....	52.0
83845 Methaqualone.....	90.0	(Para-aminohippuric acid, see 82134)	
(For metals, heavy, screening (Reinsch test), see 82177)		83965 Paraldehyde, blood, quantitative ...	60.0
83857 Methemalbumin .....	32.0	83970 Parathormone (parathyroid hormone), RIA .....	165.0
(Methemoglobin, see hemoglobin 83045-83050)		(PBI, see 83533)	
83858 Methsuximide, serum .....	90.0	83971 Penicillin, urine .....	50.0
(Methyl alcohol, see 82078)		83972 Pentazocine.....	60.0
83859 Methyprylon.....	90.0	83973 Pentose, urine, qualitative .....	13.5
83860 Morphine, screening .....	80.0	(For TLC screen, see 84375)	
83861 quantitative.....	120.0	83974 Pepsin, gastric .....	23.0
83862 RIA .....	82.0	83975 Pepsinogen, blood.....	40.0
83864 Mucopolysaccharides, acid, blood ...	60.0	83985 Pesticide, other than chlorinated hydrocarbons, blood, urine or other material .....	BR+
83865 Mucopolysaccharides, acid, urine quantitative.....	60.0	(Pesticide, chlorinated hydrocarbons, see 82441)	
83866 screen .....	21.0	83986 pH, body fluid, except blood .....	BR
83870 Mucoprotein, blood (seromucoid) ...	40.0	(For blood, see 82800, 82802, 82803, 82817)	
83872 Mucin, synovial fluid (rope test) ...	21.0	83992 Phencyclidine (PCP) .....	38.0
83873 Myeline basic protein, CSF, RIA ...	BR	83995 Phenol, blood or urine .....	60.0
(For oligoclonal bands, see 83916)		84005 Phenolsulphonphthalein (PSP), urine .....	20.0
83874 Myoglobin, electrophoresis .....	30.0	(For injection procedure, see 36410 for provision of materials, see 99070)	
83875 Myoglobin, urine .....	40.0	84021 Phenothiazine, urine .....	100.0
83880 Nalorphine .....	60.0	(See also 82486 et seq.)	
83885 Nickel, urine.....	100.0	84022 quantitative, chemical .....	BR
83887 Nicotine .....	75.0	(For also individual drugs)	
83895 Nitrogen, urine, total, 24 hour specimen .....	60.0	84030 Phenylalanine, blood, Guthrie .....	12.0
83900 feces, 24 hour specimen .....	100.0	(Phenylalanine-tyrosine ratio, see 84030, 84510)	
83910 Nonprotein nitrogen, blood .....	20.0	84031 fluorometric .....	12.0
(Norepinephrine, see 82382-82384)		84033 Phenylbutazone .....	20.0
83915 Nucleotidase 5'-.....	25.0	84035 Phenylketones; blood, qualitative ...	20.0
83916 Oligoclonal immune globulin (Ig), CSF, by electrophoresis.....	BR	84037 urine, qualitative .....	20.0
(For myelin basic protein, CSF, see 83873)			
83917 Organic acids; screen, qualitative ...	30.0		



	Unit Value		Unit Value
84038 Phenylpropanolamine.....	20.0	84141 Primidone .....	60.0
84039 Phenylpyruvic acid; blood .....	20.0	84142 Procainamide .....	60.0
84040 Phenylpyruvic acid, urine .....	20.0	84144 Progesterone, any method .....	105.0
(For qualitative chemical tests, urine, see 81005)		(For proinsulin, RIA, see 84206)	
84045 Phenytoin .....	<del>((80-0))</del> 61.0	84146 Prolactin (mammothropin), RIA ....	225.0
(( <sup>o</sup> ))84060 Phosphatase, acid, blood .....	<del>((<sup>o</sup>))24.0</del> 24.0	84147 Propoxyphene .....	60.0
84065 (prostatic) fraction.....	40.0	(For screen, see 82486 et seq.)	
84066 prostatic fraction, RIA .....	60.0	84149 Propranolol .....	BR
(( <sup>o</sup> ))84075 alkaline, blood .....	<del>((<sup>o</sup>))24.0</del> 24.0	84150 Prostaglandin, any one, RIA.....	BR
84078 heat stable (total not included) ...	16.0	84155 Protein, total, serum, chemical .....	<sup>o</sup> 20.0
84080 isoenzymes, electrophoretic method .....	<del>((BR+))</del> BR	84160 refractometric.....	12.0
84081 Phosphatidylglycerol .....	BR	84165 electrophoretic fractionation and quantitation.....	60.0
84082 Phosphates, tubular reabsorption of (TRP) .....	60.0	84170 total and albumin/globulin ratio .....	<sup>o</sup> 40.0
(Phosphates, inorganic, see 84100-84105)		(For serum albumin, see 82040, for serum globulin, 82942)	
(Phosphates, organic, see 82480-82484)		84175 other sources, quantitative.....	24.0
84083 Phosphoglucomutase, isoenzymes ...	60.0	84176 Protein, special studies (e.g., monoclonal protein analysis) .....	BR
84085 Phosphogluconate, 6-, dehydrogenase, RBC .....	18.0	84180 urine, quantitative, 24 hour specimen .....	24.0
84087 Phosphohexose isomerase .....	30.0	84185 Bence-Jones .....	12.0
84090 Phospholipids, blood .....	30.0	84190 electrophoretic fractionation and quantitation.....	80.0
(See also 83705)		84195 spinal fluid semi-quantitative (Pandy).....	20.0
(For lecithin/sphingomyelin ratio, see 83661)		84200 electrophoretic fractionation and quantitation.....	80.0
(( <sup>o</sup> ))84100 Phosphorus, blood .....	<sup>o</sup> 24.0	(For protein bound iodine (PBI), see 83533)	
(( <sup>o</sup> ))84105 urine .....	<sup>o</sup> 24.0	84201 Protirelin, thyrotropin releasing hormone (TRH) test .....	BR
(Pituitary gonadotropins, see 83000-83002)		84202 Protoporphyrin, RBC; quantitative ..	30.0
(PKU, see 81005, 84030, 84031)		84203 screen .....	20.0
84106 Porphobilinogen, urine; qualitative ..	20.0	84205 Protiptylene .....	68.0
84110 Porphobilinogen, urine, quantitative ..	20.0	84206 Proinsulin, RIA .....	60.0
84118 Porphyrins, copro-, urine; quantitative .....	30.0	84207 Pyridoxine (Vitamin B-6).....	BR
84119 qualitative.....	24.0	84208 Pyrophosphate vs. urate, crystals (polarization) .....	12.0
84120 Porphyrins, urine, fractionated (uroporphyrin and coproporphyrin).....	64.0	84210 Pyruvate, blood .....	30.0
84121 uro-, copro-, and porphobilinogen, urine .....	80.0	84220 Pyruvic-kinase, RBC.....	30.0
(For porphyrin precursors, see 82630)		84228 Quinine .....	30.0
84126 feces, quantitative .....	100.0	84230 Quinidine, blood.....	40.0
84128 Porphyrins, plasma.....	82.0	84231 Radioimmunoassay (RIA) not elsewhere specified .....	BR
(For protoporphyrin, RBC, see 84202, 84203)		(Reinsch test, see 83015)	
84132 Potassium, blood .....	<sup>o</sup> 24.0	84232 Releasing factor .....	BR
84133 urine .....	<sup>o</sup> 24.0	84233 Receptor assay; estrogen (estradiol) ..	BR
84135 Pregnanediol; RIA .....	BR	84234 progesterone .....	BR
84136 other method (specify).....	BR	84235 endocrine, other than estrogen or progesterone (specify hormone) ..	BR
84138 Pregnanetriol; RIA .....	BR	84236 progesterone and estrogen .....	BR
84139 other method (specify).....	BR	<u>84238 nonendocrine (eg, acetylcholine) (specify receptor).....</u>	<u>BR</u>

	Unit Value		Unit Value
84244 Renin (Angiotensin I); (RIA) . . . . .	60.0	84405 Testosterone, urine, RIA . . . . .	120.0
(See also 82163, angiotensin II)		84406 Testosterone, binding protein . . . . .	BR
84246 furosemide test . . . . .	BR	84407 Tetracaine . . . . .	BR
(84250, 84251 Resine uptake have been de- leted. To report, use 84479, 84435)		84408 Tetrahydrocannabinol THC (mari- juana) . . . . .	BR
84252 Riboflavin (Vitamin B-2) . . . . .	BR	84409 Tetrahydrocortisone or tetrahydro- cortisol . . . . .	105.0
(Salicylates, see 82011, 82012)		(See also 83492-83497)	
(Saline infusion test, see 82091)		84410 Thallium, blood or urine . . . . .	100.0
(Secretin test, see 99070, 89100 and appro- priate analyses)		84420 Theophylline, blood or saliva . . . . .	60.0
84255 Selenium, blood, urine or tissue . . . . .	100.0	84425 Thiamine (Vitamin B-1) . . . . .	BR
84260 Serotonin, blood . . . . .	120.0	84430 Thiocyanate, blood . . . . .	30.0
(For urine metabolites, see 83497)		84434 Thioridazine . . . . .	40.0
84275 Sialic acid, blood . . . . .	50.0	(Thyrotropin releasing hormone (TRH) test, see 84201)	
(Sickle hemoglobin, see 83020, 83052, 83053, 85660)		84435 Thyroxine, (T-4), CPB or resin up- take . . . . .	33.0
84285 Silica, blood, urine or tissue . . . . .	100.0	84436 Thyroxine, true (TT-4), RIA . . . . .	21.0
( <sup>24</sup> )84295 Sodium, blood . . . . .	°24.0	84437 Thyroxine (T-4), neonatal . . . . .	20.0
( <sup>24</sup> )84300 urine . . . . .	°24.0	84439 Thyroxine, free (FT-4), RIA (un- bound T-4 only) . . . . .	45.0
(Somatomammotropin, see 83632)		(84441 Thyroxine (T-4) method unspecified has been deleted. To report, use 84435- 84439)	
(Somatotropin, see 83003; chorionic, see 83632)		84441 Thyroxine (T-4), specify method (e.g., CPB, RIA) . . . . .	40.0
84310 Sorbitol dehydrogenase, serum . . . . .	26.0	84442 Thyroxine binding globulin (TBG) . . . . .	52.0
84315 specific gravity (except urine) . . . . .	8.0	(Thyroxine, free thyroxine index, T-7, see 82756)	
84317 Starch, feces, screening . . . . .	8.0	(Thyroid hormones, PBI, thyroxine, etc., see 84480, 84441, 84250)	
84318 Stercobilin, qualitative, feces . . . . .	BR	84443 Thyroid stimulating hormone (TSH), RIA . . . . .	60.0
(For stone analysis see 82355-82370)		84444 Thyrotropin releasing factor (TRF), RIA; . . . . .	BR
84324 Strychnine . . . . .	75.0	84445 plus long acting (LATS) . . . . .	BR
(Sugar, see under glucose)		84446 Tocopherol alpha (Vitamin E) . . . . .	38.0
84375 sugars chromatographic separa- tion . . . . .	80.0	(Tolbutamide tolerance, see 82951-82952)	
(Sulfhemoglobin, see hemoglobin, 83055- 83060)		84447 Toxicology, screen; general . . . . .	BR
<del>((84382 Sulfobromophthalein (BSP) . . . . . 32.0))</del>		84448 sedative (acid and neutral drugs, volatiles) . . . . .	45.0
<del>(84382 has been deleted)</del>		84450 Transaminase, blood, glutamic oxal- oacetic (SGOT), timed kinetic ul- traviolet method . . . . .	24.0
(For injection, see 36410, 99070)		°84455 colorimetric or fluorometric . . . . .	°20.0
84395 Sulfonamide, blood chemical . . . . .	20.0	84460 glutamic pyruvic (SGPT), blood timed kinetic ultraviolet . . . . .	24.0
<del>((84397 crystals, qualitative . . . . . 20.0))</del>		°84465 colorimetric or fluorometric . . . . .	°20.0
<del>(84397 has been deleted.)</del>		(Transferrin, see 86329)	
(T-3, see 84479-84481)		84472 Trichloroethanol . . . . .	60.0
(T-4, see 84435-84439)		84474 Trichloroacetic acid . . . . .	36.0
<del>((84401 Testosterone, blood, double isotope — BR))</del>		(Trichloroacetaldehyde, see 82400-82405)	
<del>(84401 has been deleted.)</del>			
84403 Testosterone, blood, RIA . . . . .	105.0		
<del>((84404 Testosterone, urine, double isotope — BR))</del>			

	Unit Value		Unit Value
84476			
84478	36.0	(VMA, see 84585)	
	30.0	84600	45.0
(See also 83705)			
84479	36.0		
84480	36.0	(For acetaldehyde, see 82000)	
84481	BR	84605	30.0
84483	36.0	84610	50.0
84485	30.0		
84488	30.0	(Volume, blood, RISA or Cr-51, see 78110, 78111)	
84490	30.0	84613	BR
(Tubular reabsorption of phosphate, blood and urine, see 84082)		84615	BR
84510	40.0	84620	40.0
(Ultracentrifugation, lipoprotein, see 82190)		84630	100.0
(Urate vs. pyrophosphate crystals, see 84208)		84635	100.0
( <sup>(A)</sup> )84520	°22.0	84645	20.0
84525	8.0	<del>(84680</del> Estriol, placental, RIA	<del>38.7)</del>
( <sup>(A)</sup> )84540	°20.0	<u>(84680 has been deleted. To report use 82677)</u>	
( <sup>(A)</sup> )84545	°40.0	84695	38.5
( <sup>(A)</sup> )84550	°20.0	84701	66.7
84555	26.0	84800	60.0
84560	20.0	84810	BR
84565	12.0	84999	BR
84570	24.0		
84575	60.0	NOTE:	
84577	30.0	Gas-liquid chromatography, paper chromatography, electrophoresis, nuclear medicine, enzyme immunoassay and radioimmunoassay techniques are being extended constantly for the analysis of many drugs, hormones and other substances. Where these methodologies are not specifically listed under the compound in question, such tests should be coded under the listing for the specific general methodology. (For immunodiffusion, immunoprecipitin, and counter-immunoelectrophoretic methods other than enzyme and radioimmunoassay techniques, see immunology section.)	
84578	24.0		
84580	24.0	<u>AMENDATORY SECTION</u> (Amending Order 81-28, filed 11/30/81, effective 1/1/82)	
84583	20.0	✓ WAC 296-23-216 HEMATOLOGY.	
84584	24.0		
(Uroporphyrins, see 84120, 84121)			
84585	24.0		
84588	BR		
84589	10.0		
84590	40.0		
84595	60.0		
(Vitamin B-1, see 84425)			
(Vitamin B-2, see 84252)			
(Vitamin B-6, see 84207)			
(Vitamin B-12, blood, see 82606, 82607)			
(Vitamin B-12, absorption (Schilling), see 78270, 78271)			
(Vitamin C, see 82180)			
(Vitamin E, see 84446)			
84597	BR		

Unit  
Value

(Includes blood clotting (coagulation) procedures. For blood banking procedures, see under Immunology.)  
(Agglutinins, see Immunology)  
(Antifactor (specific coagulation factors), see 85300-85341)

	Unit Value		Unit Value
(Antiplasmin, see 85410)		<u>(85096 has been deleted. For interpretation of smear, use 85097; for cell block interpretation, see 88304, 88305)</u>	
(Antiprothrombinase, see 85311)			
(Antithrombin III, see 85300)		85097 <u>smear interpretation only</u>	
(Basophil count, see 85005)		85100 Bone marrow, aspiration, staining, and interpretation of smears . . . . .	140.0
85000 Bleeding time Duke . . . . .	10.0	(For special stains, see 85535, 85540, 85560, 88312-88313)	
85002 Ivy or template . . . . .	24.0	85101 aspiration and staining only (smears) . . . . .	75.0
<del>((85003 Adelson-Crosby immersion method . . . . . 20.0))</del>		85102 biopsy core (needle) . . . . .	75.0
<u>(85003 Adelson-Crosby immersion method has been deleted. To report, use 85999)</u>		(For trocar, see 20220)	
(Blood cell morphology only, see 85548)		85103 cell block or biopsy, stain and interpretation . . . . .	60.0
85005 Blood count; basophil count, direct . . . . .	10.0	85105 interpretation only . . . . .	100.0
85007 differential WBC count (includes RBC morphology and platelet estimation) . . . . .	7.5	85109 staining and preparation only . . . . .	30.0
(See also 85548, 85585)		<del>((85120 Bone marrow transplant . . . . . 50.0))</del>	
(For other fluids, e.g., CSF, see 89051, 89190)		<u>(85120 Bone marrow transplant has been deleted. To report see 38230-38240)</u>	
85009 differential WBC count, buffy coat . . . . .	12.0	85150 Calcium clotting time . . . . .	40.0
85012 eosinophil count, direct . . . . .	10.0	85160 Calcium saturation clotting test . . . . .	40.0
(For nasal smear, see 89180)		85165 Capillary fragility test (Rumpel-Leede) (independent procedure) . . . . .	20.0
85014 hematocrit . . . . .	8.0	85170 Clot retraction . . . . .	8.0
85018 hemoglobin, colorimetric . . . . .	8.0	85171 quantitative . . . . .	45.0
(For other hemoglobin determination, see 83020-83068)		85172 inhibition by drugs . . . . .	BR
85021 hemogram, automated RBC, WBC, Hgb, Hct and indices only) . . . . .	10.5	85175 Clot lysis time, whole blood dilution . . . . .	40.0
85022 hemogram, automated, differential WBC count (CBC) . . . . .	15.0	(Clotting factor I (fibrinogen), see 82730, 85371-85377)	
85027 hemogram, automated, with platelet count . . . . .	12.0	85210 factor II (prothrombin assay) . . . . .	40.0
85028 hemogram, automated, and differential WBC count (CBC) with platelet count . . . . .	17.0	(See also 85610-85618)	
(For additional laboratory testing utilizing automated hemogram techniques, use Modifier -22, Unusual Services)		85220 factor V (AcG or pro-accelerin) labile factor . . . . .	40.0
85031 hemogram, manual, complete CBC (RBC, WBC, Hgb, Hct, differential and indices) . . . . .	16.5	85230 factor VII (proconvertin stable factor) . . . . .	40.0
85041 red blood cell (RBC) only . . . . .	8.0	85240 factor VIII (AHG) one stage . . . . .	40.0
(See also 85021-85031, 89050)		85242 factor VIII (AHG), two stage . . . . .	40.0
85044 reticulocyte count . . . . .	12.0	85250 factor IX (PTC or Christmas) . . . . .	40.0
85048 white blood cell (WBC) . . . . .	8.0	85260 factor X (Stuart-Prower) . . . . .	40.0
(See also 85021-85034)		85270 factor XI (PTA) . . . . .	40.0
85060 <u>Blood smear, peripheral, interpretation by physician with written report</u>		85280 factor XII (Hagemann) . . . . .	40.0
85095 <u>Bone marrow(;) smear and/or cell block; aspiration only . . . . .</u>	45.0	85290 factor XIII (fibrin stabilizing) . . . . .	40.0
		85291 factor XIII (fibrin stabilizing), screen solubility . . . . .	40.0
		<u>85292 prekallikrein assay (Fletcher factor assay) . . . . .</u>	BR
		<u>82593 high molecular weight kinninogen assay (Fitzgerald factor assay) . . . . .</u>	BR
		85300 Clotting inhibitors or anti-coagulants, anti-thrombin . . . . .	40.0
		<u>85301 antithrombin III, antigen assay . . . . .</u>	BR
		<u>85302 protein C assay . . . . .</u>	BR
		85310 anti-thromboplastins . . . . .	40.0

	Unit Value		Unit Value
85311 anti-prothrombinase . . . . .	40.0		
85320 anti-prothromboplastins . . . . .	40.0	(For hematocrit (pcv), see 85014, 85021-85031)	
85330 anti-factor VIII . . . . .	40.0		
85340 cross recalcification time (mixtures) . . . . .	40.0	(For hemoglobin, see 83020-83060, 85050)	
85341 PTT inhibition test . . . . .	BR	85460 Hemoglobin, fetal, differential lysis (Kleihauer) . . . . .	26.0
85345 Coagulation time (Lee and White) . . . . .	30.0	(See also 83030, 83033)	
85347 Coagulation time, activated . . . . .	20.0	(Hemogram, see 85021-85031)	
85348 other methods . . . . .	BR	(Hemolysins, see 86006, 86281, 86282)	
(Complete blood count, see 85021-85031)		85520 Heparin assay . . . . .	60.0
(Differential count, see 85007 et seq.)		85530 Heparin-protamine tolerance test . . . . .	60.0
(Drug inhibition, clot retraction, see 85172)		85535 Iron stain (RBC or bone marrow smears) . . . . .	18.0
(Duke bleeding time, see 85000)		(Ivy bleeding time, see 85002)	
(Eosinophil count, direct, see 85012)		85538 Leder stain (esterase) blood or bone marrow . . . . .	30.0
(Eosinophils, microscopic examination for, in various body fluids, see 89180)		85540 Leucocyte alkaline phosphatase . . . . .	20.0
(Ethanol gel, see 85363)		85544 Lupus erythematosus (LE) cell prep . . . . .	20.0
85360 Euglobulin lysis . . . . .	40.0	(Lysozyme, see 85549)	
(Fetal hemoglobin, see 83030-83033, 85460)		85547 Mechanical fragility, RBC . . . . .	30.0
85362 Fibrin degradation (split) products (FDP)(FSP); agglutination, slide . . . . .	12.0	85548 Morphology of red blood cells, only . . . . .	9.0
85363 ethanol gel . . . . .	10.0	85549 Muramidase, serum . . . . .	52.0
85364 hemagglutination inhibition (Merskey), microtiter . . . . .	36.0	85550 Nitroblue tetrazolium test (NBT) . . . . .	36.0
85365 immunoelectrophoresis . . . . .	BR	85555 Osmotic fragility, RBC; . . . . .	15.0
85367 precipitation . . . . .	18.0	85556 incubated, qualitative . . . . .	18.0
85368 protamine paracoagulation (PPP) . . . . .	BR	85557 incubated, quantitative . . . . .	60.0
85369 staphylococcal clumping . . . . .	12.0	(Packed cell volume, see 85014)	
(Fibrinogen, quantitative, see 82730)		(Partial thromboplastin time, see 85730-85732)	
85371 Fibrinogen, semiquantitative; latex . . . . .	40.0	(Parasites, blood, e.g., malaria smears, see 87207)	
85372 turbidimetric . . . . .	22.5	85560 Peroxidase stain, WBC . . . . .	15.0
85376 Fibrinogen; thrombin with plasma dilution . . . . .	24.0	(Plasmin, see 85400)	
85377 thrombin time dilution . . . . .	36.0	(Plasminogen, see 85420)	
85390 Fibrinolysins, screening . . . . .	20.0	(Plasminogen activator, see 85665)	
85392 with EACA control . . . . .	BR	85575 Platelet; adhesiveness (in vivo) . . . . .	45.0
85395 semi-quantitative . . . . .	30.0	85576 aggregation (in vitro), any agent . . . . .	BR
85396 lysis of homologous clot . . . . .	105.0	85577 ((aggregation (glass bead))) retention (in vitro), glass bead . . . . .	30.0
85398 Fibrinolysis, quantitative . . . . .	45.0	85580 Platelet, count (Rees-Ecker) . . . . .	14.0
85400 Fibrinolytic mechanisms, plasmin . . . . . ((BR+))	BR	85585 Platelet, estimation on smear, only . . . . .	10.0
85410 anti-plasmin . . . . . ((BR+))	BR	(See also 85007)	
85420 plasminogen . . . . . ((BR+))	BR	85590 phase microscopy . . . . .	20.0
85421 plasminogen, antigenic assay . . . . .	BR	85595 electronic technique . . . . .	20.0
(For plasminogen activator, see 85665)		85610 Prothrombin time . . . . .	16.0
(Fragility, red blood cell, see 85547, 85555-85557)		(See also 85618)	
85441 Heinz bodies; direct . . . . .	9.0	85612 Russell viper venom type (includes venom) . . . . .	36.0
85445 induced, acetyl phenylhydrazine . . . . .	19.5	85614 two stage . . . . .	30.0

	Unit Value	<u>AMENDATORY SECTION</u> (Amending Order 83-23, filed 8/2/83)	Unit Value
85615 Prothrombin utilization (consumption) . . . . .	40.0	✓ WAC 296-23-221 IMMUNOLOGY.	
85618 Prothrombin-Proconvertin, P & P (Owren) . . . . .	18.0		
(Red blood cell count, see 85021-85031)		(Includes serology, immuno-hematology and blood banking)	
85630 Red blood cell size (Price-Jones) . . . . .	40.0	(Acid hemolysins, see 86281)	
85632 Red blood cell peroxide hemolysis . . . . .	30.0	(Actinomyces, see 86000-86009, 86450)	
85635 Reptilase test . . . . .	33.0	86000 Agglutinins febrile, each . . . . .	14.0
(Reticulocyte count, see 85044)		86002 panel (typhoid O & H, paratyphoid A & B, brucella and Proteus OX-19 . . . . .	45.0
(Rumpel-Leede test, see 85165)		86004 warm . . . . .	36.0
85640 Reticulocyte count . . . . .	14.0	(Agglutinins and autohemolysins, see 86004, 86011-86013, 86281-86283, 86006-86009)	
85650 Sedimentation rate (esr) Wintrobe type . . . . .	14.0	(Agglutinins, auto, see 86282-86283, 86011, 86013)	
85651 Westergren type . . . . .	10.5	(Agglutinins, cold, see 86006, 86013, 86282, 86283)	
85660 Sickling of red blood cells reduction slide method . . . . .	14.0	(Alpha-1 antitrypsin, see 86329)	
(Sickling, electrophoresis, see 83020)		(Alpha-1 fetoprotein, see 86329)	
(Sickling, solubility, S-D, see 83053)		(Amebiasis, see 86171, 86280)	
(Sickling, turbidimetric (Sickledex dithionate), see 83052)		86006 Antibody, qualitative, not otherwise specified; first antigen, slide or tube . . . . .	12.0
(Siderocytes, see 85535)		86007 each additional antigen . . . . .	7.5
(Smears for parasites, malaria, etc., see 87207)		86008 Antibody, quantitative titer, not otherwise specified; first antigen . . . . .	18.0
(Staphylococcal clumping test, see 85369)		86009 each additional antigen . . . . .	12.0
85665 Streptokinase titer (plasminogen activator) . . . . .	BR	86011 Antibody, detection, leukocyte antibody . . . . .	44.0
85670 Thrombin time, plasma . . . . .	20.0	86012 Antibody absorption, cold auto absorption; per serum . . . . .	30.0
85675 titer . . . . .	12.0	(For elution, see 86019)	
85680 Thrombo test . . . . .	20.0	86013 differential . . . . .	45.0
85700 Thromboplastin generation test, screening (Hicks-Pitney) . . . . .	40.0	86014 Antibody, platelet antibodies (agglutinins) . . . . .	45.0
85710 definitive, with platelet substitute . . . . .	45.0	86016 Antibodies, RBC, saline; high protein and antihuman globulin technique . . . . .	30.0
85711 with patient's platelets . . . . .	45.0	(See also 86032)	
85720 all factors . . . . .	BR+	86017 with ABO + Rh(D) typing (for holding blood instead of complete crossmatch) . . . . .	24.0
(For individual clotting factors, see 85210 et seq.)		86018 enzyme technique including antihuman globulin . . . . .	17.0
85730 Thromboplastin time, partial (PTT) plasma or whole blood . . . . .	30.0	86019 elution, any method . . . . .	45.0
85732 substitution plasma . . . . .	30.0	86021 Antibody identification; leukocyte antibodies . . . . .	60.0
(For thromboplastin inhibition test, see 85341)		86022 platelet antibodies . . . . .	75.0
(For tourniquet test, see 85165)		86024 RBC antibodies (8-10 cell panel) standard techniques . . . . .	38.0
85810 Viscosity, blood . . . . .	40.0	86026 RBC antibodies (8-10 cell panel), with enzyme technique including antihuman globulin . . . . .	52.0
85820 serum or plasma . . . . .	40.0		
(WBC count, see 85021-85031, 85048, 89050)			
85999 Unlisted hematology procedure . . . . .	BR		

	Unit Value		Unit Value
(For absorption and elution, see 86012-86013, 86019)		<u>86077</u> Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report . . . . .	<u>BR</u>
86028 saline or high protein, each (Rh, AB, etc.) . . . . .	12.0	<u>86078</u> investigation of transfusion reaction including suspicion of transmissible disease, interpretation and written report . . . . .	<u>BR</u>
(Anti-DNA, see 86225)		<u>86079</u> authorization for deviation from standard blood banking procedures (e.g., use of outdated blood, transfusion of RH incompatible units), with written report . . . . .	<u>BR</u>
(Anti-deoxyribonuclease titer, see 86215)		(For incompatibility problems, see 86004, 86011-86014, 86016-86026, 86031-86035, 86068-86076)	
86031 Antihuman globulin test; direct (Coombs) 1-3 dilutions . . . . .	12.0	(For typing, antibody screening and blood in lieu of crossmatch, see 86017)	
86032 indirect, qualitative (broad, gamma or nongamma, each) . . . . .	15.0	(For blood transfusion, see 36430-36460, 36510, 36660)	
86033 indirect, titer (broad, gamma or nongamma each) . . . . .	12.0	86080 Blood typing; ABO only . . . . .	12.0
86034 enzyme technique, qualitative . . . . .	30.0	86082 ABO and Rho(D) . . . . .	18.0
86035 drug sensitization, identification (e.g., penicillin) . . . . .	75.0	86090 M N . . . . .	20.0
(For antibody detection (screening), see 86016, 86017)		86095 Blood typing, RBC antigens other than ABO or Rho(D); antiglobulin technique, each antigen . . . . .	10.5
(Antihyaluronidase titer, see 86315)		86096 direct, slide or tube, including Rh subtypes, each antigen . . . . .	10.5
86038 Antinuclear antibodies (ANA), RIA .	55.0	86100 Blood typing; Rho(D) only . . . . .	12.0
(Antinuclear antibodies, fluorescent technique, see 86255, 86256)		86105 Rh genotyping, complete . . . . .	45.0
86045 Antistreptococcal carbohydrate, anti-A CHO . . . . .	40.0	(For Rho variant Du, see 86095)	
(Antistreptococcal antibody, anti-DNAse, see 86215)		86115 anti-Rh immuno-globulin testing (Rhogam type) . . . . .	68.0
(Antistreptokinase titer, see 86590)		86120 special (Kell, Duffy, etc.) . . . . .	((BR+)) <u>BR</u>
86060 Anti-streptolysin O titre . . . . .	20.0	86128 Blood autotransfusion, including collection, processing and storage . . . . .	45.0
86063 screen . . . . .	10.0	(For ((nondonor)) therapeutic phlebotomy, see ((96450)) 99195)	
86064 Antitrypsin, alpha-1; RIA . . . . .	20.0	<del>((86129) Blood component processing not otherwise specified . . . . .</del>	<del>30.0</del>
86066 Pi (Protease inhibitor) typing . . . . .	20.0	<del>86131 Blood unit for direct transfusion, up to 50 ml . . . . .</del>	<del>BR</del>
86067 other method (specify) . . . . .	20.0	<del>86134 Blood unit for transfusion; processing by blood bank, includes collection . . . . .</del>	<del>BR</del>
(Autoagglutinins, see 86282, 86283)		<del>86138 replacement . . . . .</del>	<del>BR</del>
(Autoantibodies, see specific antigens)		<del>86139 splitting, open or closed, system; each . . . . .</del>	<del>BR))</del>
(Blastomycosis, see 86006-86009, 86460)		<u>(86129, 86131, 86134, 86138, and 86139 have been deleted)</u>	
86068 Blood, cross match, complete standard technique, includes typing and antibody screening of recipient and donor; first unit . . . . .	60.0	(Bovine milk antibody, see 86008, 86009)	
86069 each additional unit . . . . .	45.0	(Brucellosis, see 86000-86002, 86470)	
86072 Blood crossmatch; enzyme technique .	10.5	86140 C-reactive protein . . . . .	20.0
86073 screening for compatible unit saline and/or high protein . . . . .	26.0		
86074 antiglobulin technique . . . . .	15.0		
(For enzyme technique, see 86018)			
86075 Blood crossmatch, minor only (plasma, Rh immune globulin), includes recipient and donor typing and antibody screening; first unit . . . . .	44.0		
86076 each additional unit . . . . .	27.0		

	Unit Value		Unit Value
(Candidiasis, see 86008)		<del>((86240 Factor VIII, concentrate, lyophilized unit, 100 units . . . . . BR</del>	
86149 Carcinoembryonic antigen; gel diffusion . . . . .	60.0	<del>86241 dilution, each bottle . . . . . 3.0))</del>	
86151 RIA . . . . .	60.0	<u>(86240 and 86241 have been deleted)</u>	
(Cat scratch disease, see 86171, 86480)		(For cryoprecipitate, see 86201, 86202)	
86155 Chemotaxis assay, specify method . . .	BR	86243 Fc receptor assay, specify method . . .	BR
(Coccidioidomycosis, see 86006-86009, 86171, 86490)		86244 Feto-protein, alpha-1, RIA . . . . .	57.0
(Cold agglutinin or hemolysin, see 86006-86013, 86282, 86283)		(Feto-protein, immunodiffusion method, alpha-1, see 86329)	
86158 Complement; C'1 esterase . . . . .	52.0	<del>((86245 Fibrinogen, unit . . . . . 82.0))</del>	
86159 C'2 esterase . . . . .	52.0	<u>(86245 has been deleted)</u>	
86162 total (CH 50) . . . . .	70.0	(Filariasis, see 86280)	
(For complement fractions, quantitative, see 86329)		86255 Fluorescent antibody; screen . . . . .	24.0
86171 Complement fixation tests, each (e.g., cat scratch fever, coccidioidomycosis, histoplasmosis, (( <del>teptospirosis</del> ;) psittacosis, rubella, streptococcus MG, syphilis) - specify test . . . . .	40.0	86256 titer . . . . .	36.0
(Coombs test, see 86031-86035)		(Fluorescent technique for antigen identification in tissue, see 88345)	
86185 Counterelectrophoresis, each antigen .	24.0	(Frei test, see 86530)	
(For HAA, see 86285, 86286)		86265 Frozen blood, preparation for freezing, each unit including processing and collection; . . . . .	BR
(Crossmatch, see 86068-86076)		86266 with thawing . . . . .	BR
<del>((86201 Cryoprecipitate, preparation, each unit . . . . . 30.0</del>		86267 with freezing and thawing . . . . .	BR
86202 <del>with thawing and pooling, each unit . . . . . 1.5))</del>		(FTA, see 86650)	
<u>(86201 and 86202 have been deleted)</u>		(Gc grouping, see 86335)	
(Cryptococcosis, see 86008, 86009, 86255, 86256)		(Gel (agar) diffusion tests, see 86331)	
(Cysticercosis, see 86280)		(Gm grouping, see 86335)	
86209 Cytotoxic testing . . . . .	BR	(Gonadotropins, chorionic, see 82996-82998)	
86215 Deoxyribonuclease, antibody . . . . .	36.0	<del>((86272 Globulin, gamma 1 ml . . . . . BR</del>	
86225 Deoxyribonucleic acid (DNA) antibody . . . . .	36.0	<del>86273 Globulin Rh immune, 1 ml . . . . . 60.0</del>	
(Diphtheria, see 86280)		<del>86274 Globulin vaccinia, immune, 1 ml . . . . . BR))</del>	
(Direct antiglobulin test (Coombs), see 86031)		<u>(86272 and 86273 have been deleted)</u>	
(Donath-Landsteiner screen, see 86008, 86009)		<u>(86274 has been deleted. For passive immunization with specific hyperimmune serum, see 90742)</u>	
(Drug sensitization, RBC, see 86035)		(Gm grouping, see 86335)	
(Echinococcosis, see 86171, 86280, 86500)		(Gonadotropins, chorionic, see 82996-82998)	
(Eosinophils, microscopic examination for, in various body fluids, see 89180)		86277 Growth hormone, human (HGH), antibody, RIA . . . . .	BR
86235 Extractable nuclear antigen (ENA), antibody . . . . .	30.0	(Ham test, see 86281)	
		86280 Hemagglutination inhibition tests (HAI), each (e.g., amebiasis, rubella, viral) . . . . .	60.0
		86281 Hemolysins, acid (for paroxysmal hemoglobinuria) (Ham test) . . . . .	24.0
		86282 Hemolysins and agglutinins, auto, screen, each; . . . . .	30.0



	Unit Value		Unit Value
86283 incubated with glucose (e.g., ATP) (Cold, see 86006-86009, warm 86004, acid 86281)	75.0	(IgE, RIA, see 82785; RIST, see ((86358) 86423)	
86285 Hepatitis B surface antigen (HB <sub>s</sub> Ag) (Australian antigen, HAA); counterelectrophoresis method . . . . .	18.0	86335 Immunoglobulin typing (Gc, Gm, Inv), each . . . . .	BR
86286 counterelectrophoresis with concen- tration of serum . . . . .	24.0	(Insulin antibody, see 86016)	
86287 RIA method . . . . .	36.0	86337 Insulin antibodies, RIA . . . . .	BR
(For gel diffusion technique, see 86331; CF, see 86171; HAI, see 86280)		86338 Insulin factor antibodies, RIA . . . . .	32.0
86288 Hepatitis B core antigen (HB <sub>c</sub> Ag), RIA . . . . .	BR	86340 Intrinsic factor antibodies, RIA . . . . .	32.0
86289 Hepatitis B core antibody (HB <sub>c</sub> Ab), RIA . . . . .	BR	(Intrinsic factor, antibody (fluorescent), see 86255, 86256)	
86291 Hepatitis B surface antibody (HB <sub>s</sub> Ab), RIA . . . . .	BR	(Inv grouping, see 86335)	
86293 Hepatitis Be antigen (HB <sub>e</sub> Ag), RIA .	BR	(Kveim test, see 86565)	
86295 Hepatitis Be antibody (HB <sub>e</sub> Ab), RIA	BR	(Latex fixation, see individual antigen or antibody; also 86006, 86007)	
86296 Hepatitis A antibody (HAAb), RIA .	BR	(LE cell preparation, see 85544)	
<del>((86297 Hepatitis A virus antibody (HAVAb), RIA . . . . . BR))</del>		(LE factor, see 86006, 86007, 86255, 86256)	
<u>(86297 Hepatitis A virus antibody has been deleted. To report, use 86296)</u>		(Leishmaniasis, see 86280)	
86298 IgG antibody . . . . .	BR	(Leptospirosis, see 86006-86009, 86171)	
86299 IgM antibody . . . . .	BR	(Leukoagglutinins, see 86013, 86021)	
86300 Heterophile antibodies, screening (in- cludes mono-type test) slide or tube .	20.0	86343 Leukocyte histamine release test (LHR) . . . . .	BR
86305 quantitative titer . . . . .	30.0	86344 Leukocyte phagocytosis . . . . .	BR
86310 plus titers after absorption, beef cells and guinea pig kidney . . . . .	30.0	<del>((86345 Leukocyte poor blood, nylon filter preparation, including collection and processing . . . . . 82.5</del>	
(Histoplasmosis, see 86006-86009, 86171)		86346 Leukocyte poor blood, invert spin preparation, including collection and processing . . . . .	67.5
(HLA typing, see 86597)		86347 <del>not including collection and pro- cessing . . . . . 9.0))</del>	
(For hormones, see individual alphabetic listing in chemistry section)		<u>(86345, 86346, and 86347 have been deleted)</u>	
<del>((86315 Hyaluronidase, antibody . . . . . 30.0))</del>		86349 Leukocyte transfusion (leukapheresis)	BR
<u>(Human Growth Hormone Antibody, RIA, see 86277)</u>		(Lymphocyte culture, see 86353)	
<u>(86315 has been deleted)</u>		<del>((86351 Lymphocyte storage, liquid nitrogen, including preparation . . . . . BR))</del>	
86320 Immuno-electrophoresis, serum, each specimen (plate) . . . . .	100.0	<u>(86351 has been deleted)</u>	
86325 other fluids (e.g., urine) with con- centration, each specimen . . . . .	100.0	86353 Lymphocyte transformation, PHA or other . . . . .	120.0
86329 Immunodiffusion; quantitative, each IgA, ((IgD,)) IgG, IgM, ceruloplas- min, transferrin, ((alpha-1 fetoprotein,)) alpha-2, macroglobulin, complement fractions, alpha-1 anti- trypsin, or other (specify) . . . . .	30.0	86357 Lymphocytes; T & B differentiation . .	165.0
86331 gel diffusion, qualitative (Ouchterlony) . . . . .	30.0	86358 B-cell evaluation . . . . .	BR
(For ceruloplasmin by chemical method, see 83290)		(Malaria, see ((86171, 86280,)) 87207)	
		<del>((86365 Mast cell degranulation test (MDT) . . . . . BR))</del>	
		<u>(86365 has been deleted)</u>	
		(Meliodosis, see 86280)	
		86376 Microsomal antibody (thyroid); RIA .	BR

	Unit Value		Unit Value
86377 other method (specify).....	30.0	<del>((86424 Rat mast cell technique (RMCT) ..</del>	<del>BR</del>
86378 Migration inhibitory factor test (MIF) .....	BR	86425 Red blood cells, packed, preparation gravity method, unit in addition to collection and processing .....	6.0
(Milk antibody, anti-bovine, see 86008- 86009)		86426 centrifuge method in addition to collection and processing .....	9.0
(Mitochondrial antibody, liver, see 86255)		86427 processing by blood bank, includes collection.....	<del>(60.0))</del>
(Mononucleosis screening slide, see 86006- 86007)		<u>((86424, 86425, 86426, and 86427 have been deleted)</u>	
86382 Neutralization test, viral .....	BR	(Rh immune globulin, see 86273)	
86384 Nitroblue tetrazolium dye test (NTD) .....	BR	86430 (Rheumatoid factor) .....	12.0
(Ouchterlony diffusion, see 86331)		(RIST, see 86423)	
(Parietal cell antibody, see 86255, 86256)		(RMCT, see 86423)	
86385 Paternity testing, ABO + Rh factors + MN (per individual);.....	37.5	(RPR, see 86592)	
86386 each additional antigen system ....	15.0	(Rubella, CF, see 86171; HAI, see 86280)	
(Penicillin antibody RBC, see 86035)		(Schistosomiasis agglutination, see 86006- 86009)	
<del>((86388 Plasma, single donor, fresh frozen ..</del>	<del>BR</del>	(Serologic test for syphilis (STS), see 86171, 86592, 86593)	
<del>86389 Plasmapheresis, each unit .....</del>	<del>75.0</del>	<del>((86450 Skin test, actinomycosis .....</del>	<del>20.0</del>
<del>86391 Plasma protein fraction unit .....</del>	<del>BR))</del>	86460 blastomycosis .....	20.0
<u>((86388, 86389, and 86391 have been deleted)</u>		86470 brucellosis .....	20.0
(Platelet antibodies (agglutinins), see 86014)		86480 cat-scratch fever .....	20.0))
<del>((86392 Platelet concentrate; preparation ...</del>	<del>45.0</del>	86455 Skin test; anergy testing, one or more antigens	
<del>86393 mix and pool, each unit .....</del>	<del>1.5</del>	86490 coccidioidomycosis .....	20.0
<del>86398 Platelet rich plasma, preparation .....</del>	<del>36.0))</del>	<del>((86495 diphtheria (Schick) .....</del>	<del>20.0</del>
<u>((86392, 86393, and 86398 have been deleted)</u>		86500 echinococcosis.....	20.0))
86402 Precipitin determination, gel diffusion, in aspergillosis, bagassosis, farmer lung, pigeon breeder disease, silo filler disease, other alveolitis (specify).....	BR	86510 histoplasmosis .....	20.0
86405 Precipitin test for blood (species iden- tification) .....	BR	<del>((86520 leptospirosis .....</del>	<del>20.0</del>
(Pregnancy test, see 82996, 82997, 86006- 86009)		86530 lymphogranuloma venereum (Frei test).....	20.0))
<del>((86415 Prothrombin complex; dilute and pretest .....</del>	<del>7.5</del>	86540 mumps .....	20.0
<del>86416 tyophilized, unit .....</del>	<del>120.0))</del>	<del>((86550 psittacosis .....</del>	<del>20.0</del>
<u>((86415 and 86416 have been deleted)</u>		86565 sarcoidosis Kveim test, includes skin test only .....	20.0))
(Psittacosis, CF, see 86171)		(For biopsy see 11100, for microscopic study, see 88304, 88313)	
86421 Radioallergosorbent test (RAST); up to 5 antigens.....	BR	<del>((86570 trichinosis .....</del>	<del>20.0))</del>
86422 6 or more antigens .....	BR	86580 tuberculosis ((patch or)), intrader- mal .....	20.0
86423 Radioimmunosorbent test (RIST) IgE, quantitative .....	BR	86585 tuberculosis, tine test .....	12.0
(Rapid plasma reagin test (RPR), see 86592)		<u>(Skin tests 86450, 86460, 86470, 86480, 86495, 86500, 86520, 86530, 86550, 86565, and 86570 have been deleted)</u>	
		(For skin tests for allergy testing, see 95005-95199, medicine section)	
		(Smooth muscle antibody, see 86255, 86256)	
		(Sporotrichosis, see 86006-86009)	

	Unit Value
(Streptococcus MG, see 86171)	
86590 Streptokinase, antibody .....	27.0
(Streptolysis O antibody, see anti-streptolysis O, 86060-86061)	
(Streptobacillus, see 86008, 86009)	
86592 Syphilis, precipitation or flocculation tests, qualitative VDRL, RPR, DRT .	9.0
(See also 89006, 89007)	
86593 Syphilis, precipitation or flocculation tests, quantitative .....	15.0
(Syphilis serology, see also 86171)	
(Tetanus, see 86280)	
(Thyroglobulin antibody, see 86006-86009, 86171)	
86594 Thyroid autoantibodies .....	BR
86595 Tissue; culture .....	BR
<del>((86597 typing .....</del>	<del>BR))</del>
<u>(86597 Tissue typing has been deleted. To report, use 86810-86822)</u>	
86600 Toxoplasmosis dye test .....	80.0
(For CF, see 86171; IFA, see 86255, 86256)	
86630 Transfer factor test (TFT) .....	BR
86650 Treponema antibodies, fluorescent, absorbed (FTA-abs) .....	30.0
86660 Treponema pallidum immobilization (TPI) .....	80.0
86662 Treponema pallidum test, other, specify (e.g., TPIA, TPA, TPMB, TPCF, RPCF) .....	BR
(Trichinosis, see 86006-86009)	
(Trypanosomiasis, see 86171, 86280)	
(Tuberculosis, see 86580, 86585, 87116-87118, 87190)	
(Vaccinia immune globulin, see 86274)	
(VDRL, see 86592, 86593)	
(Viral antibodies, see 86171, 86280, 86382)	
(Visceral larval migrans, see 86280)	
(Warm agglutinins, see 86004)	
<del>((86670 Washed red blood cells for transfusion, preparation not including unit collection and processing .....</del>	<del>75.0))</del>
<u>(86670 has been deleted)</u>	
86681 Adrenal cortex antibodies, RIA .....	31.0
86685 Anti-AChR (acetylcholine receptor) antibody titer .....	BR
86800 Thyroglobulin antibody, RIA .....	31.0

	Unit Value
86810 Tissue typing; for organ transplantation, including pretransplant crossmatch (donor) lymphocyte vs recipient serum for nonspecific antibodies .....	BR
86812 HLA typing, A, B, or C (e.g., A10, B7, B27), single antigen .....	BR
86813 HLA typing, A, B, and/or C (e.g., A10, B7, B27), multiple antigens .....	BR
86816 HLA typing, DR, single antigen .....	BR
86817 HLA typing, DR, multiple antigen .....	BR
86821 Lymphocyte culture, mixed (MLC) ..	BR
86822 Lymphocyte culture, primed (PLC) ..	BR
86800 .....	BR
86999 Unlisted immunology procedure .....	BR

Reviser's note: Errors of punctuation or spelling in the above section occurred in the copy filed by the agency and appear herein pursuant to the requirements of RCW 34.08.040.

**AMENDATORY SECTION** (Amending Order 81-28, filed 11/30/81, effective 1/1/82)

✓ **WAC 296-23-224 MICROBIOLOGY.**

	Unit Value
(Includes bacteriology, mycology, parasitology and virology)	
87001 Animal inoculation, small animal; with observation .....	36.0
87003 with observation and dissection .....	45.0
87015 concentration (any type) for parasites, ova or tubercle bacillus (T.B. AFB) .....	20.0
87040 Culture, bacterial, definitive aerobic; blood (may include anaerobic screen)	48.0
87045 stool .....	25.0
87060 throat or nose .....	20.0
87070 any other source .....	16.0
(For urine, see 87086-87088)	
87072 Culture, presumptive, pathogenic organisms, by commercial kit, any source except urine (For urine, see 87087) .....	BR
87075 Culture, bacterial, any source; anaerobic (isolation) .....	36.0
87076 definitive identification, including gas chromatography in addition to anaerobic culture .....	60.0
87081 Culture, bacterial, screening only, for single organisms .....	15.0
87082 Culture, presumptive, pathogenic organisms, screening only, by commercial kit (specify type); for single organisms .....	BR
87083 multiple organisms .....	BR
87084 with colony estimation from density	

	Unit Value		Unit Value
87085 chart (includes throat cultures) . . . . . with colony count . . . . .	BR BR	87188 tube dilution method, each antibiot- ic . . . . .	30.0
(For urine colony count, see 87086)		87190 Sensitivity study of tubercle bacillus, (TB, AFB), each drug . . . . .	60.0
87086 Culture, bacterial, urine; quantitative, colony count . . . . .	15.0	87205 Smear, primary source, with interpre- tation; routine stain for bacteria, fun- gi, or cell types . . . . .	12.0
87087 commercial kit . . . . .	12.0	87206 fluorescent and/or acid fast stain for bacteria, fungi, or cell types . . . . .	18.0
87088 identification, in addition to quanti- tative or commercial kit . . . . .	12.0	87207 special stain for inclusion bodies or intracellular parasites (e.g., malar- ia, kala azar) . . . . .	24.0
87101 Culture, fungi, isolation; skin . . . . .	15.0	87208 direct or concentrated, dry, for ova and parasites . . . . .	12.0
87102 other source . . . . .	18.0		
87106 definitive identification, by culture, per organism, in addition to skin or other source . . . . .	30.0	(For concentration, see 87015; complete ex- amination, see 87177)	
87109 Culture, mycoplasma, any source . . . . .	75.0	(For complex special stains, see 88312- 88313)	
87116 Culture, tubercle or other acid-fast bacilli (e.g., TB, AFB, mycobacteria); any source, isolation only . . . . .	18.0	(For fat, meat, fibers, nasal eosinophils, and starch, see miscellaneous section)	
87117 concentration plus isolation . . . . .	30.0	87210 wet mount with simple stain ((and interpretation)), for bacteria, fungi, ova, and/or parasites . . . . .	12.0
87118 definitive identification, per orga- nism, (does not include isolation and/or concentration) . . . . .	30.0	87211 wet and dry mount, ((with interpre- tation;)) for ova and parasites . . . . .	18.0
87140 culture, typing fluorescent method each antiserum . . . . .	20.0	87220 Tissue examination for fungi (e.g., KOH slide) . . . . .	BR
87143 gas liquid chromatography (GLC) method . . . . .	45.0	87250 Virus, inoculation of embryonated eggs, suitable tissue culture, or small animal, includes observation and dis- section . . . . .	12.0
87145 phage method . . . . .	40.0		
87147 serological method agglutination grouping, per antiserum . . . . .	20.0	(For electron microscopy, see 88348)	
87151 serologic method, speciation . . . . .	20.0	(For inclusion bodies in tissue sections, see 88304-88309; in smears, see 87207-87210; in fluids, see 88106)	
87155 precipitin method, grouping, per antiserum . . . . .	12.0	<del>((87300 Autogenous vaccine . . . . . 140.0))</del>	
87158 other methods . . . . .	20.0	<u>(87300 Autogenous vaccine has been delet- ed. To report, use 87999.)</u>	
87163 Culture, special extensive definitive diagnostic studies, beyond usual defini- tive studies . . . . .	25.0	87999 Unlisted microbiology procedure . . . . .	BR
87164 Dark field examination, any source (e.g., penile, vaginal, oral, skin); in- cludes specimen collection . . . . .	60.0		
87166 without collection . . . . .	30.0	<u>AMENDATORY SECTION</u> (Amending Order 83-23, filed 8/2/83)	
87173 Endotoxin, bacterial (pyrogens); ani- mal inoculation . . . . .	36.0	✓ WAC 296-23-228 ANATOMIC PATHOLOGY.	Unit Value
87174 chemical . . . . .	24.0		
87176 homogenization, tissue, for culture . . . . .	15.0	POSTMORTEM EXAMINATION	
87177 Ova and parasites, direct smears, con- centration and identification . . . . .	36.0	(Procedures 88000 through 88099 represent physician services only. See modifier -90 for outside laboratory services.)	
(Individual smears and procedures, see 87015, 87208( <del>-87205</del> )-87211)		88000 Necropsy (autopsy) without CNS, gross examination only . . . . .	400.0
(Trichrome, iron hemotoxylin and other special stains, see 88312)		88005 with brain . . . . .	500.0
87181 Sensitivity ((study)) studies antibiotic, agar diffusion method, ((each)) per antibiotic . . . . .	40.0		
87184 disc method, ((each)) per plate (12 or less discs) . . . . .	24.0		
87186 microtiter, minimum inhibitory concentration (MIC), 8 or less anti- biotics . . . . .	45.0		

	Unit Value		Unit Value
88007 with brain and spinal cord.....	600.0		
88012 infant with brain .....	300.0		
88014 stillborn or newborn with brain....	300.0	88160	karyopyknotic index, estrogenic index)..... 40.0
88016 macerated stillborn .....	400.0		Cytopathology, any other source (e.g., sputum), screening and interpretation 36.0
88020 Necropsy (autopsy) without CNS, gross and microscopic examination.	800.0	<u>88161</u>	<u>preparation, screening and interpretation..... BR</u>
88025 with brain .....	900.0	<u>88162</u>	<u>extended study involving over 5 slides and/or multiple stains..... BR</u>
88027 with brain and spinal cord.....	1000.0		(For obtaining specimen, see <u>percutaneous needle biopsy under individual organ in Surgery</u> )
88028 infant with brain .....	700.0		(For aerosol collection of sputum, see 89350)
88029 stillborn or newborn with brain....	700.0		(For special stains, see 88312, 88313)
88036 Necropsy (autopsy), limited, gross and/or microscopic; regional.....	BR	<u>88170</u>	<u>Fine needle aspiration with or without preparation of smears; superficial tissue (e.g., thyroid, breast, prostate) ... BR</u>
88037 single organ .....	BR+		
88040 Necropsy (autopsy); forensic examination .....	BR	<u>88171</u>	<u>deep tissue under radiologic guidance..... BR</u>
88045 coroner's call .....	BR		(For CT guidance, see 76360, 76361; for ultrasonic guidance, see 76942, 76943; for fluoroscopic guidance use 76000)
88099 Unlisted necropsy (autopsy) procedure.....	BR	<u>88172</u>	<u>Evaluation of fine needle aspirate with or without preparation of smears; immediate cytohistologic study to determine adequacy of specimen(s) ..... BR</u>
			<u>interpretation and report..... BR</u>
		<u>88199</u>	<u>Unlisted cytopathology procedure.... BR</u>
			(For electron microscopy, see 88348, 88349)
<b>CYTOPATHOLOGY</b>			
88104 Cytopathology, fluids, washings or brushings, with centrifugation except cervical or vaginal; smears ((and)) with interpretation .....	45.0	<b>CYTOGENETIC STUDIES</b>	
88106 filter method only with interpretation .....	45.0	88260	Chromosome analysis; lymphocytes, count 1-4 cells, screening .....
88107 smears and filter preparation with interpretation .....	60.0		180.0
<del>((88109 smears and cell block with interpretation .....</del>	<del>90.0))</del>	88261	count 1-4 cells, 1 karyotype .....
<u>88108 concentration technique, smears and interpretation (e.g., Saccomanno technique).....</u>	<u>BR</u>	88262	count 1-20 cells for mosaicism, 2 karyotypes .....
			525.0
		88265	Chromosome analysis; myeloid cells, 2 karyotypes (Philadelphia chromosome) .....
			225.0
		88267	amniotic fluid, count 1-4 cells, 1 karyotype .....
			600.0
		88268	skin, count 1-4 cells, 1 karyotype ..
			600.0
		88270	other tissue cells, count 1-4 cells, 1 karyotype .....
			BR
		88280	additional karyotyping, each study ..
			75.0
		88285	additional cells counted, each study ..
			15.0
		88299	Unlisted cytogenetic study.....
			BR
			<b>SURGICAL PATHOLOGY</b>
			(Procedures 88300 through 88399 include accession, handling and reporting)
		88300	Surgical pathology, gross examination only .....
			20.0
88109 has been deleted. For interpretation of smear, use 88104; for cell block interpretation, see 88304, 88305)			
(For cervical or vaginal smears, see 88150)			
(For cell block only, see 88302)			
(For gastric intubation with lavage, see 89130-89141, 91055)			
(For x-ray localization, see 74340)			
88125 Cytopathology, forensic (e.g., sperm) .	75.0		
88130 Sex chromatin identification; (Barr bodies) .....	40.0		
88140 peripheral blood smear, polymorphonuclear "drum sticks" .....	40.0		
(For guard stain, see 88313)			
88150 Cytopathology, smears, cervical or vaginal (e.g., Papanicolaou), screening and interpretation, up to three smears; .....	((30.0)) <u>26.5</u>		
88155 with definitive hormonal evaluation (e.g., maturation index,			

	Unit Value		Unit Value
<b>NOTE:</b> Only one of the numbers 88302-88309 should be used in reporting specimens (single or multiple) that are removed during a single surgical procedure.			
88302 <u>Surgical pathology, gross and microscopic(;) examination of presumptively normal tissue(s), for identification and record purposes ((e.g., uterine tubes, vas deferens, sympathetic ganglion))</u> . . . . .	60.0	88317 <u>Interpretation and report by treating physician of previously diagnosed histologic slide (without consultation)</u>	BR
88304 <u>((diagnostic exam, small or)) Surgical pathology, gross and microscopic examination of presumptively abnormal tissue(s); uncomplicated specimen ((e.g., skin lesion(s), needle biopsy))</u> . . . . .	75.0	88318 <u>Determinative histochemistry to identify chemical components (e.g., copper, zinc)</u> . . . . .	BR
88305 <u>((diagnostic exam, larger specimen or multiple small specimens (e.g., prostate clippings, uterine curettings, segment of stomach)) single complicated or multiple uncomplicated specimen(s), without complex dissection</u> . . . . .	105.0	88319 <u>Determinative histochemistry to identify enzyme constituents</u> . . . . .	BR
88307 <u>((complex diagnostic exam, large specimen(s), organs or multiple tissues requiring multiple slides)) multiple complicated specimens</u> . . . . .	150.0	88321 <u>consultation and report on referred slides prepared elsewhere</u> . . . . .	140.0
88309 <u>((comprehensive diagnostic exam (e.g., specimen with regional nodes; detailed anatomic dissection or diagnostic problem)) complex diagnostic problem with or without extensive dissection</u> . . . . .	BR	88323 <u>Consultation and report on referred material requiring preparation of slides</u> . . . . .	BR
<u>(For fine needle aspiration, preparation, and interpretation of smears, see 88170-88173)</u>		88325 <u>Consultation, comprehensive, with review of records and ((slides)) specimens, with report on referred material</u> . . . . .	((BR+)) BR
88311 <u>decalcification procedure. (List separately in addition to code for surgical pathology examination)</u> . . . . .	12.0	88329 <u>consultation during surgery</u> . . . . .	100.0
88312 <u>Special stains; Group I ((stains)) for microorganisms, (e.g., Gridley, acid fast, methenamine silver), each ((Levaditi))</u> . . . . .	25.0	88331 <u>with frozen section(s), single specimen</u> . . . . .	90.0
88313 <u>Group II, all other ((special stains)) (e.g., iron, trichrome), except immunocytochemistry and immunoperoxidase stains, each</u> . . . . .	12.0	88332 <u>each additional tissue block with frozen section(s) ((during same visit to surgical operating suite))</u> . . . . .	30.0
<u>(For immunocytochemistry and immunoperoxidase tissue studies, use 88342)</u>		<u>((For permanent paraffin section, see 88302-88309))</u>	
88314 <u>Histochemical staining with frozen section(s)</u> . . . . .	BR	88345 <u>Immunofluorescent study</u> . . . . .	BR))
<u>((88316 Preparation of duplicate slides, stained or unstained, requested by consultant</u> . . . . .	BR))	88342 <u>Immunocytochemistry (including tissue immunoperoxidase), each antibody</u> . . . . .	BR
<u>(88316 Preparation of duplicate slides has been deleted. To report, use 99070)</u>		<u>(88345 has been deleted. To report, use 88346)</u>	
		88346 <u>Immunofluorescent study, each antibody</u> . . . . .	BR
		88348 <u>Electron microscopy; diagnostic</u> . . . . .	BR
		88349 <u>scanning</u> . . . . .	BR
		<u>((88360 Whole organ sections for special studies</u> . . . . .	200.0
		88370 <u>Tissue immunoperoxidase histochemistry</u> . . . . .	BR))
		<u>(88360 Whole organ sections has been deleted. To report use 88399)</u>	
		<u>(88370 has been deleted. To report, use 88342)</u>	
		<u>(For physician interpretation of peripheral blood smear, use 85060)</u>	
		88399 <u>Unlisted surgical pathology procedure</u>	BR
		<b>AMENDATORY SECTION (Amending Order 80-29, filed 12/23/80, effective 3/1/81)</b>	
		✓ WAC 296-23-232 MISCELLANEOUS.	

	Unit Value		Unit Value
<del>((For Achilles tendon reflex test (ART); see 95930)</del>		89136 two hours .....	90.0
<del>89000 Basal metabolic rate (BMR) .....</del>	<del>40.0</del>	89140 two hours including gastric stimulation (e.g., histalog, pentagastrin) ..	105.0
<del>89005 Test combinations assigned individual procedure numbers for secretarial convenience only; CBC and urinalysis (includes 85022 or 85031 and 81000) .....</del>	<del>Sv.</del>	89141 three hours, including gastric stimulation .....	120.0
<del>89006 CBC, urinalysis, and serology (includes 85022 or 85031, 81000 and 86592) .....</del>	<del>Sv.</del>	(For gastric lavage, therapeutic, see 96150)	
<del>89007 CBC, urinalysis, serology, blood typing, and Rh grouping (includes 85022 or 85031, 81000, 86592, 86082 and 86100) .....</del>	<del>Sv.))</del>	(For radiologic localization of gastric tube, see 74340)	
<u>(Basal metabolic rate has been deleted. If necessary to report, use 89399)</u>		(For chemical analyses, see 82926-((82939))82932)	
<u>(89005-89007 have been deleted)</u>		(For joint fluid chemistry, see Chemistry and Toxicology, this section)	
89050 Cell count, miscellaneous body fluids (except blood)(e.g., CSF, joint fluid, etc.) .....	12.0	89160 Meat fibers, feces .....	12.0
89051 with differential count .....	20.0	<del>((89180 Microscopic examination for eosinophils, nasal secretions, sputum, bronchoscopic aspiration, mucus of stools, others (specify) .....</del>	<del>12.0))</del>
<del>((89070 Cerebrospinal fluid, complete examination (chloride, glucose, protein, and cell count) .....</del>	<del>30.0))</del>	<u>(89180 has been deleted. To report, use 89190)</u>	
<u>(89070 has been deleted)</u>		89190 Nasal smear for eosinophils	
<u>(89080 has been deleted)</u>		89205 Occult blood, any source except feces	10.5
<del>((For individual CSF determinations, see specific entries)</del>		(Occult blood, feces, see 82270)	
<del>89080 Colloidal gold, spinal fluid .....</del>	<del>20.0))</del>	(Paternity tests, see 86385, 86386)	
89100 Duodenal intubation and aspiration single specimen (e.g., simple bile study or afferent loop culture) plus appropriate test procedure .....	40.0	<del>((89210 Pharmacokinetic analysis, specify individual drug and fluid/tissue .... BR))</del>	
89105 collection of multiple fractional specimens, with pancreatic or gall-bladder stimulation, single or double lumen tube <del>((pancreatic-zymase secretion test), with or without cytology preparation)) .....</del>	<del>((BR+))</del>	<u>(89210 has been deleted)</u>	
	<u>BR</u>	89300 Semen analysis, presence and/or sperm motility including Huhner test .	12.0
(For chemical analyses, see Chemistry and Toxicology)		89310 motility and count .....	40.0
(For electrocardiogram, see 93000-93279)		89320 complete (volume, count, motility and differential) .....	80.0
(For radiological localization, see 74340)		(For skin test, see <del>((86450))86455-86585 and 95005-95199)</del>	
(Esophagus acid perfusion test (Bernstein), see 91030)		89323 Sperm immobilization .....	BR
89125 Fat stain, feces, urine, sputum .....	15.0	89325 Sperm agglutination, with antibody titer .....	BR
89130 Gastric intubation and aspiration diagnostic, each specimen, for chemical analyses or cytopathology; .....	20.0	(For medicolegal identification of sperm, see 88125)	
89132 after stimulation .....	45.0	(For complete spinal fluid examination, see 89070)	
89135 Gastric intubation, aspiration, and fractional collections; for one hour (e.g., gastric secretory study) .....	60.0	<del>((89345 Sputum examination for hemosiderin or foreign material .....</del>	<del>BR))</del>
		<u>(89345 has been deleted)</u>	
		89350 Sputum, obtaining specimen, aerosol induced technique (separate procedure) .....	20.0
		89355 Starch granules, feces .....	10.5
		89360 Sweat test by iontophoresis .....	50.0
		(For chloride and sodium analysis, see 82437, 84295)	

	Unit Value
(Tissue culture, see 86595)	
(Tissue typing, see ((86597)) 86810-86822)	
89365	Water load test . . . . . BR
89399	Unlisted miscellaneous pathology test BR

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

✓ WAC 296-23-421 DIAGNOSTIC SERVICES.

- 00100 CLINICAL ORAL EXAMINATIONS
- 00110 Initial oral examination
- 00120 Periodic oral examination
- 00130 Emergency oral examination
- 00200 RADIOGRAPHS
- 00210 Intraoral—complete series (including bite-wings)
- 00220 Intraoral periapical—single, first film
- 00230 Intraoral periapical—each additional film
- 00240 Intraoral—occlusal, film
- 00250 Extraoral—single, first film
- 00260 Extraoral—each additional film
- 00270 Bitewing—single film
- 00272 Bite(=)wing—two films
- 00273 Bitewings—three films
- 00274 Bite(=)wing—four films
- 00290 Posteroanterior and lateral skull and facial bone survey film
- 00310 Sialography
- 00321 Temporomandibular joint, film
- 00330 Panoramic—maxilla and mandible film
- 00340 Cephalometric film  
(~~00470 Diagnostic casts~~)
- 00400 TESTS AND LABORATORY EXAMINATIONS
- 00410 Bacteriologic cultures for determination of pathologic agents
- 00420 Caries susceptibility tests
- 00450 Histopathologic examination
- 00470 Diagnostic casts
- 00471 Diagnostic photographs.

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

✓ WAC 296-23-430 PREVENTIVE SERVICES.

- 01100 DENTAL PROPHYLAXIS
- 01110 Adults
- 01120 Children
- 01200 FLUORIDE TREATMENTS
- 01201 Topical application of fluoride (including prophylaxis)—children
- 01210 Topical application of sodium fluoride—4 treatments excluding prophylaxis
- 01211 Topical application of sodium fluoride—4 treatments including prophylaxis

- 01220 Topical application of stannous fluoride—1 treatment excluding prophylaxis
- 01221 Topical application of stannous fluoride—1 treatment including prophylaxis
- 01230 Topical application of acid fluoride phosphate—1 treatment excluding prophylaxis
- 01231 Topical application of acid fluoride phosphate—1 treatment including prophylaxis

01300 OTHER PREVENTIVE SERVICES

- 01310 Dietary planning for the control of dental caries
- 01330 Oral hygiene instruction
- 01340 Training in preventive dental care
- 01350 Topical application of sealants—per quadrant

01500 SPACE MANAGEMENT THERAPY

- 01510 Fixed—unilateral type.

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

✓ WAC 296-23-440 RESTORATIVE SERVICES.

- 02100 AMALGAM RESTORATIONS (INCLUDING POLISHING)
- 02110 Amalgam—one surface, deciduous
- 02120 Amalgam—two surfaces, deciduous
- 02130 Amalgam—three surfaces, deciduous
- 02131 Amalgam—four surfaces, deciduous
- 02140 Amalgam—one surface, permanent
- 02150 Amalgam—two surfaces, permanent
- 02160 Amalgam—three surfaces, permanent
- 02161 Amalgam—four or more surfaces, permanent
- 02190 Pin retention—exclusive of amalgam
- 02200 SILICATE RESTORATIONS
- 02210 Silicate cement per restoration
- 02300 ACRYLIC OR PLASTIC OR COMPOSITE RESTORATIONS
- 02310 Acrylic or plastic or composite resin
- 02330 Composite resin—one surface
- 02331 Composite resin—two surfaces
- 02332 Composite resin—three surfaces
- 02333 Composite resin—four surfaces
- 02334 Pin retention—exclusive of composite resin
- 02335 Acrylic or plastic or composite resin (involving incisal angle)
- 02340 Acid etch for restorations
- 02400 GOLD FOIL RESTORATIONS
- 02410 Gold foil—one surface
- 02500 GOLD INLAY RESTORATIONS
- 02510 Inlay—gold, one surface
- 02520 Inlay—gold, two surfaces
- 02530 Inlay—gold, three surfaces
- 02540 Onlay—per tooth (in addition to foregoing)



02600 PORCELAIN RESTORATIONS02610 Inlay—porcelain02700-02899 CROWNS—SINGLE RESTORATIONS ONLY02710 Crown plastic (acrylic)02711 Crown plastic—prefabricated02720 Plastic with gold02721 Crown plastic with nonprecious metal02722 Crown plastic with semi-precious metal02740 Porcelain02750 Porcelain with gold02751 Crown porcelain with nonprecious metal02752 Crown porcelain with semi-precious metal02790 Gold (full cast)02791 Crown nonprecious metal (full cast)02792 Semi-precious metal (full cast)02810 Gold (3/4 cast)02830 Prefabricated stainless steel—primary02840 Crown—temporary (fractured tooth)02891 Cast post and core in addition to crown02892 Prefabricated post and core in addition to crown02900 OTHER RESTORATIVE SERVICES02910 Recement inlays02920 Recement crowns02940 Fillings (sedative)02950 Crown buildup, pin retained.AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)WAC 296-23-450 ENDODONTICS.03100 PULP CAPPING03110 Pulp cap—direct (excluding final restoration)03120 Pulp cap—indirect (excluding final restoration)03200 PULPOTOMY (EXCLUDING FINAL RESTORATION)03220 Vital pulpotomy03300 ROOT CANAL THERAPY (INCLUDES TREATMENT PLAN, CLINICAL PROCEDURES, AND FOLLOW-UP CARE)03310 Anterior (excludes final restoration)03320 Bicuspid (excludes final restoration)03330 Molar (excludes final restoration)03350 Apexification (treatment may extend over period of 6 to 18 months)03400 PERIAPICAL SERVICES03410 Apicoectomy—performed as separate surgical procedure (per root)03420 Apicoectomy—performed in conjunction with endodontic procedure (per root)03430 Retrograde filling03440 Apical curettage03450 Root resection03460 Endodontic implants03900 OTHER ENDODONTIC PROCEDURES03910 Surgical procedure for isolation of tooth with rubber dam03920 Hemisection03940 Recalcification of perforations03950 Canal preparation and fitting of preformed dowel or post03960 Bleaching of nonvital discolored tooth.AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)WAC 296-23-460 PERIODONTICS.Includes all necessary diagnostic, surgical and adjunctive services:1 All necessary diagnostic procedures2 Training in personal preventive dental care3 Mouth preparation procedures4 Routine finishing procedures5 Post-treatment evaluation6 Occlusal adjustment (if necessary)7 Surgical procedures including curettage, gingivectomy, flap entry, osseous procedures and complex techniques04200 SURGICAL SERVICES (INCLUDING THE USUAL POST-OPERATIVE SERVICES)04210 Gingivectomy or gingivoplasty—per quadrant04220 Gingival curettage—per quadrant04240 Gingival flap procedure04250 Mucogingival surgery—per quadrant04260 Osseous surgery (including flap entry and closure)—per quadrant04261 Osseous graft—single site (including flap entry, closure, and donor site)04262 Osseous graft—multiple sites (including flap entry, closure, and donor site)04270 Pedicle soft tissue grafts04271 Free soft tissue grafts (including donor site)04272 Vestibuloplasty04280 Periodontal pulpal procedures04300 ADJUNCTIVE PERIODONTAL SERVICES (IN CONJUNCTION WITH TOTAL PERIODONTAL TREATMENT)04320 Provisional splinting—intracoronal04321 Provisional splinting extracoronal04330 Occlusal adjustment (limited)04331 Occlusal adjustment (complete)04340 Periodontal scaling and root planing (entire mouth)04341 Periodontal scaling and root planing—per quadrant (fewer than 12 teeth)04350 Tooth movement for periodontal purposes (by report)04360 Special periodontal appliances (including occlusal guards) (by report)

- 04370 Case pattern modifiers (by report)
- 04500 Gingivitis—diagnosis and/or treatment of
- 04600 Early periodontitis—diagnosis and/or treatment of
- 04700 Moderate periodontitis—diagnosis and/or treatment of
- 04800 Advanced periodontitis—diagnosis and/or treatment of
- 04900 OTHER PERIODONTIC SERVICES
- 04910 Preventive periodontal procedures (periodontal prophylaxis)
- 04920 Unscheduled dressing change (by other than treating dentist).

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

✓ WAC 296-23-470 PROSTHODONTICS, REMOVABLE—INCLUDING ROUTINE POSTDELIVERY CARE.

- 05100 COMPLETE DENTURES—INCLUDING SIX MONTHS POSTDELIVERY
- 05110 Complete upper
- 05120 Complete lower
- 05130 Immediate upper
- 05140 Immediate lower
- 05200 PARTIAL DENTURES—INCLUDING ROUTINE POSTDELIVERY CARE
- 05211 Upper, excluding clasps, acrylic base
- 05212 Lower, excluding clasps, acrylic base
- 05213 Upper—cast chrome base, with acrylic saddles, excluding clasps
- 05214 Lower—cast chrome base, with acrylic saddles, excluding clasps
- 05215 Partial upper denture—with two gold clasps with rests, acrylic base
- 05216 Partial upper denture—with two chrome clasps with rests, acrylic base
- 05217 Partial lower denture—with two gold clasps with rests, acrylic base
- 05218 Partial lower denture—with chrome clasps with rests, acrylic base
- 05230 Partial lower denture—with gold lingual bar and two clasps, acrylic base
- 05231 Partial lower denture—with chrome lingual bar and two clasps, acrylic base
- 05240 Partial lower denture—with gold lingual bar and two clasps, cast base
- 05241 Partial lower denture—with chrome lingual bar and two clasps, cast base
- 05250 Partial upper denture—with gold bar and two clasps, acrylic base
- 05251 Partial upper denture—with chrome palatal bar and two clasps, acrylic base
- 05260 Partial upper denture—with gold palatal bar and two clasps, cast base
- 05261 Partial upper denture—with chrome palatal bar and two clasps, cast base

- 05280 Removable unilateral partial denture—one piece gold casting, clasp attachments, per unit including pontics
- 05281 Removable unilateral partial denture—one piece chrome casting, clasp attachments, per unit including pontics
- 05291 Full cast upper partial—with two gold clasps
- 05292 Full cast upper partial—with two chrome clasps
- 05293 Full cast lower partial—with two gold clasps
- 05294 Full cast lower partial—with two chrome clasps
- 05300 ADDITIONAL UNITS FOR PARTIAL DENTURES
- 05310 Each clasp with rest
- 05320 Each tooth
- 05400 ADJUSTMENT TO DENTURES
- 05410 Adjustment to complete denture
- 05421 Adjustment to upper partial denture
- 05422 Adjustment to lower partial denture
- 05600 REPAIRS TO DENTURES
- 05610 Repair broken complete or partial denture—no teeth damaged
- 05620 Repair broken complete or partial denture—replace one broken tooth
- 05630 Replace additional teeth—each tooth
- 05640 Replace broken tooth on denture—no other repairs
- 05650 Adding tooth to partial denture to replace extracted tooth—each tooth (not involving clasp or abutment tooth)
- 05660 Adding tooth to partial denture to replace extracted tooth—each tooth (involving clasp or abutment tooth)
- 05670 Reattaching damaged clasp on denture
- 05680 Replacing broken clasp with new clasp on denture
- 05690 Replacing each additional cast with rest
- 05700 DENTURE DUPLICATION
- 05710 Duplicate upper or lower complete denture
- 05720 Duplicate upper or lower partial denture
- DENTURE RELINING
- 05730 Relining upper or lower complete dentures (office reline)
- 05740 Relining upper or lower partial denture (in office)
- 05750 Relining upper or lower complete denture (laboratory)
- 05760 Relining upper or lower partial denture (in laboratory)
- 05800 OTHER PROSTHETIC SERVICES
- 05810 Temporary upper denture (complete)
- 05811 Temporary lower denture (complete)

- 05820 Temporary upper denture (partial stayplate)
- 05821 Temporary lower denture (partial stayplate)
- 05830 Obturator for surgically excised palatal tissue
- 05840 Obturator for deficient velopharyngeal function (cleft palate)
- 05850 Tissue conditioning
- 05860 Overdenture complete (by report)
- 05861 Overdenture partial (by report).

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

✓ WAC 296-23-480 PROSTHODONTICS, FIXED.

- 06200 BRIDGE PONTICS
- 06210 Cast gold
- 06211 Bridge pontic, cast nonprecious
- 06212 Bridge pontic, cast semi-precious
- 06220 Slotted facing
- 06230 Slotted pontic
- 06235 Pin facing
- 06240 Porcelain fused to gold
- 06241 Porcelain fused to nonprecious metal
- 06242 Porcelain fused to semi-precious metal
- 06250 Plastic processed to gold
- 06251 Plastic processed to nonprecious metal
- 06252 Plastic processed to semi-precious metal
- 06500 RETAINERS
- 06520 Retainer—gold inlay—two surfaces
- 06530 Retainer—gold inlay—three or more surfaces
- 06540 Retainer—gold inlay (onlaying cusps)
- 06600 REPAIRS
- 06610 Replace broken pin facing with slotted or other facing
- 06620 Replace broken facing where post is intact
- 06630 Replace broken facing where post backing is broken
- 06640 Replace broken facing with acrylic
- 06650 Replace broken pontic
- 06700 CROWNS
- 06720 Plastic processed to gold
- 06721 Plastic processed to nonprecious metal
- 06722 Plastic processed to semiprecious metal
- 06740 Porcelain
- 06750 Porcelain fused to gold
- 06751 Porcelain to nonprecious metal crown/bridge
- 06752 Porcelain fused to semiprecious metal
- 06760 Reverse pin facing and metal
- 06780 Gold (3/4 cast)
- 06790 Gold (full cast)
- 06791 Nonprecious metal (full cast)
- 06792 Semiprecious metal (full cast)
- 06900 OTHER PROSTHETIC SERVICES

- 06930 Recement bridge.

NEW SECTION

✓ WAC 296-23-485 ORTHODONTICS.

PREVENTIVE TREATMENT PROCEDURES

- 08100 MINOR TREATMENT FOR TOOTH GUIDANCE
- 08110 Removable appliance therapy
- 08120 Fixed or cemented appliance therapy
- 08200 MINOR TREATMENT TO CONTROL HARMFUL HABITS
- 08210 Removable appliance therapy
- 08220 Fixed or cemented appliance therapy
- 08350 INTERCEPTIVE ORTHODONTIC TREATMENT
- 08360 Removable appliance therapy
- 08370 Fixed appliance therapy

COMPREHENSIVE ORTHODONTIC TREATMENT

- 08450 TREATMENT OF THE TRANSITIONAL DENTITION
- 08460 Class I malocclusion
- 08470 Class II malocclusion
- 08480 Class III malocclusion
- 08550 TREATMENT OF THE PERMANENT DENTITION
- 08560 Class I malocclusion
- 08570 Class II malocclusion
- 08580 Class III malocclusion
- 08650 Treatment of the atypical or extended skeletal case
- 08750 Post-treatment stabilization.

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

✓ WAC 296-23-490 ORAL SURGERY.

- 07100 EXTRACTIONS—INCLUDES LOCAL ANESTHESIA AND ROUTINE POSTOPERATIVE CARE
- 07110 Single tooth
- 07120 Each additional tooth
- 07200 SURGICAL EXTRACTIONS—INCLUDES LOCAL ANESTHESIA AND ROUTINE POSTOPERATIVE CARE
- 07210 Surgical removal of erupted tooth, requires elevation of mucoperiosteal flap and removal of bone and/or section of tooth
- 07220 Impaction that requires incision of overlying soft tissue and the removal of the tooth
- 07230 Impaction that requires incision of overlying soft tissue, elevation of a flap, and either removal of bone and tooth or sectioning and removal of the tooth

- 07240 Impaction that requires incision of overlying soft tissue, elevation of a flap, removal of bone, and sectioning of the tooth for removal
- 07241 Impaction requiring incision of overlying soft tissue, elevation of a flap, removal of bone, sectioning of tooth for removal and/or presents unusual difficulties and circumstances
- 07250 Root recovery (surgical removal of residual root)
- 07260 Oral antral fistula closure and/or antral root recovery

OTHER SURGICAL PROCEDURES

- 07270 Tooth replantation
- 07271 Tooth implantation
- 07272 Tooth transplantation
- 07280 Surgical exposure of impacted or unerupted tooth for orthodontic reasons—including wire attachment when indicated
- 07281 Surgical exposure of impacted or unerupted tooth to aid eruption
- 07285 Biopsy of oral tissue (hard)
- 07286 Biopsy of oral tissue (soft)
- 07290 Surgical repositioning of teeth
- 07300 ALVEOLOPLASTY (SURGICAL PREPARATION OF RIDGE FOR DENTURES)
- 07310 Per quadrant—in conjunction with extractions

((Anesthesia

- ~~09220~~ Generat.))
- 07320 Per quadrant—not in conjunction with extractions
- STOMATOPLASTY—including revision of soft tissue on ridges, muscle reattachment, tongue, palate, and other oral soft tissues
- 07340 Stomatoplasty per arch—uncomplicated
- 07350 Stomatoplasty per arch—complicated
- 07400 SURGICAL EXCISION—reactive inflammatory lesions (scar tissue or localized congenital lesions)
- 07410 Radical excision—scar or lesion up to 1.25 cm
- 07420 Radical excision—scar or lesion over 1.25 cm
- 07425 Excision pericoronal gingiva

EXCISION OF TUMORS

- 07430 Excision of benign tumor—lesion diameter up to 1.25 cm
- 07431 Excision of benign tumor—lesion diameter over 1.25 cm
- 07440 Excision of malignant tumor—lesion diameter up to 1.25 cm
- 07441 Excision of malignant tumor—lesion diameter over 1.25 cm

REMOVAL OF CYSTS AND NEOPLASMS

- 07450 Removal of odontogenic cyst or tumor—up to 1.25 cm in diameter
- 07451 Removal of odontogenic cyst or tumor—over 1.25 cm in diameter
- 07460 Removal of nonodontogenic cyst or tumor—up to 1.25 cm in diameter
- 07461 Removal of nonodontogenic cyst or tumor—over 1.25 cm in diameter
- 07465 Destruction of lesions by physical methods: electro-surgery, chemotherapy, cryotherapy
- EXCISION OF BONE TISSUE
- 07470 Removal of exostosis—maxilla or mandible
- 07480 Partial ostectomy (guttering or saucerization)
- 07490 Radical resection of mandible with bone graft
- 07500 SURGICAL INCISION
- 07510 Incision and drainage of abscess—intraoral
- 07520 Incision and drainage of abscess—extraoral
- 07530 Removal of foreign body, skin or subcutaneous areolar tissue
- 07540 Removal of reaction—producing foreign bodies musculoskeletal system
- 07550 Sequestrectomy for osteomyelitis
- 07560 Maxillary sinusotomy for removal of tooth fragment or foreign body
- 07600 TREATMENT OF FRACTURES—simple
- 07610 Maxilla—open reduction—teeth immobilized (if present)
- 07620 Maxilla—closed reduction—teeth immobilized (if present)
- 07630 Mandible—open reduction—teeth immobilized (if present)
- 07640 Mandible—closed reduction—teeth immobilized (if present)
- 07650 Malar and/or zygomatic arch—open reduction
- 07660 Malar and/or zygomatic arch—closed reduction
- 07670 Alveolus—stabilization of teeth—open reduction splinting
- 07680 Facial bones—complicated reduction with fixation and multiple surgical approaches
- 07700 TREATMENT OF FRACTURES—compound
- 07710 Maxilla—open reduction
- 07720 Maxilla—closed reduction
- 07730 Mandible—open reduction
- 07740 Mandible—closed reduction
- 07750 Malar and/or zygomatic arch—open reduction
- 07760 Malar and/or zygomatic arch—closed reduction
- 07770 Alveolus—stabilization of teeth—open reduction splinting

- 07780 Facial bones—complicated reduction with fixation and multiple surgical approaches
- 07800 REDUCTION OF DISLOCATION AND MANAGEMENT OF OTHER TEMPOROMANDIBULAR JOINT DYSFUNCTIONS
- 07810 Open reduction of dislocation—temporomandibular joint
- 07820 Closed reduction of dislocation—temporomandibular joint
- 07830 Manipulation under anesthesia—temporomandibular joint
- 07840 Condylectomy—temporomandibular joint
- 07850 Meniscectomy—temporomandibular joint
- 07860 Arthrotomy—temporomandibular joint
- 07870 Arthrocentesis—temporomandibular joint
- 07900 OTHER ORAL SURGERY  
REPAIR OF TRAUMATIC WOUNDS
- 07910 Suture of recent small wounds up to 5 cm  
COMPLICATED SUTURING
- 07911 Up to 5 cm
- 07912 Over 5 cm
- 07920 Skin grafts (identify defect covered, location and type of graft)  
OTHER REPAIR PROCEDURES
- 07930 Injection of trigeminal nerve branches for destruction
- 07931 Avulsion of trigeminal nerve branches
- 07940 Osteoplasty (that is, for orthognathic deformities)
- 07950 Osseous, osteoperiosteal, periosteal, or cartilage graft of the mandible—autogenous or nonautogenous
- 07955 Repair of maxillofacial soft and hard tissue defects
- 07960 Frenulectomy—separate procedure (frenectomy or frenotomy)
- 07970 Excision of hyperplastic tissue—per arch
- 07980 Sialolithotomy
- 07981 Excision of salivary gland
- 07982 Sialodochoplasty
- 07983 Closure of salivary fistula
- 07990 Emergency tracheotomy.

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-23-495 ADJUNCTIVE GENERAL SERVICES, ANESTHESIA AND PROFESSIONAL CONSULTATION.

UNCLASSIFIED TREATMENT

- 09110 Palliative (emergency) treatment of dental pain, minor procedures
- 09200 ANESTHESIA
- 09210 Local (not in conjunction with operative or surgical procedures)
- 09211 Regional block anesthesia
- 09212 Trigeminal division block

- 09220 General anesthesia
- 09230 Analgesia
- 09300 PROFESSIONAL CONSULTATION—DIAGNOSTIC SERVICE PROVIDED BY PHYSICIAN OR DENTIST OTHER THAN PRACTITIONER PROVIDING TREATMENT
- 09310 Consultation—per session
- 09400 PROFESSIONAL VISITS
- 09410 House calls
- 09420 Hospital calls
- 09430 Office visit—during regularly scheduled office hours (no operative service performed)
- 09440 Office visit—after regularly scheduled office hours (no operative service performed)
- 09600 DRUGS
- 09610 Therapeutic drug injection (by report)
- 09630 Other drugs and/or medicaments (by report)
- 09900 MISCELLANEOUS SERVICES
- 09910 Application of desensitizing medicaments
- 09930 Complications (post-surgical—unusual circumstances) (by report)
- 09950 Occlusion analysis (mounted case)
- 09960 Completion of claim form
- 09999 Unspecified (by report to be described by statement of attending dentist).

AMENDATORY SECTION (Amending Order 83-35, filed 11/30/83, effective 1/1/84)

WAC 296-23-50001 NURSING SERVICES AND ATTENDANT CARE. See WAC 296-20-091 for qualifications. Specify skill level and hours of service.

- M 0855 Professional nurse services
- M 0856 Nonprofessional attendant care
- M 0877 Home health office call
- M 0878 Home health aide care
- M 0879 Visiting nurse call
- M 1200 Home health—nurse visit, agency based
- M 1201 Home health—physical therapy, agency based
- M 1202 Home health—occupational therapy, agency based
- M 1203 Home health—speech therapy, agency based
- M 1204 Home health—aide visit, agency based
- M 1210 Home health—nurse visit, free standing
- M 1211 Home health—physical therapy, free standing
- M 1212 Home health—occupational therapy, free standing
- M 1213 Home health—speech therapy, free standing
- M 1214 Home health—aide visit, free standing
- M 3333 Visiting nurse—Physical therapy
- M 4444 Visiting nurse—Occupational therapy
- M 5555 Visiting nurse—Speech therapy
- M 8900 Special duty nurse—RN—First shift
- M 8901 Special duty nurse—RN—Second shift
- M 8902 Special duty nurse—RN—Third shift

- M 8903 Special duty nurse-RN-Partial shift
- M 8904 Special duty nurse-LPN-First shift
- M 8905 Special duty nurse-LPN-Second shift
- M 8906 Special duty nurse-LPN-Third shift
- M 8907 Special duty nurse-LPN-Partial shift
- M 8908 Special duty nurse-RN-Holiday
- M 8909 Special duty nurse-LPN-Holiday
- M 8999 Unlisted nursing or attendant service.

AMENDATORY SECTION (Amending Order 83-35, filed 11/30/83, effective 1/1/84)

✓ WAC 296-23-50002 TRANSPORTATION SERVICES. Specify place of departure, destination, purpose of trip and mileage as applicable.

- M 0001 Base rate - Ground or air
- M 0002 Ambulance - Each additional patient
- M 0003 Ambulance-one-way mileage - Per mile
- M 0004 Ambulance-return pickup - Same patient, same day
- M 0005 Ambulance-return pickup one-way mileage - Per mile
- M 0006 Ambulance-return pickup - Additional patient
- M 0007 Ambulance - night call
- M 0008 Ambulance - Oxygen administration
- M 0009 Ambulance-waiting time - Per minute
- M 0010 Bridge and ferry tolls
- M 0011 Chartered air transportation
- M 0012 Advanced life support - Ground or air
- M 0023 Ambulance - Extra attendant
- M 0024 Ambulance - Monitoring
- M 0025 Cabulance - One-way mileage - Per mile
- M 0026 Cabulance - Waiting time - Per minute
- M 0027 Cabulance - Base rate
- M 0028 Private transportation - 18¢ Per mile
- M 0029 Commercial transportation
- M 0030 Taxi - One-way time or mileage ((=Per mile))
- M 0036 Licensed air ambulance - One-way mileage
- M 0060 Ambulance - Suction catheter
- M 0061 Ambulance - Oxygen mask
- M 0062 Ambulance - Oxygen cannula
- M 0063 Ambulance - Airway
- M 0064 Ambulance - Cardboard splint
- M 0065 Ambulance - Disposable cervical collar
- M 0066 Ambulance - Dressing
- M 0067 Ambulance - Triangular bandage
- M 0068 Ambulance - Backboard, stretcher
- M 0069 Ambulance - Ice packs
- M 0070 Ambulance - Trauma pads
- M 0071 Ambulance - Burn kit
- M 0072 Ambulance - Mast trouser
- M 0073 Ambulance - Heart/lung resuscitation
- M 0074 Ambulance - IV administration - Per IV
- M 0075 Lodging - Receipt required
- M 0076 Breakfast - Receipt required \$5.00
- M 0077 Lunch - Receipt required \$5.00
- M 0078 Dinner - Receipt required \$10.00
- M 0079 Per diem lodging/meals \$50.00
- M 0080 Parking
- M 0081 Interpreter
- M 0099 Unlisted transportation item or service.
- TAX 00

AMENDATORY SECTION (Amending Order 83-35, filed 11/30/83, effective 1/1/84)

✓ WAC 296-23-50003 HEARING AIDS AND MASKING DEVICES. See WAC 296-20-1101 for qualifications. Specify manufacturer and model number.

- M 3500 Hearing aid
- M 3505 Tinnitus masker
- M 3539 Hearing aid casing
- M 3559 Hearing aid earmold
- M 3579 Hearing aid repairs
- M 3599 Unlisted hearing device.
- TAX 00

AMENDATORY SECTION (Amending Order 83-35, filed 11/30/83, effective 1/1/84)

✓ WAC 296-23-50004 EYEGLASSES AND CONTACT LENSES. See WAC 296-20-100 for qualifications.

- M 3200 Eyeglass left lens
- M 3201 Eyeglass right lens
- M 3202 Frames - Repair
- M 3203 Frames - Purchase
- M 3204 Contact lens - left
- M 3205 Contact lens - right
- M 3206 Artificial eye, Left - optical supplier
- M 3207 Artificial eye, Right - optical supplier
- M 3210 Refraction
- M 3299 Unlisted optical item.
- TAX 00

AMENDATORY SECTION (Amending Order 83-35, filed 11/30/83, effective 1/1/84)

✓ WAC 296-23-50005 ORTHOTICS AND PROSTHETICS. See WAC 296-20-1102 for qualifications. Specify type, manufacturer, and model number when applicable.

- M 1000 Prosthetic - Other
- M 1400 Orthotic - Other
- M 1600 Orthotic - Podiatry
- M 1602 Podiatry impression casting
- M 6401 Prosthetic - Upper extremity
- M 6402 Prosthetic - Lower extremity
- M 6403 Prosthetic - Accessories/supplies
- M 6407 Prosthetic repair, including labor
- M 6431 Orthotic - Upper extremity
- M 6432 Orthotic - Lower extremity
- M 6435 Brace - Upper extremity
- M 6436 Brace - Lower extremity
- M 6440 Orthotic accessories/supplies
- M 6442 Orthotic fitting fee
- M 6444 Orthotic repair, including labor
- M 6445 SACRO ease seat
- M 6450 Braces to neck/spine/trunk
- M 6451 Collars/casts/splints
- M 6452 Brace accessories/supplies
- M 6453 Brace repairs, including labor
- M 6458 Pressure garments
- M 6459 Support hose
- M 6460 Orthopedic shoes without brace

M 6461 Orthopedic shoes with brace  
M 6462 Shoe repairs  
 M 6463 Heel lift  
 M 6764 Prosthetic fitting fee  
M 6799 Unlisted orthotic – Prosthetic item or service.  
TAX 00

AMENDATORY SECTION (Amending Order 83-35, filed 11/30/83, effective 1/1/84)

✓WAC 296-23-50006 **MEDICAL SUPPLIES.** Specify type, manufacturer, and model when applicable.

M 6411 Urinary collection systems supplies – Itemize  
 M 6466 Colostomy bags  
 M 6467 Colostomy accessories/supplies – Itemize  
 M 6769 Other small appliances/supplies – Itemize  
M 6999 Unlisted equipment – Equipment repair  
 M 7444 Sterile distilled water  
 M 7447 Twill tape – Per roll  
 M 7448 Nonlisted disposable supplies  
 M 7499 Unlisted medical supplies.  
M 7999 Replacement of clothing/equipment damaged

in injury  
TAX 00

AMENDATORY SECTION (Amending Order 83-35, filed 11/30/83, effective 1/1/84)

✓WAC 296-23-50008 **HOSPITAL BEDS AND ACCESSORIES.** See WAC 296-20-1102 for qualifications. Specify type, manufacturer and model when applicable.

M 6408 Hospital bed – Rental  
 M 6430 Trapeze bars – Rental  
 M 6439 Commode chair – Rental  
 M 6503 Hospital bed – Purchase  
 M 6510 Hospital bed accessories  
 M 6539 Commode chair – Purchase  
 M 6540 Commode chair accessories  
 M 6541 Bed pans/urinals  
 M 6630 Trapeze bars – Purchase  
 M 6631 Trapeze bars accessories  
M 6699 Unlisted hospital bed or accessories.

TAX 00

AMENDATORY SECTION (Amending Order 83-35, filed 11/30/83, effective 1/1/84)

✓WAC 296-23-50009 **TRACTION EQUIPMENT.** See WAC 296-20-1102 for qualifications. Specify type, manufacturer and model when applicable.

M 6427 Traction equipment – Rental  
 M 6626 Traction equipment – Accessories  
 M 6627 Traction equipment – Purchase  
M 6628 Unlisted traction equipment or service.

TAX 00

AMENDATORY SECTION (Amending Order 83-35, filed 11/30/83, effective 1/1/84)

✓WAC 296-23-50012 **WALKERS.** See WAC 296-20-1102 For qualifications. Specify type, manufacturer and model when applicable.

M 6475 Walk-aid/walker – Rental  
 M 6655 Walk-aid/walker – Purchase  
 M 6656 Walk-aid/walker – Accessories  
M 6657 Unlisted walker or walker accessory.

TAX 00

AMENDATORY SECTION (Amending Order 83-35, filed 11/30/83, effective 1/1/84)

✓WAC 296-23-50013 **WHEELCHAIRS.** See WAC 296-20-1102 for qualifications. Specify type, manufacturer, and model when applicable.

M 6465 Wheelchair – Rental  
 M 6558 Wheelchair – Purchase  
 M 6666 Wheelchair accessories  
M 6667 Wheelchair repair  
 M 6668 Powered mobility unit  
 M 7428 12V GELI cell battery  
 M 7429 12V Deep cycle battery  
 M 7430 Battery charger.

TAX 00

AMENDATORY SECTION (Amending Order 83-35, filed 11/30/83, effective 1/1/84)

✓WAC 296-23-50014 **STIMULATORS.** See WAC 296-20-1102 for qualifications. One-month trial rental is usually required to purchase stimulators. Specify type, manufacturer, and model when applicable.

M 6418 Electromagnetic field bone stimulator for fractures and fusions – Rental  
 M 6419 Pulsed galvanic muscle stimulator – Rental  
 M 6420 Transcutaneous nerve stimulator – Rental  
 M 6421 Transcutaneous nerve stimulator – Purchase  
 M 6422 Transcutaneous nerve stimulator – Supplies  
 M 7175 Permanent electrodes for TNS unit  
 M 7176 24-Inch lead wires for TNS unit  
 M 7179 Power pack with batteries for TNS unit  
M 7199 Unlisted stimulator service or accessory.

TAX 00

NEW SECTION

✓WAC 296-23-50016 **DRUG AND ALCOHOL REHABILITATION SERVICES.** Authorization requirements for these services may be found in WAC 296-20-03001 and 296-20-055.

M 9100 Intake evaluation  
 M 9101 Physical examination  
 M 9102 Individual therapy, routine visit  
 M 9103 Individual therapy, brief visit  
 M 9108 Group therapy  
 M 9113 Chemotherapy  
 M 9115 Medication adjustment  
 M 9126 Detoxification facility (room & board).

AMENDATORY SECTION (Amending Order 81-28, filed 11/30/81, effective 1/1/82)

✓ WAC 296-23-710 PHYSICAL THERAPY RULES. Practitioners should refer to WAC 296-20-010 through 296-20-125 for general information and rules pertaining to the care of injured workers. See WAC 296-20-125 for billing instructions.

Physical therapy treatment will be permitted only when given by a licensed registered physical therapist or a physical therapist assistant serving under the direction of a licensed registered physical therapist upon (~~written prescription by a doctor~~) the basis of test findings after consultation with and periodic review by an authorized health care practitioner. Doctor's rendering physical therapy should refer to WAC 296-21-095.

Use of diapulse or similar machine on injured workers is not authorized. See WAC 296-20-03002 for further information.

A physical therapy progress report must be submitted to the attending doctor and the department or the self-insurer following 12 treatment visits or one month, whichever occurs first. Such report must be attached to the billing for services. Physical therapy treatment beyond initial 12 treatments will be authorized only upon substantiation of improvement in the worker's condition in terms of functional modalities, i.e.: Range of motion; sitting and standing tolerance; reduction in medication; etc. In addition, an outline of the proposed treatment program, the expected restoration goals, and the expected length of treatment will be required.

Upon justification and subsequent authorization by the department, or self-insurer, physical therapy treatment to separate noncontiguous areas (i.e., low back, knee) requiring individual treatment or special procedures will be allowed at full rate for each area with a maximum of two areas allowed.

Physical therapy in the home and/or places other than the practitioners usual and customary business facilities will be allowed only upon prior justification and authorization by the department or self-insurer.

No inpatient physical therapy treatment will be allowed when such treatment constitutes the only or major treatment received by the worker. See WAC 296-20-030 for further information.

Physical therapy treatments exceeding once per day must be justified by attending doctor.

Biofeedback treatment may be rendered on doctor's orders only, by those R.P.T.'s and L.P.T.'s working under the supervision of a R.P.T. The extent of biofeedback treatment is limited to those procedures allowed within the scope of practice of the R.P.T. or L.P.T. See WAC 296-21-0501 for rules pertaining to conditions authorized and report requirements.

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

✓ WAC 296-23-720 PROCEDURES. (Therapist is required to be in constant attendance.)

Unit Value

(97100 has been deleted. To report, use 97110-97139)  
(97101 has been deleted. To report, use 97145)

P97110	Physical medicine treatment to one area, initial 30 minutes; therapeutic exercises . . . . .	16.0
P97112	neuromuscular reeducation . . . . .	16.0
P97114	functional activities . . . . .	16.0
P97116	gait training . . . . .	16.0
P97118	electrical stimulation (manual) . . . . .	16.0
P97122	traction, manual . . . . .	16.0
P97124	massage . . . . .	16.0
P97126	contrast baths . . . . .	16.0
P97128	ultrasound . . . . .	16.0
P97139	unlisted procedure (specify) . . . . .	16.0
P97145	Physical medicine treatment to one area, each additional 15 minutes . . . . .	5.0
P97200	Combination of any modality(s) and procedure(s), initial 30 minutes . . . . .	16.0
P97201	Each additional 15 minutes . . . . .	5.0
P97220	Hubbard tank, initial 30 minutes . . . . .	24.0
P97221	Each additional 15 minutes (maximum allowance, one hour) . . . . .	5.0
P97240	Pool therapy or hubbard tank with therapeutic exercises, initial 30 minutes . . . . .	30.0
P97241	Each additional 15 minutes (maximum allowance, one hour) . . . . .	6.0
P97250	Sterile technique (severe burn cases and open draining areas requiring sterile bandages and dressings) . . . . .	6.0
P97500	Orthotics training (dynamic bracing, splinting, etc.) upper extremities, initial 30 minutes . . . . .	24.0
P97501	each additional 15 minutes . . . . .	12.0
P97520	Prosthetic training, initial 30 minutes . . . . .	24.0
P97521	each additional 15 minutes . . . . .	12.0
P97530	<u>Kinetic activities to increase coordination, strength and/or range of motion, one area (any two extremities or trunk); initial 30 minutes, each visit . . . . .</u>	<u>24.0</u>
P97531	each additional 15 minutes . . . . .	<u>12.0</u>
P97540	Activities of daily living (ADL) and diversional activities, initial 30 minutes, each visit . . . . .	24.0
P97541	each additional 15 minutes . . . . .	12.0

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

✓ WAC 296-23-725 TESTS AND MEASUREMENTS.



	Unit Value
P97700 <u>Office visit, including one of the following tests or measurements with report, initial 30 minutes.</u> . . . . .	24.0
(a) Orthotic "check-out"	
(b) Prosthetic "check-out"	
(c) Activities of daily living "check-out"	
(d) Biofeedback evaluation	
(e) Physical capacities evaluation	
P97701 Each additional 15 minutes . . . . .	12.0
P97720 Extremity testing for strength, dexterity or stamina, initial 30 minutes . . . . .	24.0
P97721 Each additional 15 minutes . . . . .	12.0
<del>((P97740 Kinetic activities to increase coordination, strength and/or range of motion, one area (i.e., any two extremities or trunk), initial 30 minutes . . . . .</del>	<del>24.0</del>
<del>P97741 Each additional 15 minutes . . . . .</del>	<del>12.0</del>
<u>(P97740, P97741 have been deleted. To report, see P97530, P97531)</u>	
P97752 Muscle testing, torque curves during isometric and isokinetic exercise (e.g., by use of Cybex machine) . . . . .	24.0
P99070 <u>Supplies and materials provided by the therapist over and above those usually included with office visit or other services rendered. List item provided. Bill at cost</u> . . . . .	BR

AMENDATORY SECTION (Amending Order 80-29, filed 12/23/80, effective 3/1/81)

WAC 296-23-910 MAXIMUM VALUES ARE ESTABLISHED FOR SERVICES RENDERED BY ADVANCED REGISTERED NURSE PRACTITIONERS. The following maximum values are established for services rendered by advanced registered nurse practitioners.

Other services rendered by advanced registered nurse practitioners may be billed using the appropriate procedure number preceded by N- and valued at 80% of the unit value listed. Services are limited to the scope of practice defined in WAC 296-23-900(4).

	Unit Value
N90000 Initial office visit, to include history, initiation of treatment and preparation of Report of Accident for supervising physician's signature . . . . .	14.0
N90010 Initial limited visit (routine involving single region or organ system) . . . . .	24.0
N90015 Initial office visit, intermediate . . . . .	40.0

N90030 Follow-up office visit, minimal . . . . .	6.4
N90040 Follow-up office visit, brief . . . . .	9.6
N90050 Follow-up <u>limited</u> office visit . . . . .	7.0
<del>((N12000 Suture of minor lacerations . . . . .</del>	<del>20.5</del>
<del>N68000 Removal of foreign bodies from the eye . . . . .</del>	<del>14.0</del>
<u>(N12000 has been deleted. See N12001 - N12057. N68000 has been deleted. See N65220)</u>	
N90060 Follow-up visit, intermediate exam . . . . .	
N90070 Follow-up office visit, extended . . . . .	24.0
N90080 Follow-up office visit, comprehensive . . . . .	40.0
N90701 Immunization, active; diphtheria and tetanus toxoids and pertussis vaccine (DTP) . . . . .	6.4
N90702 diphtheria and tetanus toxoids (DT) . . . . .	4.0
N90718 tetanus and diphtheria toxoids absorbed, for adult use (Td) . . . . .	4.0
N90782 Therapeutic injection of medication (specify); subcutaneous or intramuscular . . . . .	4.8
N90784 intravenous . . . . .	6.4
N90788 Intramuscular injection of antibiotic (specify) . . . . .	4.8
N90900 Biofeedback training by electromyogram application, including office visit (one hour) . . . . .	40.0
N90901 (one-half hour) . . . . .	24.0
N90902 In conduction disorder, including office visit (one hour) . . . . .	40.0
N90903 (one-half hour) . . . . .	24.0
N90904 Regulation of blood pressure, including office visit (one hour) . . . . .	40.0
N90905 (one-half hour) . . . . .	24.0
N90906 Regulation of skin temperature or peripheral blood flow, including office visit (one hour) . . . . .	40.0
N90907 (one-half hour) . . . . .	24.0
N90908 By electroencephalogram application, including office visit (one hour) . . . . .	40.0
N90909 (one-half hour) . . . . .	24.0
N90910 By electro-oculogram, including office visit (one hour) . . . . .	40.0
N90911 (one-half hour) . . . . .	24.0

	Unit Value		Unit Value
N90912 Diagnostic evaluation, includes report (one hour) . . .	48.0	N12002 2.5 cm – 7.5 cm . . . . .	.48
N90913 Follow-up evaluation, includes report (one-half hour) . . . . .	24.0	N12004 7.5 cm – 12.5 cm . . . . .	.64
N97070 Modalities and procedures by other than registered physical therapist in remote area or first six visits in advanced registered nurse practitioner clinic . . . . .	4.0	N12005 12.5 cm – 20 cm . . . . .	.80
N99000 Handling and/or conveyance of specimen for transfer to a laboratory . . . . .	4.8	N12006 20 cm – 30 cm . . . . .	.96
N99013 Telephone call for consultation or medical management; simple or brief, under 15 minutes . . . . .	4.0	N12007 over 30 cm . . . . .	BR
N99014 intermediate 15-30 minute . . . . .	8.0	N12011 Simple repair wound, face, ear, eyelids, to 2.5 cm . . . . .	.48
N99015 lengthy or complex . . . . .	12.0	N12013 2.5 cm – 5 cm . . . . .	.64
N99054 Office visit, Sunday, Holidays or at night. To be paid in addition to fees listed above . . . . .	7.0	N12014 5 cm – 7.5 cm . . . . .	.80
N99064 Emergency care facility services: Emergency services outside regular office hours . . . . .	20.0	N12015 7.5 cm – 12.5 cm . . . . .	.96
N99065 during regular office hours . . . . .	12.8	N12016 12.5 cm – 20 cm . . . . .	1.12
N99070 Supplies and materials provided over and above those usually included with office visit or other services rendered (list drugs, trays, supplies or materials cast room and/or casting supplies provided). Bill at cost . . . . .	BR	N12017 20 cm – 30 cm . . . . .	1.28
N99082 Accompanying an ambulance to the site of the injury and/or the hospital. (((First half hour)) Each fifteen minutes or fraction thereof) . . . . .	7.0	N12018 30 cm . . . . .	BR
<del>((N99083 Each additional fifteen minutes or fraction thereof . . . . .</del>	<del>7.0))</del>	N12031 Layer closure of wounds of scalp, axillae, trunk . . . . .	.48
Minor surgical procedures (See WAC 296-22-023 for complete text and WAC 296-20-145 for Conversion Factor Table)		N12032 2.5 cm – 7.5 cm . . . . .	.64
N10120 Incision and removal foreign body, subcutaneous tissues; simple . . . . .	.32	N12034 7.5 cm – 12.5 cm . . . . .	.80
N11040 Debridement; skin, partial thickness . . . . .	BR	N12035 12.5 cm – 20 cm . . . . .	.96
N12001 Simple repair wound—scalp, neck, extremities, trunk 2.5 cm . . . . .	.32	N12036 20 cm – 30 cm . . . . .	BR
		N12037 Over 30 cm . . . . .	BR
		N12041 Layer, closure of wound neck, hands, feet, genital . . . . .	.64
		N12042 2.5 cm – 7.5 cm . . . . .	.80
		N12044 7.5 cm – 12.5 cm . . . . .	.96
		N12045 12.5 cm – 20 cm . . . . .	1.12
		N12046 20 cm – 30 cm . . . . .	1.28
		N12047 30 cm . . . . .	BR
		N12051 Layer closure of wounds, face, ear, eye, nose 2.5 cm . . . . .	.80
		N12052 2.5 cm – 5 cm . . . . .	.96
		N12053 5 cm – 7.5 cm . . . . .	1.12
		N12054 7.5 cm – 12.5 cm . . . . .	1.28
		N12055 12.5 cm – 20 cm . . . . .	.44
		N12056 20 cm – 30 cm . . . . .	1.60
		N12057 30 cm . . . . .	BR
		<u>Burns, local treatment (see WAC 296-22-026 for complete text and WAC 296-20-145 for Conversion Factor Table)</u>	
		N16000 Initial treatment first degree burns . . . . .	.24
		N16010 Dressings and/or debridement; initial or subsequent; under anesthesia, small . . . . .	.64
		N16020 without anesthesia . . . . .	.32
		<u>Introduction or removal (see WAC 296-20-145 for Conversion Factor Table)</u>	
		N20520 Removal foreign body in muscle, simple . . . . .	.96
		<u>Casts</u>	
		N29075 Application; plaster figure of eight; elbow to fingers (short arm) . . . . .	.40
		<u>Splints</u>	
		N29125 Application of short arm (forearm and hand); static . . . . .	.40
		<u>Removal ocular foreign body</u>	

	Unit Value
N65220 <u>Removal foreign body, external eye; corneal, without slit lamp</u> . . . . .	.48

Radiology

(See WAC 296-20-150 for Conversion Factor Table)

N73090 <u>Forearm including one joint, A-P and lateral</u> . . . . .	3.8
N73130 <u>X-ray hand complete, minimum 3 views</u> . . . . .	4.8
N73550 <u>Femur (thigh), A-P and lateral</u> . . . . .	4.8

Pathology

(See WAC 296-20-155 for Conversion Factor Table)

N81000 <u>Urinalysis, routine, complete</u> . . . . .	9.6
N81002 <u>Routine, without microscopy</u> . . . . .	6.4
N87040 <u>Culture, bacterial, definitive aerobic; blood (may include anaerobic screen)</u> . . . . .	38.4
N87045 <u>stool</u> . . . . .	20.0
N87060 <u>throat or nose</u> . . . . .	16.0
N87070 <u>any other source</u> . . . . .	12.8
N87181 <u>Sensitivity studies antibiotic, agar diffusion method, per antibiotic</u> . . . . .	32.0
N87184 <u>disc method per plate (12 or less discs)</u> . . . . .	19.2

NEW SECTION

✓ WAC 296-23-950 **MASSAGE THERAPY RULES.** Practitioners should refer to WAC 296-20-010 through 296-20-125 for general information and rules pertaining to the care of injured workers. See WAC 296-20-125 for billing instructions.

Massage therapy treatment will be permitted when given by a licensed massage practitioner only upon written orders from the worker's attending doctor.

A progress report must be submitted to the attending doctor and the department or the self-insurer following six treatment visits or one month, whichever comes first. Massage therapy treatment beyond the initial six treatments will be authorized only upon substantiation of improvement in the worker's condition in terms of functional modalities, i.e., range of motion; sitting and standing tolerance; reduction in medication; etc. In addition, an outline of the proposed treatment program, the expected restoration goals, and the expected length of treatment will be required.

Massage therapy in the home and/or places other than the practitioners usual and customary business facilities will be allowed only upon prior justification and authorization by the department or self-insurer.

No inpatient massage therapy treatment will be allowed when such treatment constitutes the only or major

treatment received by the worker. See WAC 296-20-030 for further information.

Massage therapy treatments exceeding once per day must be justified by attending doctor.

NEW SECTION

✓ WAC 296-23-960 **MASSAGE—MODALITIES.** Therapist is required to be in constant attendance.

<u>CODE</u>	<u>DESCRIPTION</u>	<u>RUV</u>
9 97010	Hot and Cold Packs	12.0
9 97124	Massage One-Half Hour	16.0
9 97125	Additional 15 Minutes	8.0
9 97200	Combination One-Half Hour	16.0
9 97201	Additional 15 Minutes	8.0

NEW SECTION

✓ WAC 296-23-970 **OCCUPATIONAL THERAPY RULES.** Practitioners should refer to WAC 296-20-010 through 296-20-125 for general information and rules pertaining to the care of injured workers. See WAC 296-20-125 for billing instructions.

Occupational therapy treatment will be permitted when given by a licensed occupational therapist or an occupational therapist assistant serving under the direction of a licensed occupational therapist only upon written orders of a doctor. Vocational counselors assigned to injured workers by the department or self-insurer may request occupational therapy evaluation. However, occupational therapy treatment must be ordered by a doctor.

An occupational therapy progress report must be submitted to the attending doctor and the department or self-insurer following twelve treatment visits or one month, whichever occurs first. Occupational therapy treatment beyond the initial twelve treatments will be authorized only upon substantiation of improvement in the worker's condition in terms of functional modality, i.e., range of motion; sitting and standing tolerance; reduction in medication; etc. In addition, an outline of the proposed treatment program, the expected restoration goals, and the expected length of treatment will be required.

Upon justification and subsequent authorization by the department or self-insurer, occupational therapy treatment to separate noncontiguous areas (i.e., low back, knee) requiring individual treatment or special procedures will be allowed at full rate for each area with a maximum of two areas allowed.

Occupational therapy in the injured worker's home and/or places other than the practitioner's usual and customary business facility will be allowed only upon prior justification and authorization by the department or self-insurer.

No inpatient occupational therapy treatment will be allowed when such treatment constitutes the only or major treatment received by the worker. See WAC 296-20-030 for further information.

Occupational therapy treatments exceeding once per day must be justified by the attending doctor.

**NEW SECTION**

**WAC 296-23-980 OCCUPATIONAL THERAPY SERVICES.**

	Unit Value
97010 Physical medicine treatment to one area, hot or cold packs .....	16.0
97016 vasopneumatic devices .....	16.0
97018 paraffin bath .....	16.0
97110 therapeutic exercises .....	16.0
97112 neuromuscular reeducation .....	16.0
97114 functional activities .....	16.0
97145 Physical medicine treatment to one area, each additional 15 minutes ....	5.0
97200 Combination of any modality(s) and procedure(s), initial 30 minutes ....	16.0
97201 Each additional 15 minutes .....	5.0
97500 Orthotics training (dynamic bracing, splinting, etc.) upper extremities, initial 30 minutes .....	24.0
97501 each additional 15 minutes .....	12.0
97520 Prosthetic training, initial 30 minutes	24.0
97521 each additional 15 minutes .....	12.0
97530 Kinetic activities to increase coordination, strength and/or range of motion, one area (any two extremities or trunk), initial 30 minutes .....	24.0
97531 each additional 15 minutes .....	12.0
97540 Activities of daily living (ADL) and diversional activities, initial 30 minutes .....	24.0
97541 each additional 15 minutes .....	12.0
97700 One of the following tests or measurements with report, initial 30 minutes .	24.0
(a) Orthotic "check-out"	
(b) Prosthetic "check-out"	
(c) Activities of daily living "check-out"	
(d) Biofeedback evaluation	
(e) Physical capacities evaluation	
97701 each additional 15 minutes .....	12.0
97720 Extremity testing for strength, dexterity or stamina, initial 30 minutes ....	24.0
97721 each additional 15 minutes .....	12.0
97799 Unlisted physical medicine service or procedure .....	BR
99030 Mileage, one way, each mile beyond 7 mile radius of point of origin (office or home), per mile .....	2.0
99070 Supplies and materials provided by the therapist over and above those usually included with office visit or other services rendered. List item provided. Bill at cost. ....	BR

**REPEALER**

The following sections of the Washington Administrative Code are repealed:

**WAC 296-23-940 VOCATIONAL SERVICE PROVIDERS.**

- ✓ WAC 296-23-9401 REASONS FOR HOLDING PROVIDER INELIGIBLE FOR REFERRAL.
- ✓ WAC 296-23-9402 TIME LINES.
- ✓ WAC 296-23-9403 SERVICES REQUIRING AUTHORIZATION.
- ✓ WAC 296-23-9409 VOCATIONAL SERVICES.
- ✓ WAC 296-23-9410 RETRAINING SERVICE.

**WSR 86-06-033**

**ADOPTED RULES**

**HIGHER EDUCATION PERSONNEL BOARD**

[Order 144—Filed February 28, 1986—Eff. April 1, 1986]

Be it resolved by the Higher Education Personnel Board, acting at Bellevue Community College, Bellevue, Washington, that it does adopt the annexed rules relating to:

- New WAC 251-10-105 Notice of unsatisfactory work.
- Amd WAC 251-10-110 Demotion, suspension, reduction, separation, dismissal—Cause for.
- New WAC 251-10-111 Removal from supervisory positions.

This action is taken pursuant to Notice Nos. WSR 85-24-069 and 86-04-011 filed with the code reviser on December 4, 1985, and January 24, 1986. These rules shall take effect at a later date, such date being April 1, 1986.

This rule is promulgated under the general rule-making authority of the Higher Education Personnel Board as authorized in RCW 28B.16.100.

The undersigned hereby declares that the agency has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW), and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.

APPROVED AND ADOPTED February 20, 1986.

By John A. Spitz  
Director

**NEW SECTION**

✓ WAC 251-10-105 NOTICE OF UNSATISFACTORY WORK. Each employee whose work is judged unsatisfactory shall be notified in writing of the areas in which the work is considered deficient. Unless the deficiency is extreme, the employee shall be given an opportunity to demonstrate improvement.

**AMENDATORY SECTION** (Amending Order 95, filed 4/26/82, effective 6/1/82)

✓ WAC 251-10-110 DEMOTION, SUSPENSION, REDUCTION, SEPARATION, DISMISSAL—CAUSE FOR. (1) Appointing authorities may demote, suspend, reduce in salary, separate or dismiss an employee under their jurisdiction for just cause. Examples of activities which may result in such action are, but are not limited to: Neglect of duty, inefficiency, incompetence, insubordination, malfeasance, gross misconduct, physical or mental incapacity, willful violation of the published institution or related board or higher education personnel board rules or regulations, mistreatment

or abuse of fellow workers or members of the public, conflict of interest, excessive absenteeism, etc.

(2) Appointing authorities shall dismiss any employee under their jurisdiction whose performance is so inadequate as to be just cause for dismissal as described in subsection (1) of this section.

**NEW SECTION**

✓ **WAC 251-10-111 REMOVAL FROM SUPERVISORY POSITIONS.** Appointing authorities shall remove from supervisory positions those supervisors who, in violation of WAC 251-10-110(2), have tolerated the continued employment of employees under their supervision whose performance has warranted termination from state employment.

**WSR 86-06-034**

**ADOPTED RULES**

**HIGHER EDUCATION PERSONNEL BOARD**

[Order 145—Filed February 28, 1986—Eff. April 1, 1986]

Be it resolved by the Higher Education Personnel Board, acting at Bellevue Community College, Bellevue, Washington, that it does adopt the annexed rules relating to:

- Amd WAC 251-04-020 Definitions ("affirmative action," "goals," "protected groups," "supplemental certification," "timetables").
- Amd WAC 251-18-035 Recruitment notices—Required content.
- Amd WAC 251-18-060 Examination—Eligibility.
- Amd WAC 251-18-240 Certification—Method.
- Rep WAC 251-18-250 Certification—Selective.
- Rep WAC 251-18-390 Corrective employment programs.
- New WAC 251-23-010 Affirmative action—Authority.
- New WAC 251-23-020 Affirmative action plans—Requirements, approval.
- New WAC 251-23-030 Affirmative action plans—Monitoring progress, reporting.
- New WAC 251-23-040 Affirmative action plans—Content.
- New WAC 251-23-050 Affirmative action plans—Goals and timetables.
- New WAC 251-23-060 Affirmative action plans—Supplemental certification.

This action is taken pursuant to Notice No. WSR 86-02-047 filed with the code reviser on December 31, 1985. These rules shall take effect at a later date, such date being April 1, 1986.

This rule is promulgated under the general rule-making authority of the Higher Education Personnel Board as authorized in RCW 28B.16.100.

The undersigned hereby declares that the agency has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW), and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.

APPROVED AND ADOPTED February 21, 1986.

By John A. Spitz  
Director

**AMENDATORY SECTION** (Amending Order 143, filed 1/22/86, effective 3/1/86)

✓ **WAC 251-04-020 DEFINITIONS.** Unless the context clearly indicates otherwise, the words used in these rules shall have the meanings given in this section.

"ADMINISTRATIVE ASSISTANT EXEMPTION" – A president or vice president may have individual(s) acting as his/her administrative assistant(s). The employee normally performs supportive work for his/her superior as an individual contributor without subordinates.

"ADMINISTRATIVE EMPLOYEES" – Personnel whose responsibilities require them to spend at least 80% of their work hours as follows:

(1) Primary duty is office or nonmanual work directly related to the management policies or general business operations; and

(2) Must have the authority to make important decisions, customarily and regularly exercise discretion and independent judgment, as distinguished from using skills and following procedures; and

(3) Must regularly assist an executive or administrative employee, or perform work under, only general supervision along specialized or technical lines requiring special training, experience or knowledge; and

(4) Must be paid at a rate of at least \$672 per month exclusive of board, lodging or other facilities.

For persons whose salaries exceed \$1083 per month, the 80% limitation does not apply if the primary duty consists of responsible office or nonmanual work directly related to management policies or general business operations.

"AFFIRMATIVE ACTION" – A procedure by which racial/ethnic minorities, women, persons of disability, persons in the protected age category, Vietnam-era veterans, and disabled veterans are provided with increased employment opportunities. It shall not mean any sort of quota system.

"AGRICULTURAL EMPLOYEES" – Employees performing work which includes farming and all its branches, including cultivating the soil, or growing or harvesting crops, or raising livestock, bees, fur-bearing animals, or poultry; or doing any practices performed by a farmer or on a farm as an incident to or in conjunction with such farming operations.

"ALLOCATION" – The assignment of an individual position to an appropriate class on the basis of the kind, difficulty, and responsibility of the work of the position.

"ANNUAL PERFORMANCE EVALUATION" – The official annual performance rating of an employee recorded on a form approved by the board.

"APPOINTING AUTHORITY" – A person or group of persons lawfully authorized to make appointments.

"AVAILABILITY" – An estimate of the number of women, minorities, and handicapped persons who have the skills and abilities required for employment in a particular job group as determined from an analysis of relevant data.

"BOARD" – The higher education personnel board established under the provisions of the higher education personnel law.

"CERTIFICATION" – The act of providing an employing official or appointing authority with the names of the appropriate eligibles to be considered for appointment to fill a vacancy.

"CHARGES" – A detailed statement of the specific incidents alleging cause for dismissal or disciplinary action.

"CLASS" – One or more positions sufficiently similar with respect to duties and responsibilities that the same descriptive title may be used with propriety to designate each position allocated to the class; that the same general qualification requirements are needed for performance of the duties of the class; that the same tests of fitness may be used to select employees; and that the same schedule of pay can be applied with equity to all positions in the class under the same or substantially the same employment conditions.

"CLASSIFIED SERVICE" – All positions in the higher education institutions which are subject to the provisions of the higher education personnel law.

"COLLECTIVE BARGAINING" – The performance of the mutual obligation of the appointing authority and the certified exclusive bargaining representative to meet at reasonable times, to confer and bargain in good faith, and to execute a written agreement with respect to those personnel matters over which the appointing authority may lawfully exercise discretion.

"COMPETITIVE SERVICE" – All positions in the classified service for which a competitive examination is required as a condition precedent to appointment.

"CORRECTIVE EMPLOYMENT PROGRAM" – A program designed to increase the employment of handicapped persons and of women and minorities who are underutilized in certain job groups because of present or past practices or other conditions which resulted in limited employment opportunities.

"COUNSELING EXEMPTION" – Individuals in counseling-exempt positions are responsible for directing and/or participating in providing academic, athletic, medical, career, financial aid, student activity and/or personal counseling to students. Such activities include, but are not limited to, providing individual and group guidance services using recognized professional techniques and practices.

"CYCLIC YEAR POSITION" – A position scheduled to work less than twelve full months each year, due to known, recurring periods in the annual cycle when the position is not needed.

"DEMOTION" – The change of an employee from a position in one class to a position in another class which has a lower salary range maximum.

"DEVELOPMENT" – The attainment through work experience and training of proficiency in skills which will enable the employee to perform higher level duties.

"DIRECTOR" – The personnel director of the higher education personnel board.

"DISMISSAL" – The termination of an individual's employment for just cause as specified in these rules.

"ELIGIBLE" – An applicant for a position in the competitive service who has met the minimum qualifications for the class involved, has been admitted to and passed

the examinations, and has met all requirements for eligibility as stated on the bulletin board posting; or an applicant for a position in the noncompetitive service who has met all requirements for eligibility as stated on the bulletin board posting.

"ELIGIBLE LIST" – A list established by the personnel officer, composed of names of persons who have made proper application, met the minimum qualifications, and successfully completed the required examination process to be certified for vacancies in a class at the institution.

"EMPLOYEE" – A person working in the classified service at an institution.

"EMPLOYEE ORGANIZATION" – Any lawful association, labor organization, federation, council, or brotherhood, having as one of its purposes the improvement of working conditions among employees, and which has filed a notice of intent to represent employees with the director, and which has been authorized in accordance with WAC 251-14-020.

"EMPLOYING OFFICIAL" – An administrative or supervisory employee designated by the appointing authority to exercise responsibility for requesting certification, interviewing eligibles, and employing classified employees.

"ESSENTIAL JOB ELEMENTS" – Knowledges, skills, and abilities which persons must possess in order to perform the duties of a class or a specific position in a class.

"EXAMINATIONS" – Any measures or assessments used in the process of identifying names for certification to vacancies in accordance with RCW 28B.16.100(2) and WAC 251-18-240. Examinations include examination content, administration, and evaluation.

"EXECUTIVE EMPLOYEES" – Management personnel whose responsibilities require them to spend at least 80% of their work hours as follows:

- (1) Primary duty must be management of a recognized department or subdivision; and
- (2) Must customarily and regularly direct the work of two or more employees; and
- (3) Must have the authority to hire and fire, or to recommend with authority on these and other actions affecting employees; and
- (4) Must customarily and regularly exercise discretionary powers; and
- (5) Must be paid at a rate of at least \$672 per month exclusive of board, lodging or other facilities.

For persons whose salaries exceed \$1083 per month, the 80% limitation does not apply if he/she regularly directs the work of at least two other employees and the primary duty is management of a recognized department or subdivision.

"EXECUTIVE HEAD EXEMPTION" – Executive heads of major academic or administrative divisions are analogous in the hierarchy to vice presidents, deans and chairmen. Directors may be executive heads as determined by the higher education personnel board. An executive head is in charge of a separate budget unit and directs subordinates.

"EXEMPT POSITION" – A position properly designated as exempt from the application of these rules as provided in WAC 251-04-040. (Also see separate definitions of "administrative assistant exemption," "executive head

exemption," "research exemption," "counseling exemption," "extension and/or continuing education exemption," "graphic arts or publication exemption," and "principal assistant exemption.")

"EXTENSION AND/OR CONTINUING EDUCATION EXEMPTION" – Individuals considered exempt in this category are responsible for originating and developing formal education programs for the general public, usually involving close contact with faculty and staff or training or consulting with specific groups in the community to enable them to provide specialized training and/or services to the community.

"FINAL EXAMINATION SCORE" – An applicant's final passing score on an examination, plus any veterans preference or other applicable credits added in accordance with WAC 251-18-130 and/or 251-18-180 (10)(b).

"FRINGE BENEFITS" – As used in the conduct of salary surveys, the term shall include but not be limited to compensation for leave time, including vacation, civil, and personal leave; employer retirement contributions; health insurance payments, including life, accident, and health insurance, workmen's compensation, and sick leave; and stock options, bonuses, and purchase discounts where appropriate.

"FULL-TIME EMPLOYMENT" – Work consisting of forty hours per week.

"GOALS" (hiring and/or promotion) – The projected number of hires and/or promotions needed to correct identified areas of under-utilization.

"GRAPHIC ARTS OR PUBLICATION EXEMPTION" – Individuals qualifying for exemption under this category will be involved in performing selected graphic arts or publication activities requiring prescribed academic preparation or special training. Positions of this type are those which use special visual techniques, require original design and layout and/or can be distinguished from positions associated with the standard editorial functions.

"GRIEVANCE" – A dispute filed in accordance with a grievance procedure of a signed collective bargaining agreement.

"HANDICAPPED PERSON" – Any person with physical, mental or sensory impairments that would impede that individual in obtaining and maintaining permanent employment and promotional opportunities. The impairments must be material rather than slight, static and permanent in that they are seldom fully corrected by medical replacement, therapy, or surgical means.

"HEARING EXAMINER" – An individual appointed by the board to preside over, conduct and make recommended decisions including findings of fact and conclusions of law in all cases of employee appeals to the board.

"INSTITUTIONAL EXAMINATION" – An examination developed to meet unique requirements of a single institution.

"INSTITUTIONS OF HIGHER EDUCATION" – The University of Washington, Washington State University, Central Washington University, Eastern Washington University, Western Washington University, The Evergreen State College, and the various state community colleges. For purposes of application of these rules, the term shall be considered to include the various related

boards as defined in this section, unless specifically indicated to the contrary.

"JOB ANALYSIS" – Any systematic procedure for gathering, documenting and analyzing information about the job content and requirements for a class or position in a class.

"JOB CATEGORIES" – Those groupings required in equal employment opportunity reports to federal agencies.

"JOB GROUP" – For affirmative action goal-setting purposes, a group of jobs having similar content, wage rates and opportunities. An EEO job category may consist of one or more job groups.

"LATERAL MOVEMENT" – Appointment of an employee to a position in another class which has the same salary range maximum as the employee's current class.

"LAYOFF" – Any of the following management initiated actions caused by lack of funds or lack of work:

- (1) Separation from service to an institution;
- (2) Separation from service within a class;
- (3) Reduction in the work year; and/or
- (4) Reduction in the number of work hours.

"LAYOFF SENIORITY" – The total amount of service an employee earns as a result of unbroken classified employment and statutory allowance.

"LAYOFF UNIT" – A clearly identified structure within an institution, which is approved by the director, and within which employment/layoff options are determined in accordance with the reduction in force procedure.

"LEAD" – An employee who performs the same duties as other employees in his/her work group and in addition regularly assigns, instructs and checks the work of the employees.

"NONCOMPETITIVE SERVICE" – All positions in the classified service for which a competitive examination is not required.

"ORGANIZATIONAL UNIT" – A clearly identified structure, or substructure of persons employed to achieve a common goal or function under the direction of a single official. An organizational unit may consist of either an administrative entity or a geographically separated activity.

"PART-TIME EMPLOYMENT" – Work of twenty or more hours per week but less than full time employment with an understanding of continuing employment for six months or more.

"PERIODIC INCREMENT DATE" – ("P.I.D.") – The date upon which an employee is scheduled to move to a higher salary step within the range for his/her current class.

"PERMANENT EMPLOYEE" – An employee who has successfully completed a probationary period at the institution within the current period of employment or trial service period resulting from promotion, transfer, lateral movement, or voluntary demotion from another institution, related board or state agency.

"PERSONNEL OFFICER" – The principal employee in each institution/related board responsible for administrative and technical personnel activities of the classified service.

"P.I.D." – Commonly used abbreviation for periodic increment date.

"POSITION" – A set of duties and responsibilities normally utilizing the full or part time employment of one employee.

"PRINCIPAL ASSISTANT EXEMPTION" – Individuals qualifying for exemption under this category function as second-in-command in importance levels. The individual may perform many of the functions of his/her superior in the superior's absence, or alternatively may have major administrative or program responsibilities. Reporting relationships will not be below that of the executive head. In some institutions an executive head may have more than one principal assistant as determined by the higher education personnel board.

"PROBATIONARY PERIOD" – The initial six-month period of employment in a class following appointment from an eligible list of a nonpermanent employee. However, upon prior approval by the board, the probationary period for selected classes may be established for a period in excess of six months but not to exceed twelve months.

"PROBATIONARY REAPPOINTMENT" – Appointment of a probationary employee from an eligible list to a position in a different class.

"PROFESSIONAL EMPLOYEES" – Personnel whose responsibilities require them to spend at least 80% of their work hours as follows:

(1) Primary duty must involve work that requires knowledge of an advanced type in a field of science or learning, customarily obtained by a prolonged course of specialized instruction and study or work that is original and creative in character in a recognized field of artistic endeavor and the result of which depends primarily on invention, imagination, or talent; and

(2) Must consistently exercise discretion and judgment; and

(3) Must do work that is predominantly intellectual and varied, as distinguished from routine or mechanical duties; and

(4) Must be paid at a rate of at least \$737 per month exclusive of board, lodging or other facilities.

For persons whose salaries exceed \$1083 per month, the 80% limitation does not apply if the primary duty consists of work requiring knowledge of an advanced type in a field of science or learning which requires consistent exercise of discretion and judgment.

"PROMOTION" – The appointment as a result of recruitment, examination and certification, of a permanent employee to a position in another class having a higher salary range maximum.

"PROTECTED GROUPS" – For affirmative action purposes means racial/ethnic minorities (Black, Asian/Pacific Islander, Hispanic, Native American Indian), women, persons in the protected age class, persons of disability, Vietnam-era and disabled veterans.

"PROVISIONAL APPOINTMENT" – Appointment made prior to establishment of an eligible list, per the provisions of WAC 251-18-300. A person so appointed is required to apply through the competitive process to be considered for the position on a permanent basis.

"PUBLIC RECORDS" – Any writing containing information relating to conduct of government or the performance of any governmental or proprietary function

prepared, owned, used or retained by any state or local agency regardless of physical form or characteristics.

"RATING FACTOR" – An element, duty, responsibility, skill, ability, or other specific aspect of performance which is rated as part of the annual performance evaluation.

"RATING GUIDE" – A written document which outlines the way in which ratings are assigned to applicants' experience, training, or other qualifications on each job element in an examination. It specifies the range of ratings to be given for each job element and gives examples of the experience, training, or other qualifications that will be used to assign ratings.

"REALLOCATION" – The assignment of a position by the personnel officer to a different class.

"REASSIGNMENT" – A management initiated movement of a classified employee from one position to another in the same class.

"RELATED BOARDS" – The state board for community college education, the council for postsecondary education, the higher education personnel board, and such other boards, councils and commissions related to higher education as may be established. For purposes of application of these rules, the term "institution" shall be considered to include these related boards, unless specifically indicated to the contrary.

"RESEARCH EXEMPTION" – Individuals in research-exempt positions spend the majority of their time in one or more of the following activities: Identification and definition of research problems, design of approaches or hypotheses and methodology to be used, design of specific phases of research projects, analysis of results, development of conclusion and hypothesis, presentation of research results in publishable form.

"RESIGNATION" – A voluntary termination of employment.

"REVERSION" – The return of a permanent employee from trial service to the most recent class in which permanent status was achieved at the institution.

"SPECIFIC POSITION ELEMENTS" – Knowledges, skills, and abilities which a job analysis indicates to be significant for performing the duties of a specific position in a class but which are not significant for the class in general.

"SPECIFIC POSITION REQUIREMENTS" – Specific position elements which are essential job elements.

"SUPERVISOR" – Any individual having authority, in the interest of the employer, to hire, transfer, suspend, layoff, recall, promote, discharge, assign, reward or discipline other employees, or responsibility to direct them or adjust their grievances, or effectively to recommend such action if in connection with the foregoing the exercise of such authority is not of a merely routine or clerical nature, but requires the use of independent judgment.

"SUPPLEMENTAL CERTIFICATION" – A process by which eligible members of protected groups can be referred to employing officials for the filling of position vacancies in job classes/categories where it has been determined that under-utilization exists.

"SUSPENSION" – An enforced absence without pay for disciplinary purposes.



"SYSTEM EXAMINATION" – An examination developed to meet the requirements of all institutions in the HEPB system and approved by the director for use by all such institutions.

"TEMPORARY APPOINTMENT" –

(1) Work performed in the absence of an employee on leave for:

(a) Less than ninety consecutive calendar days (WAC 251-18-350(4));

(b) Ninety or more consecutive calendar days (WAC 251-18-350(2)); or

(2) Formal assignment of the duties and responsibilities of a higher level class for a period of less than ninety consecutive calendar days; or

(3) Performance of extra work required at a work load peak, a special project, or a cyclic work load which does not exceed one hundred seventy-nine consecutive calendar days.

"TIMETABLES" – Established time periods during which identified areas of under-utilization will be corrected.

"TRAINING" – Formal and systematic learning activities intended to provide employees with the knowledge and skills necessary to become proficient or qualified in a particular field.

"TRANSFER" – An employee initiated change from one classified position to another in the same class without a break in service.

"TRIAL SERVICE" – The initial period of employment following promotion, transfer, demotion, or lateral movement into a class in which the employee has not held permanent status at the institution or related board, beginning with the effective date of the change and continuing for six months, unless interrupted as provided in these rules or extended as provided in WAC 251-18-330(6).

"UNDERUTILIZATION" – Having fewer minorities, women, or handicapped persons in a particular job group than would reasonably be expected by their availability.

"UNION SHOP" – A union membership provision which, as a condition of employment, requires all employees within a bargaining unit to become members of an employee organization.

"UNION SHOP REPRESENTATIVE" – An employee organization which is the exclusive representative of a bargaining unit that has been certified by the director as the union shop representative following an election wherein a majority of employees in the bargaining unit voted in favor of requiring membership in the employee organization as a condition of employment.

"UNION SHOP REPRESENTATION FEE" – Employees who are granted a nonassociation right based on religious tenets or teachings of a church or religious body of which they are members, must pay a representation fee to the union shop representative. Such fee is equivalent to the regular dues of the employee organization minus any monthly premiums for union sponsored insurance programs.

"WRITING" – Handwriting, typewriting, printing, photostating, photographing and every other means of recording any form of communication or representation including letters, words, pictures, sounds; or symbols or

combination thereof and all papers, maps, magnetic or paper tapes, photographic films and prints, magnetic or punched cards, discs, drums and other documents.

AMENDATORY SECTION (Amending Order 139, filed 10/10/85)

✓ WAC 251-18-035 RECRUITMENT NOTICES—REQUIRED CONTENT. Official institutional recruitment notices (not to include media or other supplemental publicity) shall contain the following information:

(1) For promotional examinations, a statement that the examination is open only to organizational unit and/or institution-wide promotional applicants.

(2) The title of the HEPB classification for which the list is open.

(3) The salary range for the class.

(4) Any conditions of employment for the class or position(s).

(5) The closing date of the recruitment notice, i.e., the specific date and time by which applications must be received by the personnel officer.

(6) When the recruitment notice is to be widely distributed, a statement of the specific locations at which corrected or extended recruitment notices will be displayed.

(7) A brief description of the duties of the class and, if applicable, the duties of the specific position(s).

(8) The minimum qualifications of the classification, if any.

(9) When applicable, a statement regarding the use of a combined list per WAC 251-18-180(10).

(10) When applicable, a statement that supplemental certification ((for corrective employment per WAC 251-18-250)) may be utilized in accordance with an approved affirmative action program, as provided in WAC 251-23-060.

(11) When applicable, a statement that certification for specific position requirements per WAC 251-18-255 may be utilized.

(12) When applicable per WAC 251-18-060(3), the minimum number of most highly qualified applicants who will be admitted to each phase of the examination other than the screening or other initial phase, provided that at least this number of applicants pass the initial phase(s) of the examination.

(13) For classes in the approved noncompetitive service of the institution:

(a) That applicants will be placed on the list(s) in the order in which they complete making proper application for the class.

(b) The number of applicants who will be placed on the eligible list(s).

AMENDATORY SECTION (Amending Order 117, filed 6/1/84)

✓ WAC 251-18-060 EXAMINATION—ELIGIBILITY. (1) Open-competitive examinations shall be open to all persons who apply according to the provisions of these rules and meet the minimum qualifications for the class.

(2) Promotional examinations shall be limited to those current permanent employees of the classified service at the institution who apply according to the provisions of these rules and meet the minimum qualifications for the class. The personnel officer may open promotional examinations on either an organizational unit or institution-wide basis, whichever the personnel officer determines to be in the interest of the service.

(3) When the number of qualified applicants for a class in the competitive service is expected to result in an eligible list in excess of the institution's current needs, the personnel officer may limit the applications to be admitted to the intermediate and/or final phase(s) of the examination to those most qualified, based on an assessment of qualifications in the initial and/or intermediate phase(s) of the examination. Such limitation must be specified in the recruitment notice. If no such limitation is specified, all applicants who pass the entire examination shall be placed on the eligible list for the class.

(4) The personnel officer may add members of underutilized groups to ~~((promotional and open-competitive))~~ all eligible lists, except layoff lists, at anytime in accordance with the institution's ~~((corrective employment))~~ affirmative action program as provided in WAC ~~((251-18-390 (2)(c)))~~ 251-23-040 (7)(b), provided such persons pass the examination for the class.

(5) The personnel officer may add employees who complete institution-approved training programs to the appropriate eligible list at any time, provided such employees meet the minimum qualifications and pass the examination for the class.

AMENDATORY SECTION (Amending Order 134, filed 7/31/85, effective 9/1/85)

✓ WAC 251-18-240 CERTIFICATION—METHOD. (1) Upon receipt of a personnel request, the personnel officer shall provide the following number of names to the employing official in writing:

(a) When there are names on the institution-wide layoff list for the class, a single name for each vacancy to be filled by the certification.

(b) When there are no names on the institution-wide layoff list for the class, four more names than there are vacancies to be filled by the certification and, as provided in WAC 251-23-060, up to three additional names of eligibles who meet the applicable affirmative action criteria.

(2) Names shall be certified in strict order of standing on the eligible list(s).

(3) When it is necessary to use more than one eligible list to complete a certification, each eligible list must be exhausted before progressing to the next eligible list. Eligible lists shall be used for filling classified vacancies in the strict order of priority listed below:

(a) Unless the personnel officer has established a combined eligible list in accordance with WAC 251-18-180(10):

- (i) Institution-wide layoff list;
- (ii) Organizational unit promotional list;
- (iii) Institution-wide promotional list;
- (iv) Special employment program layoff list;
- (v) State-wide layoff list;

- (vi) Interinstitutional employee list;
  - (vii) Intersystem employee list;
  - (viii) Open competitive or noncompetitive list.
- (b) When the personnel officer has established a combined eligible list:
- (i) Institution-wide layoff list;
  - (ii) Combined eligible list.

REPEALER

The following sections of the Washington Administrative Code are repealed:

- ✓ WAC 251-18-250 CERTIFICATION—SELECTIVE.
- ✓ WAC 251-18-390 CORRECTIVE EMPLOYMENT PROGRAMS.

Chapter 251-23 WAC  
AFFIRMATIVE ACTION

WAC	
251-23-010	Affirmative action—Authority.
251-23-020	Affirmative action plans—Requirements—Approval.
251-23-030	Affirmative action plans—Monitoring progress—Reporting.
251-23-040	Affirmative action plans—Content.
251-23-050	Affirmative action—Goals and timetables.
251-23-060	Affirmative action—Supplemental certification.

NEW SECTION

✓ WAC 251-23-010 AFFIRMATIVE ACTION—AUTHORITY. The rules contained in this chapter follow from the authority of the higher education personnel law, RCW 28B.16.100, which provides in part, ". . . The higher education personnel board shall adopt rules, consistent with the purposes and provisions of this chapter . . . regarding the basis and procedures to be followed for . . ."; RCW 28B.16.100(22), which provides in part, ". . . Affirmative action in appointment, promotion, transfer, recruitment, training, and career development; development and implementation of affirmative action goals and timetables; and monitoring of progress against those goals and timetables . . ."

NEW SECTION

✓ WAC 251-23-020 AFFIRMATIVE ACTION PLANS—REQUIREMENTS—APPROVAL. (1) Each higher education institution/related board shall be required to develop and implement both an equal employment opportunity/affirmative action policy statement and an affirmative action plan.

(2) Equal employment opportunity/affirmative action policy statements and affirmative action plans shall comply with applicable state and federal laws, regulations, and guidelines, and shall require the approval of the director of the higher education personnel board and the executive secretary of the human rights commission or their designees.

NEW SECTION

✓ WAC 251-23-030 AFFIRMATIVE ACTION PLANS—MONITORING PROGRESS—REPORTING. Each higher education institution/related board shall monitor progress under its affirmative action plan/program and shall submit a report to the director of the higher education personnel board, at least annually, reflecting progress against goals and timetables and containing such other information as required by the director.

NEW SECTION

✓ WAC 251-23-040 AFFIRMATIVE ACTION PLANS—CONTENT. Each higher education institution/related board shall apply affirmative action plans/programs to increase the representation of protected group members in their workforce when it is determined that a particular group is under-utilized. Affirmative action plans/programs shall address recruitment, appointment, promotion, transfer, training and career development, and shall include but not be limited to the following:

(1) An equal employment opportunity/affirmative action policy statement.

(2) An identification of the individual responsible for implementing the affirmative action plan/program and the specific responsibilities of that individual.

(3) Provisions for internal and external communication of the affirmative action plan/program.

(4) A workforce profile by race/ethnic origin, sex, age, disability, Vietnam-era and disabled veteran status and job class/category and provisions for ascertaining the same.

(5) The development and implementation of utilization analyses, goals, and timetables based on availability.

(6) An identification of the causes of under-utilization and/or problem areas related to under-utilization.

(7) The development and implementation of specific programs for correcting the identified causes of under-utilization and/or problem areas, in order to achieve goals, such as:

(a) Provision for supplemental certification of under-utilized groups from all eligible lists, except institution-wide layoff lists, in accordance with WAC 251-23-060;

(b) Provision that, when goals exist for a class and when it is determined by the personnel officer that an eligible list does not contain sufficient numbers of members of under-utilized protected groups, applicants who are members of such groups and who meet the minimum qualifications for the class may be admitted to the examination at any time. Those who pass the examination for the class shall be placed on the appropriate eligible list;

(c) Provision for members of protected groups to enter the employment process, but not to exclude others from it;

(d) Provision for special employee training and development programs and selective appointment of employees who are members of protected groups into the programs, in accordance with WAC 251-24-030(8).

(8) A system for monitoring and evaluating progress under the affirmative action plan/program including reports to the president/chief executive officer of the institution/related board.

(9) Supportive programs, internally and externally, which will enhance the achievement of affirmative action goals.

NEW SECTION

✓ WAC 251-23-050 AFFIRMATIVE ACTION—GOALS AND TIMETABLES. Each higher education institution/related board shall develop and implement goals and timetables for hiring and/or promoting members of protected groups into job classes/categories where it has been determined that under-utilization exists.

(1) Goals shall be established based on the relevant availability statistics and in direct relationship to the institution's/related board's workforce profile and utilization analysis.

(2) Timetables shall be developed on both a short-range (one year) and/or a long-range (three to five years) bases, whichever is determined to be appropriate for correcting identified areas of under-utilization.

NEW SECTION

✓ WAC 251-23-060 AFFIRMATIVE ACTION—SUPPLEMENTAL CERTIFICATION. When an institution/related board is utilizing an approved affirmative action program in accordance with WAC 251-23-020 and 251-23-040 (7)(a), and when the initial certification process does not provide the names of at least three eligibles who are members of the specific under-utilized protected group(s), the personnel officer shall certify from the eligible list up to three additional eligibles who meet the applicable affirmative action criteria. Such additional certification shall be made in strict order of standing on the eligible list. Certification of additional eligibles shall not result in more than a total of three eligibles from the specific under-utilized protected group(s).

**WSR 86-06-035****NOTICE OF PUBLIC MEETINGS  
URBAN ARTERIAL BOARD**

[Memorandum—March 3, 1986]

NOTICE  
SPECIAL MEETING  
URBAN ARTERIAL BOARD  
TRANSPORTATION BUILDING  
OLYMPIA, WASHINGTON 98504  
Transportation Board Room

Beginning at 9:30 a.m., Friday, March 14, 1986

WSR 86-06-036
RULES OF COURT
STATE SUPREME COURT
[February 26, 1986]

In the Matter of the Adoption
of the Amendment to GR 8.2

NO. 25700-A-377
ORDER

The District and Municipal Court Judges' Association
having recommended the adoption of the amendment to
GR 8.2, and the Court having considered the Proposed
amendment thereto and having determined that the pro-
posed amendment will aid in the prompt and orderly ad-
ministration of justice;

Now, therefore, it is hereby

ORDERED:

(a) That the Amendment as attached hereto is
adopted.

(b) That pursuant to GR 9(i) the Amendment will be
expeditiously published in the Washington Reports Ad-
vance Sheets and shall become effective on the date of
publication.

DATED at Olympia, Washington, this 26th day of
February, 1986.

Table with 2 columns: Name, Signature. Includes James M. Dolliver, Robert F. Utter, Robert F. Brachtenbach, Keith M. Callow, Fred H. Dore, Vernon R. Pearson, James A. Andersen, Wm. C. Goodloe, B. Durham.

Rule 8.2

MANDATORY QUALIFYING EXAMINATION

Every lay candidate for a judicial officer position
shall, before initial appointment or election, pass the
qualifying examination prepared in accordance with this
rule. Reexamination will not be required unless a break
in judicial service for one year or greater should occur.

WSR 86-06-037
PROPOSED RULES
DEPARTMENT OF EMERGENCY MANAGEMENT
[Filed March 3, 1986]

Notice is hereby given in accordance with the provi-
sions of RCW 34.04.025, that the Washington State
Department of Emergency Management intends to
adopt, amend, or repeal rules concerning:

- Rep ch. 118-06 WAC Local emergency services organizations.
Rep ch. 118-07 WAC Local emergency services plans.
Rep ch. 118-08 WAC Local emergency services programs.
New ch. 118-30 WAC Local emergency management/services
organizations, plans and programs;

that the agency will at 1:30 p.m., Monday, April 14,
1986, in the Washington State Emergency Management,
4220 East Martin Way, Olympia, conduct a public
hearing on the proposed rules.

The formal decision regarding adoption, amendment,
or repeal of the rules will take place on April 18, 1986.

The authority under which these rules are proposed is
chapter 38.52 RCW.

The specific statute these rules are intended to imple-
ment is RCW 38.52.070.

Interested persons may submit data, views, or argu-
ments to this agency in writing to be received by this
agency before April 10, 1986.

Dated: February 26, 1986

By: Hugh H. Fowler
Director

STATEMENT OF PURPOSE

Chapter 118-30 WAC, Local emergency manage-
ment/services organizations, plans and programs.

Purpose: To establish criteria for evaluating local
emergency management services organizations, plans
and programs to ensure consistency with the state com-
prehensive emergency management plan and program.

Statutory Authority: Chapter 38.52 RCW and specif-
ically RCW 38.52.070, Local organizations author-
ized—Joint establishment, operation—Emergency
powers, procedures.

Summary/Supporting Reasoning: Establishes criteria
for evaluating local emergency management/services or-
ganizations, plans and programs; and also replaces the
following which will be repealed: Chapter 118-06 WAC,
Local emergency services organizations, chapter 118-07
WAC, Local emergency services plans, and chapter
118-08 WAC, Local emergency services programs. The
three WAC chapters were repetitious and wordy and
have been refined and rewritten into one, concise WAC.

Person Responsible for Drafting, Implementation and
Enforcement: Lora E. Murphy, Department of Emer-
gency Management, 4220 East Martin Way, Olympia,
WA 98504, 753-5255.

Organization Proposing Rule: Washington State De-
partment of Emergency Management.

Other Comments: None.

Result of Federal Law or Court Decision: No.

Small Business Impact: None.

Chapter 118-30 WAC
LOCAL EMERGENCY MANAGEMENT/SERVICES ORGANI-
ZATIONS, PLANS AND PROGRAMS

- WAC
118-30-010 Authority.
118-30-020 Purpose.
118-30-030 Definitions.
118-30-040 Responsibilities of political subdivisions.
118-30-050 Emergency management ordinance/resolution.
118-30-060 Emergency plan.
118-30-070 Program papers.
118-30-080 Review periods and procedures for organizations,
plans and program papers.

NEW SECTION

WAC 118-30-010 AUTHORITY. This chapter is promulgated
pursuant to the authority granted in RCW 38.52.070.

NEW SECTION

WAC 118-30-020 PURPOSE. The purpose of this chapter is to
establish criteria for evaluating local emergency management/services

organizations, plans and programs to ensure consistency with the state comprehensive emergency management plan and program.

#### NEW SECTION

WAC 118-30-030 DEFINITIONS. As used in this chapter:

- (1) Emergency management will hereinafter refer to both emergency management and emergency services organizations.
- (2) Director means the director of the Washington state department of emergency management, local directors will be so designated.
- (3) Council means the Washington state emergency management council as established by RCW 38.52.040.
- (4) Political subdivision means a county or incorporated city or town.
- (5) Executive head(s) means:
  - (a) In the case of an incorporated city or town, the mayor.
  - (b) In the case of a county, either the county executive or the chairperson of the board of county commissioners.
- (6) Emergency management organizations means the local government organization established by either a political subdivision or two or more political subdivisions for the purpose of carrying out local emergency management functions as described in RCW 38.52.010.
- (7) Ordinance means a law established by the legislative body of a city, town or county.
- (8) Resolution means an expression of policy established by legislative body of a city, town or county.
- (9) Comprehensive emergency management plan, hereinafter referred to as the plan, means a written basic plan with elements which address all natural and man-made emergencies and disasters to which a political subdivision is vulnerable. The comprehensive emergency management plan specifies the purpose, organization, responsibilities and facilities of agencies and officials of the political subdivision in the mitigation of, preparation for, response to, and recovery from emergencies and disasters.
- (10) Hazard analysis means a written assessment and listing of the natural and man-made emergencies and disasters to which a political subdivision is vulnerable.
- (11) Program paper means a statement of emergency management program objectives for a period of twelve consecutive months beginning January 1 and ending December 31 of the calendar year. The program paper shall represent the local program for the purposes of RCW 38.52.070 and shall be used as a program management tool by both state and local government.

#### NEW SECTION

WAC 118-30-040 RESPONSIBILITIES OF POLITICAL SUBDIVISIONS. (1) Each political subdivision must establish an emergency management organization by ordinance or resolution passed by the legislative body of the political subdivision. Two or more political subdivisions may join in the establishment of an emergency management organization.

- (2) Each political subdivision shall develop, promulgate and submit a comprehensive emergency management plan.
- (3) Each political subdivision shall submit an emergency management program paper annually to the director not less than sixty days prior to the beginning of the calendar year.
- (4) Political subdivisions that have joined together to form a joint emergency management organization may submit a single plan and program paper.

#### NEW SECTION

WAC 118-30-050 EMERGENCY MANAGEMENT ORDINANCE/RESOLUTION. Each political subdivision must establish an emergency management organization by ordinance or resolution passed by the legislative body of the political subdivision. Two or more political subdivisions may join in the establishment of an emergency management organization.

- (1) Each political subdivision must establish said organization by ordinance or resolution.
- (2) Each political subdivision shall specify in the ordinance or resolution establishing the organization, how the costs of supporting the organization shall be equitably shared between the constituent political subdivision.
- (3) If two or more political subdivisions cannot agree on the equitable sharing of costs to support the emergency management organization established by the constituent political subdivisions, the director

shall refer the matter to the council. The council shall consider the matter at either a regular or special meeting. The council may request additional information from the constituent political subdivisions, the director, or other interested party(s). The council shall arbitrate the matter, and its decision shall be final.

(4) When two or more political subdivisions submit ordinances or resolutions establishing a single emergency management organization which meets the criteria set forth, the director shall inform the executive heads of the constituent political subdivisions that the emergency management organization is acceptable and authorized. Nothing in this code shall prevent one or more political subdivisions from contracting with another subdivision for emergency management activities under the provisions of chapter 39.34 RCW, the Interlocal cooperation act.

(5) Each political subdivision must specify in the ordinance or resolution establishing the emergency management organization, that the agency shall be headed by a director of emergency management who shall be appointed by and directly responsible to the executive head of the political subdivision.

(6) In the case of an emergency management organization established by two or more political subdivisions, such political subdivisions shall specify in the ordinance or resolution establishing the organization, that the local government agency shall be headed by a local director of emergency management who shall be appointed by the joint action of the executive heads of the constituent political subdivisions. The political subdivisions shall specify by ordinance or resolution that the emergency management director shall be directly responsible to the executive authority of the constituent political subdivisions.

(7) Each political subdivision shall specify by ordinance or resolution that the local director of emergency management shall be directly responsible for the organization, administration, and operation of the emergency management organizations.

(8) Each political subdivision shall submit a copy of the ordinance or resolution establishing its emergency management organization to the director for evaluation and approval of the organizational plan or structure.

#### NEW SECTION

WAC 118-30-060 EMERGENCY PLAN. (1) Each political subdivision shall maintain a current plan of operations which shall be based on a hazard analysis and as a minimum, include a basic document with the following elements:

- (a) Mission or purpose – Each plan shall contain a section which provides an explanation of why the plan is established, the citation of authorizing or enabling federal, state, and local statute, and an explanation of the situations and assumptions from which the plan is based.
- (b) Organization and responsibilities – The plan shall contain a section which defines the emergency responsibilities for each agency involved in the plan and provide a brief explanation of the chain of command and organizational relationship among such agencies.
- (c) Concept of operations – Each plan shall contain a section which provides a general explanation of how the plan is to be implemented and how the general functions are to be performed.
- (d) Administration and logistics – Each plan shall contain a section which outlines the measures for the administration and the utilization of resources in response and recovery actions and which defines how such actions will be financed.
- (e) Direction and control – Each plan shall contain a section which describes the location of emergency operating centers, and the mechanisms for maintaining continuity of civil government within the political subdivision.

(2) The plan shall also include a functional description of how each of the following operational components will be addressed. It is recommended these components be in annex form in the order listed herein:

- (a) Direction, control and coordination
- (b) Continuity of government
- (c) Emergency resource management
- (d) Warning
- (e) Emergency public information
- (f) Response and recovery operation reports
- (g) Movement (evacuation)
- (h) Shelter
- (i) Human resources
- (j) Mass care and individual assistance
- (k) Medical, health and mortuary
- (l) Communication
- (m) Food

- (n) Transportation
  - (o) Radiological and technological protection
  - (p) Law enforcement
  - (q) Fire protection
  - (r) Emergency engineering services
  - (s) Search and rescue
  - (t) Military support
  - (u) Religious and volunteer agency affairs
  - (v) Emergency administrative procedures
  - (w) Emergency fiscal procedures and records
  - (x) Training and education
  - (y) Energy and utilities
  - (z) Special subjects (political subdivisions may develop special contingency procedures for specific hazards or events).
- (3) It is recommended the annexes be written using the following format:

- (a) Purpose
- (b) Operational concepts
- (c) Responsibilities
  - (i) Local agencies
  - (ii) Volunteer or private agencies or organizations
- (d) Agency functions by time phase
  - (i) Mitigation and preparedness
  - (ii) Response
  - (iii) Recovery
- (e) Appendices
  - (i) Organization chart
  - (ii) Standard operation procedures as necessary
  - (iii) Attachments.

(4) The plan may vary from the annex format, such as using chapters or sections, provided that each of the operational components listed in subsection (2) of this section is addressed. In such case, the plan must include a cross-reference index which specifies exactly where the operational component are located in the plan.

(5) The plan shall address or include the following items:

(a) Local ordinances or resolutions establishing the emergency management organization, mutual aid agreements, memoranda of understanding, and other documents important to the adoption or implementation of the plan shall be referenced in the plan or included in the plan's appendices.

(b) The month and year of the most recent revision shall be identified on each page of the plan and its associated procedures and checklists.

(c) Each page shall be numbered.

(6) The plan shall be promulgated by letter signed by the current executive heads of the political subdivisions to which the plan applies.

(7) The plan shall be reviewed and updated at least once every two calendar years.

(8) No less than once each calendar year, the operational capabilities shall be tested by an emergency operations exercise or by an actual local emergency declaration.

(9) Revised or updated portions of the plan shall be submitted to the director within ninety calendar days of local promulgation of such update or revised portions of the plan or annexes.

#### NEW SECTION

WAC 118-30-070 PROGRAM PAPERS. (1) Each political subdivision shall be responsible for the preparation and submission of a program paper, not less than sixty days prior to the start of the calendar year, which defines the emergency management program objectives of the political subdivision. January 1 through December 31 or for a lesser period at the discretion of the director. Each program paper shall be submitted by November 1, unless specified by the director, and shall address the following activities.

- (a) Comprehensive emergency plan development or updating
- (b) Training and education
- (c) Communications, warning and notification systems development maintenance
- (d) Radiological and hazardous materials incident response capabilities or maintenance
- (e) Tests, drills and exercises to assist emergency plan, personnel training and system effectiveness
- (f) Public information
- (g) Hazard analysis and assessment
- (h) General program administration

(i) Response to emergencies and disasters.

(2) Each program paper shall have objectives consistent with federal and state emergency management program requirements as published by the director on or before September 1 of each year. The program paper may include, in addition to the objectives listed under subsection (1) of this section, specific local program objectives relating to local program needs.

(3) The program paper shall be submitted in accordance with format and instructions specified and published by the director.

(4) The political subdivision(s) shall submit a statement of progress on each objective of the categories listed in subsection (1) of this section in two reports, a mid-year report to cover the time period of January 1 through June 30 to be submitted to the director by July 15 of each year, and a year-end report to cover the time period of July 1 through December 31 to be submitted by January 15 of the following year.

The director may, at his discretion, determine that an alternative activity may substitute for the mid-year report. In such case, the director will provide written notification to the political subdivision by May 15 of each year specifying the acceptable alternate activity.

#### NEW SECTION

WAC 118-30-080 REVIEW PERIODS AND PROCEDURES FOR ORGANIZATIONS, PLANS AND PROGRAM PAPERS. (1) The director or his designee shall review and evaluate documents submitted by a local organization as follows:

- Ordinances/resolutions - thirty work days
- Program papers - thirty work days
- Program paper progress and final reports - thirty work days
- Plans and updates or changes - forty-five work days.

(2) The director or his designee(s) shall review and evaluate documents for consistency with criteria established in this chapter and per state and federal guidance for local plans, annexes, revisions; ordinances or resolutions creating organizations; and local program papers.

(3) If the director determines that any document is in nonconformance, he shall notify the local director of the organization submitting the document. The director shall state in writing the reasons for determining that the document does not conform.

(4) The local organization and the political subdivision(s) it represents shall have twenty work days following the date of issuance of the director's notice of nonconformance to:

(a) Change the document to meet state criteria and resubmit it to the state for reconsideration prior to the expiration of the twenty work-day period; or

(b) Schedule a meeting with the director to be held within the twenty work-day period to resolve differences between the organization and the director.

(5) If the director's determinations regarding the document are still adverse to the organization or the political subdivision(s) it represents, the director of the local organization may file a written appeal with the chairperson of the state emergency management council within fifteen work days following the expiration of the twenty work-day period following the issuance of the director's notice of nonconformance. Such an appeal shall state in writing the organizations reasons for appealing the director's determination and shall have appended to the appeal statement a copy of each of the following:

- The proposed document.
- The director's notice of nonconformance.
- Any other letters, documents, meetings minutes, etc., that may impinge upon the matter being appealed.

(6) The emergency management council shall have thirty work days from the receipt of the local director's appeal to schedule a hearing and issue notices to all parties.

(a) The council may sustain the director's determination, overturn the director's determination, or amend the director's determination. The council shall issue a written decision statement within ten work days following the adjournment of the hearing.

(b) In hearing the appeal, the council may consider any information supplied by the director, the organization or the political subdivisions it represents, or any other party it wishes to allow to make a presentation.

(7) The local agency shall not be held in nonconformance until the appeal process is complete.

**WSR 86-06-038**  
**EMERGENCY RULES**  
**DEPARTMENT OF AGRICULTURE**  
 [Order 1880—Filed March 3, 1986]

I, C. Alan Pettibone, director of the Department of Agriculture, do promulgate and adopt at Olympia, Washington, the annexed rules relating to horticulture inspection fees, chapter 16-400 WAC.

I, C. Alan Pettibone, find that an emergency exists and that this order is necessary for the preservation of the public health, safety, or general welfare and that observance of the requirements of notice and opportunity to present views on the proposed action would be contrary to public interest. A statement of the facts constituting the emergency is an immediate fee increase in district three is necessary on fresh products in order to maintain inspection service for the remainder of the 1985 crop. District three continues to incur substantial operating losses and has nearly exhausted its fund balance.

These rules are therefore adopted as emergency rules to take effect upon filing with the code reviser.

This rule is promulgated pursuant to chapter 15.17 RCW and is intended to administratively implement that statute.

The undersigned hereby declares that the agency has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW) and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.

APPROVED AND ADOPTED March 3, 1986.

By C. Alan Pettibone  
 Director

AMENDATORY SECTION (Amending Order 1845, filed 12/31/84, effective 2/1/85)

**WAC 16-400-010 GRADE AND CONDITION CERTIFICATES—FRUITS.** Charges for grade and condition certificates for all fruits shall be:

(1) The minimum charge for all fruits shall be:

District one ((and three))	.....	\$6.00
District two	.....	\$7.00
District three	.....	\$8.00
District four	.....	\$8.00

(2) For all fresh market fruits of apples, pears, and soft fruit in containers—wrapped, place pack, face and fill, in bags, master containers, consumer packages, or loose in bulk cartons, boxes, crates, bins, or in bags, per cwt. or fraction thereof:

	Districts			
	1 ((and-3))	2	3	4
Apples	8.75¢	10¢	11¢	11¢
Apricots	9.75¢	11¢	12¢	12¢
Cherries, nectarines and peaches	15¢	17.25¢	18.75¢	18.75¢
Pears	7.75¢	9.0¢	9.75¢	9.75¢
Plums, prunes, other soft fruits, grapes, and berries	11.66¢	13.4¢	14.60¢	14.60¢

(3) For all apples, pears, stone fruits, berries, and grapes in bulk or in containers for processing, or for quality and/or size determination, charges shall be two dollars per ton net weight or fraction thereof.

AMENDATORY SECTION (Amending Order 1845, filed 12/31/84, effective 2/1/85)

**WAC 16-400-040 GRADE AND CONDITION CERTIFICATES—VEGETABLES.** Charges for grade and condition certificates for all vegetables shall be:

(1) The minimum charge for all vegetables shall be:

District((s)) one ((and three))	.....	\$6.00
District two	.....	\$7.00
District three	.....	\$8.00
District four	.....	\$8.00

(2) Charges for grade and condition certificates for fresh market vegetables in containers—wrapped, place pack, face and fill, in bags, master containers, consumer packages, or loose in bulk cartons, boxes, crates, bins or in bags per cwt. or fraction thereof:

	Districts			
	1 ((and-3))	2	3	4
Asparagus	11.66¢	13.4¢	14.6¢	14.6¢
Cantaloupes, and Corn	10¢	11.5¢	12¢	12¢
Onions	5¢	5.75¢	6¢	6¢
Potatoes, and Seed Potatoes	4¢	4.6¢	5¢	5¢
Processing Potatoes	4¢	4.6¢	4¢	5¢
Complete inspection (rate shall be reduced for level of service required)				
Tomatoes	12.5¢	14.4¢	15¢	15¢

(3) Inspection fees for cabbage, carrots, cauliflower, celery, cucumbers, lettuce, rhubarb, rutabagas, squash, watermelons, etc., shall be at the hourly rate as follows:

District((s)) one ((and three))	.....	\$12.00
District two	.....	\$14.00
District three	.....	\$18.00
District four	.....	\$16.00

AMENDATORY SECTION (Amending Order 1845, filed 12/31/84, effective 2/1/85)

**WAC 16-400-050 GRADE AND CONDITION CERTIFICATES—DEFENSE SUBSISTENCE SUPPLY CENTER OR OTHER FEDERAL AGENCIES.** Inspection fees are as follows:

(1) For Canadian export inspections only where specific charges are not established by WAC 16-400-010 and 16-400-040.

1 - 50 packages	.....	\$ 8.00
51 - 150 packages	.....	\$12.00
151 - 400 packages	.....	\$24.00
401 - customary car lot	.....	\$45.00

(2) Terminal wholesale market inspections (domestic) in Tacoma, Seattle, Spokane, or other major locations per hour..... ((+\$12.00))  
 \$18.00

((3) State institution inspections... per hour... \$12.00  
 Minimum fee..... \$ 6.00))

AMENDATORY SECTION (Amending Order 1845, filed 12/31/84, effective 2/1/85)

WAC 16-400-100 CERTIFICATES. Certificate charges shall be in accordance with the following provisions:

(1) Consolidation certificates shall be charged as specified in WAC 16-400-010 and 16-400-040 and shall have an additional charge of three dollars for each additional local lot.

(2) Condition certificate charges shall be two-thirds of the grade and condition certificates with the following exceptions:

(a) Previously inspected lots shall have a minimum charge of:

District((s)) one ((and three))	\$6.00
District two	\$7.00
District three	\$8.00
District four	\$8.00

(b) When the lot has had no prior inspection for quality or grade and it is requested that the certificate carry out-bound car, truck, or state lot number, the grade and condition certificate schedule shall apply.

(c) Out-of-state products reported on state certificates shall be charged on the applicable grade and condition certificate schedule, except there shall be an hourly charge of:

District one ((and three))	\$12.00
District two	\$14.00
District three	\$18.00
District four	\$16.00

(3) Car hook-up, loading or unloading certificate shall be charged at the rates specified in ((WAC 16-400-100)) subsection (2)(a) of this section.

(4) Sanitary and quarantine certificate charges for fruits and vegetables shall be:

(a) Four dollars for the issuance of a certificate, plus the hourly rates specified in WAC 16-400-210 (1)(a) when the shipment is not covered by federal-state certificates.

(b) Four dollars per set when the shipment is covered by federal-state certificates.

(5) Container weight, or checkloading certificates shall be charged at the rates specified in WAC 16-400-210 (1)(a).

AMENDATORY SECTION (Amending Order 1845, filed 12/31/84, effective 2/1/85)

WAC 16-400-210 OTHER CHARGES. Other miscellaneous charges are listed below:

(1) Charges for platform inspection shall be:  
(a) Platform inspections, time taking samples, extra time, FV-294 inspection, and all other services, shall be charged at the hourly rate of:

District((s)) one ((and three))	\$12.00
District two	\$14.00
District three	\$18.00
District four	\$16.00

(b) Time allowance - Where a platform inspector is working full time at one house and also doing certification inspection, the inspector shall allow credit for the time according to limits outlined in the schedule for such certification at the hourly rate of:

District((s)) one ((and three))	\$12.00
District two	\$14.00
District three	\$18.00
District four	\$16.00

Should the certificate charges divided by the respective hourly rates equal or exceed the number of hours worked, no platform charge shall be assessed. Should the certificate charges divided by the respective hourly rates be less than the number of hours worked, the platform charge shall be made to bring the total to the appropriate charge.

(2) Fumigation charges - The minimum charge for supervision of fumigation shall be eighteen dollars for the first one and one-half hours. Time over the first one and one-half hours or unnecessary stand-by time shall be charged as specified in ((WAC 16-400-210)) subsection (1)(a) of this section. No fumigations shall be started after 3:00 p.m. from October 1 to May 31, nor after 10:00 p.m. from June 1 to September 30.

(3) Field or orchard inspections made at the applicant's request for determination of presence or absence of disease or insect infestation, or for other reason, shall be at the rate of two dollars per acre or fraction thereof.

(4) Seed sampling fees shall be arranged with the chemical and plant services division for services performed.

(5) Extra charges on services provided shall be assessed according to provisions listed below.

(a) The minimum inspection charge for each commodity and requested form shall be at the rate specified in ((WAC 16-400-210)) subsection (1)(a) of this section.

(b) If, through no fault of the inspection service, time over the maximum allowance as supported by unit rates for each commodity and requested form is required, such excess time shall be at the rate as specified in ((WAC 16-400-210)) subsection (1)(a) of this section.

(c) For all inspection services performed beyond a regularly scheduled eight-hour week day shift or on Saturdays, or Sundays, or state legal holidays, an hourly charge shall be made equivalent to the following:

District((s)) one ((and three))	\$18.00
District two	\$20.00
District three	\$24.00
District four	\$22.00

These charges shall be made for actual hours spent in performance of duties. This shall include unit charges, plus, if necessary, overtime charges to equal the respective overtime hourly rates.

The following are state legal holidays ((will be observed)): New Year's Day, Veteran's Day, Memorial Day (the last Monday of May), Independence Day, Labor Day (the first Monday in September), Thanksgiving Day (the fourth Thursday in November) and the day following Thanksgiving Day, Christmas Day, ((Lincoln's



*Birthdays)) Martin Luther King, Jr. Day (third Monday in January), and ((Washington's Birthday)) Presidents' Day (third Monday in February). NO SERVICE will be performed on Thanksgiving Day, Christmas Day or New Year's Day, beginning at 5:00 p.m. on previous day.*

*(d) When the per unit charge for inspection in any one day equals or exceeds the basic hourly and/or overtime charge, no additional hourly or overtime charges shall be assessed.*

*(6) Mileage—Whenever necessary, mileage shall be charged at the rate established by the state office of financial management.*

**WSR 86-06-039**

**ADOPTED RULES**

**DEPARTMENT OF CORRECTIONS**

[Order 86-04—Filed March 3, 1986]

I, Amos E. Reed, director of the Department of Corrections, do promulgate and adopt at Olympia, Washington, the annexed rules relating to disposition of earnings, adopting WAC 137-56-015.

This action is taken pursuant to Notice No. WSR 86-03-059 filed with the code reviser on January 16, 1986. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 34.04.040(2).

This rule is promulgated pursuant to RCW 72.65.100 and is intended to administratively implement that statute.

The undersigned hereby declares that the agency has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW) and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.

APPROVED AND ADOPTED March 3, 1986.

By Amos E. Reed  
Secretary

NEW SECTION

✓ WAC 137-56-015 DISPOSITION OF EARNINGS. Payment of board and room charges will be deducted from the work/training release inmates' or residents' earnings. For purposes of this section, earnings shall constitute all income and money received or possessed by the work/training release inmate or resident while under a work release plan. Nothing in this section shall prohibit the department's authority to obtain reimbursement for moneys advanced to a work/training release inmate or resident by the department.

**WSR 86-06-040**

**ADOPTED RULES**

**DEPARTMENT OF ECOLOGY**

[Order 86-03—Filed March 4, 1986]

I, Phillip C. Johnson, deputy director of the Department of Ecology, do promulgate and adopt at the Abbott

Raphael Hall, Lacey, Washington, the annexed rules relating to chapters 173-222, 173-220 and 173-216 WAC.

This action is taken pursuant to Notice No. WSR 86-01-095 filed with the code reviser on December 19, 1985. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 34.04.040(2).

This rule is promulgated under the general rule-making authority of the Department of Ecology as authorized in chapter 43.21A RCW.

The undersigned hereby declares that the agency has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW) and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.

APPROVED AND ADOPTED March 3, 1986.

By Phillip C. Johnson  
Deputy Director, Programs

**Chapter 173-222 WAC**

**WASTEWATER DISCHARGE PERMIT FEES**

**WAC**

- 173-222-010 Purpose and authority.
- 173-222-015 Applicability.
- 173-222-020 Definitions.
- 173-222-030 Discharge categories.
- 173-222-040 Complexity factors.
- 173-222-050 Permit fees.
- 173-222-060 Permit fee payment.
- 173-222-070 Periodic review.
- 173-222-080 Public notice.
- 173-222-090 Public hearings.
- 173-222-100 Agency initiated modifications.
- 173-222-110 Appeals.

NEW SECTION

✓ WAC 173-222-010 PURPOSE AND AUTHORITY. It is the purpose of this chapter to establish fees for permits issued by the department of ecology pursuant to RCW 90.48.160, 90.48.162, and 90.48.260. The collection of fees which reflects the administrative expenses incurred by the department of ecology in the processing of such permit applications is authorized by RCW 90.48.460. Fees are not annual operating fees but relate to the cost of application filing and processing.

NEW SECTION

✓ WAC 173-222-015 APPLICABILITY. This chapter applies to all permit applications received by the department after July 28, 1985.

NEW SECTION

- ✓ WAC 173-222-020 DEFINITIONS. (1) "Department" means the department of ecology.
- (2) "Director" means the director of the department of ecology or authorized representative.
- (3) "NPDES permit" means the National Pollutant Discharge Elimination System permit issued pursuant to

Section 402 of the federal Clean Water Act and RCW 90.48.260.

(4) "Major facility" means any NPDES permitted facility or activity classified as such by the Region 10 administrator of the Environmental Protection Agency in conjunction with the director. This list is published annually as part of the state/EPA agreement.

(5) "Minor facility" means any NPDES permitted facility or activity not classified as a major facility.

(6) "Application fee" means that fee which must accompany the permit application.

(7) "Permit fee" means that fee charged for issuance, reissuance, or modification of a permit as defined by this chapter.

(8) "Permit issuance" means the issuance of a permit for a new source or to a source not previously permitted.

(9) "Permit reissuance" means the issuance of a permit for a currently permitted source.

(10) "Substantial modification" means the modification of a permit involving at least one complexity factor.

(11) "Administrative modification" means those revisions that do not involve a complexity factor such as, changes in reporting schedules, compliance schedules, and monitoring schedules.

(12) "EPA" means the United States Environmental Protection Agency.

(13) "Permitted flow" means the daily average flow limitation contained in the permit; where a flow limit is not specified, design flow of the facility will be used.

#### NEW SECTION

✓ WAC 173-222-030 DISCHARGE CATEGORIES. For the purpose of this chapter, discharges are classified according to the following categories:

(1) Category 1A is for major domestic NPDES permitted facilities with a permitted flow greater than fifteen million gallons per day.

(2) Category 1B is for major domestic NPDES permitted facilities with a permitted flow between one million and fifteen million gallons per day.

(3) Category 1C is for minor domestic NPDES permitted facilities with a permitted flow of less than one million gallons per day.

(4) Category 1D is for all domestic state waste discharge permitted facilities with a discharge to ground water.

(5) Category 2A is for major industrial NPDES permitted facilities.

(6) Category 2B is for minor industrial NPDES permitted facilities and all state waste discharge permitted facilities, requiring biological and/or chemical treatment.

(7) Category 2C is for minor industrial NPDES permitted facilities and all state waste discharge permitted facilities, not requiring biological or chemical treatment

with a permitted flow greater than or equal to 0.5 million gallons per day.

(8) Category 2D is for minor industrial NPDES permitted facilities and all state waste discharge permitted facilities not requiring biological or chemical treatment, with a permitted flow less than 0.5 million gallons per day, and/or with an intermittent discharge.

(9) Category 3A is for area-wide, general NPDES permits.

(10) Category 3B is for coverage by a general NPDES permit, not included in category 3A.

#### NEW SECTION

✓ WAC 173-222-040 COMPLEXITY FACTORS.

(1) There are a number of factors that may be a component of some permit applications; processing such applications can take substantially increased staff time. For the purpose of this chapter, these factors are identified as follows:

(a) Combined sanitary and storm sewers.

(b) Local industrial wastewater pretreatment program.

(c) Excessive inflow and/or infiltration problems.

(d) Receiving water quality considerations.

(e) Ground water monitoring.

(f) Solid waste management including sludge management.

(g) Level of treatment including: (i) Facility upgrade, (ii) system design capacity, (iii) seasonal variations in loading.

(h) Major change or variation in process or production.

(i) Toxics monitoring, including biomonitoring.

(j) Permit involving multiple industrial categories or subcategories.

(k) Fundamentally different factors analysis pursuant to 40 CFR 125.30.

(l) Best Professional Judgment (BPJ) analysis including those pursuant to 40 CFR 125.3.

(m) Request for a nonconventional pollutant variance pursuant to Section 301(g) of the federal Clean Water Act.

(n) Request for a thermal variance pursuant to Section 316(a) of the federal Clean Water Act.

(2) For the purpose of this chapter, factors (a) through (j) of subsection (1) of this section each shall count as one complexity factor and factors (k) through (n) of subsection (1) of this section each shall count as two complexity factors. Each applies only when the department is required to expend a substantial amount of time in addressing that factor during the processing of a permit application.

(3) Any work done by the applicant to minimize the expenditure of staff time by the department shall be considered in determining the permit fee.

**NEW SECTION**

WAC 173-222-050 PERMIT FEES. (1) Application fee: \$100 (nonrefundable).  
 (2) Permit fee:  
 (a) Permit fee schedule

Departmental Action	Discharge Categories							
	Domestic				Industrial			
	1A	1B	1C	1D	2A	2B	2C	2D
<b>Permit Issuance</b>								
0 Complexity Factors	\$ 2,252	\$1,468	\$1,216	\$1,300	\$ 2,336	\$1,468	\$1,216	\$ 740
1 Complexity Factor	4,044	2,476	1,972	2,140	4,212	2,476	1,972	1,020
2 Complexity Factors	5,836	3,484	2,700	2,980	6,060	3,484	2,700	1,300
3 Complexity Factors	7,628	4,492	3,484	3,820	7,964	4,492	3,484	1,580
4 Complexity Factors	9,420	5,500	4,240	4,660	9,840	5,500	4,240	1,860
5 Complexity Factors	11,212	6,508	4,996	5,500	11,716	6,508	4,996	2,140
6 Complexity Factors	13,004	7,516	5,752	6,340	13,592	7,516	5,752	2,420
<b>Permit Reissuance</b>								
0 Complexity Factors	1,720	1,104	1,020	1,048	1,636	1,104	1,020	656
1 Complexity Factor	2,980	1,748	1,580	1,636	2,812	1,748	1,580	852
2 Complexity Factors	4,240	2,364	2,140	2,224	3,988	2,364	2,140	1,020
3 Complexity Factors	5,500	3,036	2,700	2,812	5,164	3,036	2,700	1,244
4 Complexity Factors	6,760	3,680	3,260	3,400	6,340	3,680	3,260	1,440
5 Complexity Factors	8,020	4,324	3,820	3,988	7,516	4,324	3,820	1,636
6 Complexity Factors	9,280	4,968	4,380	4,576	8,692	4,968	4,380	1,832
<b>Substantial Modification</b>								
1 Complexity Factor	1,720	1,104	1,020	1,048	1,636	1,104	1,020	656
2 Complexity Factors	2,980	1,748	1,580	1,636	2,812	1,748	1,580	852
3 Complexity Factors	4,240	2,364	2,140	2,224	3,988	2,364	2,140	1,020
4 Complexity Factors	5,500	3,036	2,700	2,812	5,164	3,036	2,700	1,244
Administrative Modifications	460	460	460	460	460	460	460	460

(b) The number of complexity factors that may be charged for any given permit is limited to four, regardless of the total number of complexity factors involved, except that a facility with multiple discharge points may be charged for up to six complexity factors. Where multiple discharge points exist, complexity factors uniquely applicable to each discharge point will be charged.

(c) General permits.

(i) Area-wide (category 3A) permit fees will be based on an accounting of actual costs incurred by the department.

(ii) Requests for coverage by general permit (category 3B): \$100 (nonrefundable).

(d) The fees identified in this section are based on averages of the total actual costs incurred by the department in processing each type of permit application. Total actual costs include salaries, benefits, indirect costs, and clerical costs.

**NEW SECTION**

WAC 173-222-060 PERMIT FEE PAYMENT.

(1) The application fee must accompany the permit application. If the application fee does not accompany the permit application, the application will be returned as incomplete.

(2) Request for coverage by a general permit must be accompanied by the fee. If the application fee does not accompany the permit application, the application will be returned as incomplete.

(3) The department will inform the applicant of applicable permit fees at least thirty days prior to permit action.

(4) The appropriate permit fee must be received by the department within sixty days of notification. Failure to pay the applicable permit fees will result in termination of any continuation of an expired permit pursuant to WAC 173-220-180(5), or of a temporary permit pursuant to RCW 90.48.200.

(5) For permits issued prior to the effective date of this chapter, to which WAC 173-222-015 applies, fees must be received by the department within one hundred

eighty days of notification by the department. Failure to make payment will result in immediate action pursuant to chapter 90.48 RCW and chapters 173-216 and 173-220 WAC.

(6) The applicable permit fee shall be paid by check or money order payable to the "department of ecology." Municipalities may use purchase orders.

(7) When payment is made by check which is subsequently returned due to insufficient funds, the department will take appropriate action pursuant to chapter 90.48 RCW.

#### NEW SECTION

✓ WAC 173-222-070 PERIODIC REVIEW. The department shall review biennially the data used to establish the fee schedule to determine if fees need to be adjusted.

#### NEW SECTION

✓ WAC 173-222-080 PUBLIC NOTICE. It will continue to be the responsibility of the permit applicant to comply with all applicable public notice requirements pursuant to chapters 173-216 and 173-220 WAC.

#### NEW SECTION

✓ WAC 173-222-090 PUBLIC HEARINGS. Public hearings required as the result of a permit application will be conducted by the department at no additional cost to the applicant.

#### NEW SECTION

✓ WAC 173-222-100 AGENCY INITIATED MODIFICATIONS. There will be no charge to the permittee for modifications initiated by the department.

#### NEW SECTION

✓ WAC 173-222-110 APPEALS. Any person aggrieved by a determination made by the department under this chapter may appeal to the pollution control hearings board pursuant to chapter 43.21B RCW and the procedure adopted at chapter 371-08 WAC.

#### AMENDATORY SECTION (Amending Order DE 82-39, filed 12/1/82)

✓ WAC 173-220-040 APPLICATION FOR PERMIT. (1) Any person presently discharging pollutants to navigable waters of the state must file an application with the department on a form prescribed by the department. For the purpose of satisfying the requirements of this subsection, any completed application filed with the Environmental Protection Agency prior to the approval by the administrator under section 402(b) of the FWPCA of this state permit program shall constitute a filing with the department.

(2) Any person proposing to commence a discharge of pollutants to navigable waters of this state must file an application with the department on a form prescribed by the department, (a) no less than 180 days in advance of the date on which it is desired to commence the discharge of pollutants, or (b) in sufficient time prior to

commencement of the discharge of pollutants to insure compliance with the requirements of section 306 of the FWPCA and any other applicable water quality standards or effluent standards and limitations.

(3) The applicant must pay applicable fees pursuant to Wastewater discharge permit fees, chapter 173-222 WAC.

(4) The requirement for permit application will be satisfied if the discharger files:

- (a) A complete refuse act application; or
- (b) A complete application form which is appropriate for the type, category, or size of discharge; or
- (c) A complete notification of coverage by a general permit; and

(d) Any additional information required by the department pertaining to pollutant discharge.

~~((4))~~ (5) The application form shall bear a certification of correctness to be signed:

(a) In the case of corporations, by a responsible corporate officer.

(b) In the case of a partnership, by a general partner.

(c) In the case of sole proprietorship, by the proprietor.

(d) In the case of a municipal, state, or other public facility, by either a principal executive officer or ranking elected official.

~~((5))~~ (6) No discharge of wastes into the navigable waters of the state is authorized until such time as an application has been approved and a permit issued consistent with the terms and conditions of this chapter.

#### AMENDATORY SECTION (Amending Order DE 82-39, filed 12/1/82)

✓ WAC 173-220-045 GENERAL PERMITS. (1) The director may issue general permits to cover categories of dischargers as described under subsection (2) of this section. The area shall correspond to existing geographic or political boundaries, such as:

(a) Designated planning areas under section 208 of the FWPCA;

(b) Sewer districts or other special purpose districts;

(c) City, county or state political boundaries;

(d) State or county highway systems;

(e) Standard metropolitan statistical areas as defined by the Federal Office of Management and Budget;

(f) Urbanized areas as designated by the Bureau of the Census; or

(g) Any other appropriate division or combination of boundaries.

(2) General permits may be written to cover the following within a described area:

(a) Separate storm sewers;

(b) Categories of point sources ~~((involving))~~ which:

(i) Involve the same or substantially similar types of operations;

~~((c) Point sources discharging))~~ (ii) Discharge the same types of wastes;

~~((d) Point sources that))~~ (iii) Require the same effluent limitations, operating conditions, or similar monitoring; ((or)) and

~~((c) Point sources which))~~ (iv) In the opinion of the director are more appropriately controlled under a general permit than under individual permits.

(3) General permits may be issued, modified, revoked and reissued, or terminated in accordance with ~~((WAC 173-220-190))~~ the other provisions of this chapter.

(4) The director may require any discharger authorized by a general permit to apply for and obtain an individual permit. Cases where an individual permit may be required include, but are not limited to the following:

(a) The discharger is not in compliance with conditions of the general permit;

(b) A change occurs in the technology or practices for control or abatement of pollutants applicable to the point source;

(c) Effluent limitation guidelines are promulgated for point sources covered by the general permit;

(d) A water quality management plan containing requirements applicable to such point sources is approved;

(e) Effluent limitations more stringent than those contained in a general permit are necessary to meet water quality standards; or

(f) Other causes listed in 40 CFR Part ~~((122.15, 122.16, or 122.59))~~ 122.62, 122.64, or 122.28 (b)(2)(A), as promulgated May 19, 1980.

(5) In cases where the director requires any owner or operator to apply for an individual permit, the owner or operator must be notified in writing that an individual permit application is required. This notice shall include a statement of why an individual permit is being required, an application form and a time limit for submitting the application.

(6) Any discharger authorized by a general permit may request to be excluded from coverage by the general permit by applying for an individual permit. The owner or operator shall submit to the director an application as described in WAC 173-220-040, with reasons supporting the request. The director shall either issue an individual permit or deny the request with a statement explaining the reason for denial.

(7) When an individual permit is issued to a discharger otherwise subject to a general permit, the applicability of the general permit to that permittee is automatically terminated on the effective date of the individual permit.

(8) Following issuance by the department of a general permit all dischargers who desire to be covered by the general permit shall notify the department on a form prescribed by the department. Unless the department responds in writing to the notification, coverage of a discharger by a general permit will automatically commence on the thirty-first day following the later of:

(a) The end of the thirty-day comment period required by WAC 173-220-050(2); or

(b) Receipt by the department of a completed notification of coverage.

(9) Any previously issued individual permit shall remain in effect until terminated in writing by the department, except that continuation of an expired individual permit (pursuant to WAC 173-220-180(5)), shall terminate upon coverage by the general permit.

(10) Where the department has determined that a discharger should not be covered by a general permit, it shall respond in writing within the time specified within subsection (8) of this section, to a notification of coverage stating the reason(s) why coverage cannot become effective and any actions needed to be taken by the discharger in order for coverage by the general permit to become effective.

#### AMENDATORY SECTION (Amending Order DE 82-39, filed 12/1/82)

✓ WAC 173-220-060 FACT SHEETS. (1) For every major discharger and general permit the department shall prepare and, following public notice, shall send, upon request to any person, a fact sheet with respect to the draft permit determination described in the public notice. The contents of such fact sheets shall include at least the following information:

(a) A brief description of the type of facility or activity which is the subject of the application;

(b) A sketch or detailed description of the location of the discharge described in the application;

(c) A quantitative description of the discharge described in the application which includes at least the following:

(i) The rate or frequency of the proposed discharge, if the discharge is continuous, the average daily flow in gallons per day or million gallons per day;

(ii) For thermal discharges subject to the jurisdiction of the department, the average summer and winter temperatures in degrees Fahrenheit; and

(iii) The average daily discharge in pounds per day of any pollutants which are present in significant quantities or which are subject to limitations or prohibition under sections 301, 302, 306, or 307 of the FWPCA and regulations published thereunder;

(d) Tentative determination of conditions in a proposed permit;

(e) A brief summary of the basis for the draft permit determination;

(f) A brief citation, including a brief identification of the uses for which the receiving waters have been classified, of the water quality standards and effluent standards and limitations applied to the proposed discharge; and

(g) A fuller description of the procedures for the formulation of final determinations than that given in the public notice including:

(i) The 30-day comment period required by WAC 173-220-050(2);

(ii) Procedures for requesting a public hearing and the nature thereof; and

(iii) Any other procedures by which the public may participate in the formulation of the final determinations.

(2) The department shall add the name of any person or group upon request to a mailing list to receive copies of fact sheets.

AMENDATORY SECTION (Amending Order DE 84-19, filed 5/11/84)

✓ WAC 173-220-150 OTHER TERMS AND CONDITIONS. (1) In addition to the requirements of WAC 173-220-130 and 173-220-140, each issued permit shall require that:

(a) All discharges authorized by the permit shall be consistent with the terms and conditions of the permit; any facility expansions, production increases or process modifications which would result in new or increased discharges of pollutants must be reported to the department by submission of a new application or supplement thereto; or, if such discharge does not violate effluent limitations specified in the permit, by submission to the department of notice of such new or increased discharges of pollutants; any discharge of any pollutant more frequent than or at a level in excess of that identified and authorized by the permit shall constitute a violation of the terms and conditions of the permit.

(b) The permit may be modified, suspended or revoked in whole or in part during its terms for cause including, but not limited to, the following:

- (i) Violation of any term or condition of the permit;
- (ii) Obtaining a permit by misrepresentation or failure to disclose fully all relevant facts; (~~and~~)
- (iii) A change in any condition that requires either a temporary or permanent reduction or elimination of the permitted discharge;
- (iv) To incorporate an approved local pretreatment program into a POTW's permit; and
- (v) Nonpayment of permit fees assessed pursuant to RCW 90.48.460.

(c) The permittee shall allow the department or its authorized representative upon the presentation of credentials and at reasonable times:

- (i) To enter upon permittee's premises in which an effluent source is located or in which any records are required to be kept under terms and conditions of the permit subject to any access restrictions due to the nature of the project;
  - (ii) To have access to and copy at reasonable cost any records required to be kept under terms and conditions of the permit;
  - (iii) To inspect any monitoring equipment or method required in the permit; or
  - (iv) To sample any discharge of pollutants.
- (d) That, if the permit is for a discharge from a publicly owned treatment works, the permittee shall provide notice to the department of the following:

- (i) Any new introduction of pollutants into such treatment works from a source which would be a new source as defined in section 306 of the FWPCA if such source were discharging pollutants;
- (ii) Except as to such categories and classes of point sources or discharges specified by the department, any new introduction of pollutants into such treatment works from a source which would be subject to section 301 of the FWPCA if such source were discharging pollutants;
- (iii) Any substantial change in volume or character of pollutants being introduced into such treatment works

by a source introducing pollutants into such works at the time of issuance of the permit.

Such notice shall include information on:

(I) The quality and quantity of effluent to be introduced into such treatment works; and

(II) Any anticipated impact of such change in the quantity or quality of effluent to be discharged from such publicly owned treatment works.

(e) The permittee shall at all times properly operate and maintain any facilities or systems of control installed by the permittee to achieve compliance with the terms and conditions of the permit. Where design criteria have been established, the permittee shall not permit flows or waste loadings to exceed approved design criteria, or approved revisions thereto.

(f) If a toxic effluent standard or prohibition (including any schedule of compliance specified in such effluent standard or prohibition) is established under section 307(a) of the FWPCA for a toxic pollutant which is present in the permittee's discharge and such standard or prohibition is more stringent than any limitation upon such pollutant in the permit, the department shall revise or modify the permit in accordance with the toxic effluent standard of prohibition and so notify the permittee.

(2) Every permit shall be conditioned to insure that any industrial user of any publicly owned treatment works will comply with sections 204(b), 307, and 308 of the FWPCA.

(3) Permits for domestic wastewater facilities shall be issued only to a public entity, except in the following circumstances:

(a) Facilities existing or approved for construction with private operation on or before the effective date of this chapter, until such time as the facility is expanded;

(b) Facilities that serve a single nonresidential, industrial, or commercial establishment. Commercial/industrial complexes serving multiple owners or tenants and multiple residential dwelling facilities such as mobile home parks, apartments, and condominiums are not considered single commercial establishments for the purpose of the preceding sentence.

(c) Facilities that are owned by nonpublic entities and under contract to a public entity shall be issued a joint permit to both the owner and the public entity.

AMENDATORY SECTION (Amending Order DE 84-02, filed 2/29/84)

✓ WAC 173-216-010 PURPOSE. (1) The purpose of this chapter is to implement a state permit program, applicable to the discharge of waste materials from industrial, commercial, and municipal operations into ground and surface waters of the state and into municipal sewerage systems. However, this regulation excludes the point source discharge of pollutants into navigable waters of the state which is regulated by national pollutant discharge elimination system (NPDES) permit program, chapter 173-220 WAC. This regulation also excludes the injection of fluids through wells which is regulated by underground injection control program, chapter 173-218 WAC.

(2) Permits issued under this chapter are designed to satisfy the requirement for discharge permits under the

Water Pollution Control Act, chapter 90.48 RCW and to implement applicable pretreatment (~~(standards)~~) requirements under section 307 of the Federal Water Pollution Control Act (33 U.S.C. § ~~((124+))~~ 1251 et seq.).

AMENDATORY SECTION (Amending Order DE 84-02, filed 2/29/84)

✓ WAC 173-216-020 POLICY ENUNCIATED. (1) It shall be the policy of the department in carrying out the requirements of this chapter, to maintain the highest possible standards to ensure the purity of all waters of the state and to require the use of all known, available and reasonable methods to prevent and control the discharge of wastes into the waters of the state. Notwithstanding that standards of quality established for the waters of the state would not be violated, wastes and other materials shall not be allowed to enter such waters which will reduce the existing quality thereof, except in those situations where it is clear that overriding considerations of public interest will be served.

(2) ~~((Consistent with this policy, the disposal of waste materials from industrial, commercial, or municipal sources into wells will not be authorized by the department:~~

(3)) Consistent with this policy, the discharge of waste materials into municipal sewerage systems which would interfere with, pass through, or otherwise be incompatible with such systems or which would contaminate the sludge will not be permitted.

~~((4))~~ (3) Consistent with this policy, the department will act to prevent the disposal of wastes that present a risk to human health, including the potential, chronic effects of lifetime exposure to waste materials.

AMENDATORY SECTION (Amending Order DE 83-29, filed 11/18/83)

✓ WAC 173-216-030 DEFINITIONS. For the purposes of this chapter the following definitions shall be applicable:

(1) "Beneficial uses" shall include, but not be limited to, use for domestic water, irrigation, fish, shellfish, game, and other aquatic life, municipal, recreation, industrial water, generation of electric power, and navigation.

(2) "Dangerous wastes" means any discarded, useless, unwanted, or abandoned nonradioactive substances, including but not limited to certain pesticides, or any residues or containers of such substances which are disposed of in such quantity or concentration as to pose a substantial present or potential hazard to human health, wildlife, or the environment because such wastes or constituents or combinations of such wastes:

(a) Have short-lived, toxic properties that may cause death, injury, or illness or have mutagenic, teratogenic, or carcinogenic properties; or

(b) Are corrosive, explosive, flammable, or may generate pressure through decomposition or other means (Hazardous Waste Disposal Act, chapter 70.105 RCW).

(3) "Department" means department of ecology.

(4) "Domestic wastewater" means water carrying human wastes, including kitchen, bath, and laundry wastes

from residences, buildings, industrial establishments or other places, together with such ground water infiltration or surface waters as may be present (submission of plans and reports for construction of wastewater facilities, chapter 173-240 WAC).

(5) "Domestic wastewater facility" means all structures, equipment, or processes required to collect, carry away, treat, reclaim, or dispose of domestic wastewater together with such industrial waste as may be present. In case of subsurface sewage treatment and disposal, the term is restricted to mean those facilities treating and disposing of domestic wastewater only from:

(a) A septic tank with subsurface sewage treatment and disposal and an ultimate design capacity exceeding fourteen thousand five hundred gallons per day at any common point; or

(b) A mechanical treatment system or lagoon followed by subsurface disposal with an ultimate design capacity exceeding three thousand five hundred gallons per day at any common point (submission of plans and reports for construction of wastewater facilities, chapter 173-240 WAC).

(6) "FWPCA" means Federal Water Pollution Control Act as amended by 1981 amendment (33 U.S.C. § 466 et seq.).

(7) "Industrial wastewater" means water or liquid-carried waste from industrial or commercial processes, as distinct from domestic wastewater. These wastes may result from any process or activity of industry, manufacture, trade or business, from the development of any natural resource, or from animal operations such as feed lots, poultry houses, or dairies. The term includes contaminated stormwater and, also, leachate from solid waste facilities (Submission of plans and reports for construction of wastewater facilities, chapter 173-240 WAC).

(8) "Interfere with" means a discharge by an industrial user which, alone or in conjunction with discharges by other sources, inhibits or disrupts the POTW, its treatment processes or operations, or its sludge processes, use or disposal and which is a cause of a violation of any requirement of the POTW's NPDES permit (including an increase in the magnitude or duration of a violation) or of the prevention of sewage sludge use or disposal by the POTW in accordance with the following statutory provisions and regulations or permits issued thereunder (or more stringent state or local regulations): Section 405 of the FWPCA, the Solid Waste Disposal Act (SWDA) (including Title II, more commonly referred to as the Resource Conservation and Recovery Act (RCRA), and including state regulations contained in any state sludge management plan prepared pursuant to Subtitle D or the SWDA, the Clean Air Act, the Toxic Substances Control Act, and the Marine Protection Research and Sanctuaries Act.

(9) "Municipal sewerage system" or "publicly owned treatment works (POTW)" means a publicly owned domestic wastewater facility or a privately owned domestic wastewater facility that is under contract to a municipality.

~~((8))~~ (10) "NPDES" means National Pollutant Discharge Elimination System permit program under section 402 of FWPCA.

~~((9))~~ (11) "New source" means any building, structure, facility, or installation from which there is or may be a discharge, the construction of which commenced after proposal of Pretreatment Standards under section 307(c) of the FWPCA which are applicable to such sources.

(12) "Pass through" means the discharge of pollutants through a municipal sewerage system into waters of the state in quantities or concentrations which are a cause of or significantly contribute to a violation of any requirement of water quality standards for waters of state of Washington, chapter 173-201 WAC, or of the NPDES or state waste discharge permit, including an increase in the magnitude or duration of a violation (section 307 of FWPCA). Failure to obtain approval of an application for a new or increased discharge or change in the nature of the discharge according to WAC 173-216-110(5) would constitute such a violation.

~~((10))~~ (13) "Person" includes any political subdivision, local, state or federal government agency, municipality, industry, public or private corporation, partnership, association, firm, individual, or any other entity whatsoever.

~~((11))~~ (14) "Pretreatment" means the reduction of the amount of pollutants, the elimination of pollutants, or the alteration of the nature of pollutant properties in wastewater prior to or in lieu of discharging or otherwise introducing such pollutants into a POTW.

(15) "Pretreatment requirements" means any substantive or procedural state, local, or federal requirements or standards developed under chapter 90.48 RCW and sections 307 and/or 402 of the FWPCA.

(16) "Pretreatment standards," "categorical standards," or "standards," means any pollutant discharge limitations, including those developed under section 307(b) and (c) of the FWPCA and implemented through regulations in 40 CFR Subchapter N, that apply to the discharge of nondomestic wastes to POTWs. This term includes prohibitive discharge limits established pursuant to WAC 173-216-060.

(17) "Subsurface sewage treatment and disposal" means the physical, chemical, or biological treatment and disposal of domestic wastewater within the soil profile by placement beneath the soil surface in trenches, beds, seepage pits, mounds, or fills (submission of plans and reports for construction of wastewater facilities, chapter 173-240 WAC).

~~((12))~~ (18) "Waste materials" means any discarded, abandoned, unwanted or unrecovered material(s), except the following are not waste materials for the purposes of this chapter:

(a) Discharges into the ground or ground water of return flow, unaltered except for temperature, from a ground water heat pump used for space heating or cooling: PROVIDED, That such discharges do not have significant potential, either individually, or collectively, to affect ground water quality or uses.

(b) Discharges of stormwater that is not contaminated or potentially contaminated by industrial or commercial sources.

~~((13))~~ (19) "Waters of the state" means all lakes, rivers, ponds, streams, inland waters, ground waters, salt waters, and all other waters and water courses within the jurisdiction of the state of Washington.

~~((14))~~ "Well" means any bored, drilled, driven or dug shaft where the depth is greater than the largest surface dimension and into which fluids are or may be emplaced.) (20) In the absence of other definitions as set forth herein, the definitions as set forth in 40 CFR Part 403.3 shall be used for circumstances concerning the discharge of waste into sewerage systems.

AMENDATORY SECTION (Amending Order 84-51, filed 1/25/85)

✓ WAC 173-216-050 DISCHARGES NOT SUBJECT TO PERMITS. (1) The following discharges are not subject to permits under this chapter:

(a) Discharges to municipal sewerage systems of domestic wastewater from residential, commercial, or industrial structures.

(b) Any industrial or commercial discharge to a municipal sewerage system for which authority to issue permits has been granted to the municipality under RCW 90.48.165.

(c) Any industrial or commercial discharge to a municipal sewerage system operating under, and in compliance with, the applicable requirements of a local pretreatment program approved under section 307 of FWPCA (~~, so long as the person undertaking such discharge complies with the applicable requirements of the pretreatment program~~) and WAC 173-216-150. In the event of noncompliance, this exemption no longer applies and the discharger is immediately subject to enforcement action under chapter 90.48 RCW for discharging without a waste discharge permit.

(d) Discharges to municipal sewerage systems of wastes from industrial or commercial sources whose wastewater is similar in character and strength to normal domestic wastewater: PROVIDED, That such discharges do not have the potential to adversely affect performance of the system. Examples of this type of discharge sources may include hotels, restaurants, laundries and food preparation establishments.

(e) Discharges for which an NPDES permit from the department is required pursuant to chapter 173-220 WAC.

(f) Discharges of domestic wastewater from a septic tank with subsurface sewage treatment and disposal and an ultimate design capacity less than or equal to fourteen thousand five hundred gallons per day. These systems are governed by on-site sewage disposal systems, chapter 248-96 WAC which is administered by the Washington state department of social and health services.

(g) Discharges of domestic wastewater from a mechanical treatment system or lagoon followed by subsurface disposal with an ultimate design capacity less than or equal to three thousand five hundred gallons per day. These systems are governed by on-site sewage disposal



systems, chapter 248-96 WAC which is administered by the Washington state department of social and health services.

(2) A permit is required for any source subject to pretreatment standards promulgated under section 307 of FWPCA, unless exempted under subsections (1)(b) and (1)(c) of this section.

(3) These exemptions shall not relieve any discharger from the requirement to apply all known, available, and reasonable methods to prevent and control waste discharges to the waters of the state, nor the requirement to obtain approval of plans and reports for the construction of wastewater facilities. Nothing herein shall limit the authority of the department to take enforcement action for any unlawful discharge of waste materials or other violations of the Water Pollution Control Act, chapter 90.48 RCW.

AMENDATORY SECTION (Amending Order DE 83-29, filed 11/18/83)

~~WAC 173-216-060~~ **PROHIBITED DISCHARGES.** (1) The discharge restrictions and prohibitions of dangerous waste regulations, chapter 173-303 WAC shall apply to this chapter.

(2) In addition, the following are prohibited:

(a) ~~((The disposal through wells of dangerous wastes. (b)))~~ The discharge into a municipal sewerage system of substances prohibited from such discharge by section 307 of FWPCA.

~~((c))~~ (b) All of the following discharges to a municipal sewerage system:

(i) Waste materials that pass through the treatment works untreated or interfere with its operation or performance.

(ii) Any liquids, solids or gases which by reason of their nature or quantity are or may be sufficient either alone or by interaction to cause fire or explosion or be capable of creating a public nuisance or hazard to life or are sufficient to prevent entry into the sewers for their maintenance and repair or be injurious in any other way to the operation of the system or the operating personnel.

(iii) Solid or viscous substances which may cause obstruction to the flow in a sewer or other interference with the operation of the system.

(iv) Any wastewater having a pH less than 5.0 or greater than 11.0 or having any other corrosive property capable of causing damage or hazard to structures, equipment, or personnel of the system, unless the system is specifically designed to accommodate such discharge and the discharge is authorized by a permit under this chapter.

(v) Wastewater which would cause the influent temperature to exceed 40°C (104°F), unless the system is specifically designed to accommodate such discharge and the discharge is authorized by a permit under this chapter. In any case, any wastewater having a temperature which will interfere with the biological activity in the system is prohibited.

(vi) Any waste materials, including oxygen demanding waste materials (BOD, etc.), released in either a slug

load or continuous discharge of such volume or strength as to cause interference to the system.

(vii) Any of the following discharges unless approved by the department under extraordinary circumstances, such as lack of direct discharge alternatives due to combined sewer service or need to augment sewage flows due to septic conditions:

(A) Noncontact cooling water in significant volumes.

(B) Stormwater, and other direct inflow sources.

(C) Wastewaters significantly affecting system hydraulic loading, which do not require treatment or would not be afforded a significant degree of treatment by the system.

AMENDATORY SECTION (Amending Order DE 83-29, filed 11/18/83)

~~WAC 173-216-070~~ **APPLICATION FOR A PERMIT.** (1) Any person not exempt under WAC 173-216-050, who proposes to discharge waste materials into waters of the state or into a municipal sewerage system, must file an application with the department at least sixty days prior to discharging, or in the case of an expiring permit, at least sixty days prior to the expiration of the permit.

(2) Applications for permits shall be on forms as prescribed by the department.

(3) The applicant must pay applicable fees pursuant to Wastewater discharge permit fees, chapter 173-222 WAC.

(4) The requirement for a permit application will be satisfied, if the discharger files:

(a) A completed permit application;

(b) When applicable, signature of approval by an authorized representative of the municipal sewerage system; and

(c) Any other information determined as necessary by the department.

~~((4))~~ (5) The application shall be signed in case of:

(a) Corporations, by a principal executive officer of at least the level of vice president;

(b) A partnership, by a general partner;

(c) A sole proprietorship, by the proprietor;

(d) A municipal, state, federal, or other public facility, by either a principal executive officer or ranking elected official.

~~((5))~~ (6) In the case of application by a corporation, the principal executive officer shall personally examine the application and certify its truth, accuracy, and completeness.

AMENDATORY SECTION (Amending Order DE 83-29, filed 11/18/83)

~~WAC 173-216-110~~ **PERMIT TERMS AND CONDITIONS.** (1) Any permit issued by the department shall specify conditions necessary to prevent and control waste discharges into the waters of the state, including the following, whenever applicable:

(a) All known, available, and reasonable methods of prevention, control, and treatment;

(b) Pretreatment ~~((standards under section 307 of the FWPCA))~~ requirements;

(c) Requirements pursuant to other laws, including the state's Hazardous Waste Disposal Act, chapter 70.105 RCW, the Solid waste management—Recovery and recycling, chapter 70.95 RCW, the Resource Conservation and Recovery Act of 1976, Public Law 95.190 or any other applicable local ordinances, state, or federal statute, to the extent that they pertain to the prevention or control of waste discharges into the waters of the state;

(d) Any conditions necessary to meet applicable water quality standards for surface waters or to preserve or protect beneficial uses for ground waters;

(e) Requirements necessary to avoid conflict with a plan approved pursuant to section 208(b) of FWPCA;

(f) Any conditions necessary to prevent and control pollutant discharges from plant site runoff, spillage or leaks, sludge or waste disposal, or raw material storage;

(g) Any appropriate monitoring ~~((and))~~, reporting and record keeping requirements as specified by the department, including applicable requirements under sections 307 and 308 of FWPCA;

(h) Schedules of compliance, including those required under sections 301 and 307 of FWPCA, which shall set forth the shortest reasonable time period to achieve the specified requirements; and

(i) Prohibited discharge requirements as contained in WAC 173-216-060.

(2) The permits shall be for a fixed term, not exceeding five years.

(3) Representatives of the department shall have the right to enter at all reasonable times in or upon any property, public or private, for the purpose of inspecting and investigating conditions relating to the pollution or the possible pollution of any waters of the state. Reasonable times shall include normal business hours, hours during which production, treatment, or discharge occurs, or times when the department suspects a violation requiring immediate inspection. Representatives of the department shall be allowed to have access to, and copy at reasonable cost, any records required to be kept under terms and conditions of the permit, to inspect any monitoring equipment or method required in the permit and to sample the discharge, waste treatment processes, or internal waste streams.

(4) The permittee shall at all times be responsible for the proper operation and maintenance of any facilities or systems of control installed by the permittee to achieve compliance with the terms and conditions of the permit. Where design criteria have been established, the permittee shall not permit flows or waste loadings to exceed approved design criteria or approved revisions thereto.

(5) A new application, or supplement to the previous application, shall be submitted, along with required engineering plans and reports, whenever a new or increased discharge or change in the nature of the discharge is anticipated which is not specifically authorized by the current permit. Such application shall be submitted at least sixty days prior to any proposed changes.

(6) In the event the permittee is unable to comply with any of the permit terms and conditions due to any cause, the permittee shall:

(a) Immediately take action to stop, contain, and cleanup unauthorized discharges or otherwise stop the violation, and correct the problem;

(b) Immediately notify the department of the failure to comply; and

(c) Submit a detailed written report to the department within thirty days, unless requested earlier by the department, describing the nature of the violation, corrective action taken and/or planned, steps to be taken to prevent a recurrence, and any other pertinent information.

(7) In the case of discharge into a municipal sewerage system, the department shall consider in the final permit documents the requirements of the municipality operating the system.

(8) Permits for domestic wastewater facilities shall be issued only to a public entity, except in the following circumstances:

(a) Facilities existing or approved for construction with private operation on or before the effective date of this chapter, until such time as the facility is expanded;

(b) Facilities that serve a single nonresidential, industrial, or commercial establishment. Commercial/industrial complexes serving multiple owners or tenants and multiple residential dwelling facilities such as mobile home parks, apartments, and condominiums are not considered single commercial establishments for the purpose of the preceding sentence.

(c) Facilities that are owned by nonpublic entities and under contract to a public entity shall be issued a joint permit to both the owner and the public entity.

#### AMENDATORY SECTION (Amending Order DE 83-29, filed 11/18/83)

✓ WAC 173-216-130 MODIFICATION, SUSPENSION, AND REVOCATION OF PERMITS. (1) Any permit issued under this chapter can be modified, suspended, or revoked, in whole or in part by the department for the following causes:

(a) Violation of any permit term or condition;

(b) Obtaining a permit by misrepresentation or failure to fully disclose all relevant facts;

(c) A material change in quantity or type of waste disposal; ~~((or))~~

(d) A material change in the condition of the waters of the state; or

(e) Nonpayment of permit fees assessed pursuant to RCW 90.48.460.

(2) The department may modify a permit, including the schedule of compliance or other conditions, if it determines good and valid cause exists, which includes promulgation or revisions of categorical standards.

#### NEW SECTION

✓ WAC 173-216-150 DELEGATION OF AUTHORITY TO ISSUE PERMITS FOR DISCHARGES INTO SEWER SYSTEMS. Qualified cities, towns, and other municipal corporations who administer a local permit program shall fulfill the requirements of chapter 173-208 WAC and 40 CFR Part 403.

**WSR 86-06-041**  
**NOTICE OF PUBLIC MEETINGS**  
**FOREST PRACTICES BOARD**  
[Memorandum—March 3, 1986]

The regular May 14 and 15, 1986, meeting of the Forest Practices Board has been changed to June 4 and 5, 1986, at Aberdeen, Washington. Rescheduling was regularly moved and passed at the February 18, 1986, board meeting.

Additional information may be obtained from the Division of Private Forestry and Natural Heritage, 120 East Union Avenue, Room 109, Mailstop EK-12, Olympia, Washington 98504, (206) 753-5315.

**WSR 86-06-042**  
**PROPOSED RULES**  
**DEPARTMENT OF LICENSING**  
[Filed March 4, 1986]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Washington State Department of Licensing intends to adopt, amend, or repeal rules concerning display of indicia of aircraft registration, adding new section WAC 308-79-050;

that the agency will at 10:00 a.m., Wednesday, April 16, 1986, in the Second Floor Conference Room, Highways-Licenses Building, 12th and Franklin, Olympia, Washington, conduct a public hearing on the proposed rules.

The adoption, amendment, or repeal of the rules will take place immediately following the hearing.

The authority under which these rules are proposed is RCW 46.68.250 [47.68.250].

The specific statute these rules are intended to implement is RCW 46.68.250 [47.68.250].

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before April 16, 1986.

Dated: March 4, 1986  
By: Nancy Kelly, Assistant Administrator  
Title and Registration Control

**STATEMENT OF PURPOSE**

Name of Agency: Washington State Department of Licensing.

Purpose: To prescribe requirements for the possession and exhibition of indicia of aircraft registration.

Statutory Authority: RCW 47.68.250.

Summary of the Rule: Requires that indicia of aircraft registration shall be prominently displayed on the aircraft.

Reason Proposed: To facilitate law enforcement regarding registration of aircraft.

Responsible Department Personnel: In addition to the director of the Department of Licensing, the following individuals have knowledge of and responsibility for drafting, implementing and enforcing this rule: Sandra Brooks, Administrator, Title and Registration Control, Second Floor, Highways-Licenses Building, Olympia,

Washington, phone (206) 753-6920 comm, 234-6920 scan; and Jack Lince, Assistant Administrator, Title and Registration Control, Second Floor, Highways-Licenses Building, Olympia, Washington, phone (206) 753-7379 comm, 234-7379 scan.

Proponents: Washington State Department of Licensing.

Federal Law or Federal or State Court Requirements: Not necessitated as the result of federal law or state court action.

Small Business Impact Statement: Not required for this statement.

NEW SECTION

WAC 308-79-050 DISPLAY OF INDICIA OF REGISTRATION. (1) That every aircraft registered with the Washington state department of licensing shall prominently display an insignia or decal, to be provided by the Washington state department of licensing, on the tail or fuselage of such aircraft, just above N number, or on the right rear window panel, as evidence of registration;

(2) That no aircraft which is not lawfully registered shall display such insignia or evidence of registration, or any other mark, number, decal or insignia which might be reasonably believed to be evidence of state registration; and

(3) That failure to display such insignia shall be prima facie evidence that such aircraft is not registered.

**WSR 86-06-043**  
**ADOPTED RULES**  
**BOARD OF CHIROPRACTIC EXAMINERS**  
[Order PL 582—Filed March 4, 1986]

Be it resolved by the Washington State Board of Chiropractic Examiners, acting at Seattle, Washington, that it does adopt the annexed rules relating to:

- New WAC 114-12-115 Examination appeal procedures.
- New WAC 114-12-155 Board approved continuing education subject matter.
- New WAC 114-12-165 Prior approval not required.

This action is taken pursuant to Notice No. WSR 86-03-082 filed with the code reviser on January 22, 1986. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 34.04.040(2).

This rule is promulgated under the general rule-making authority of the Washington State Board of Chiropractic Examiners as authorized in RCW 18.25.017.

The undersigned hereby declares that the agency has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW), and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.

APPROVED AND ADOPTED February 27, 1986.  
By Michael M. Davenport, D.C.  
Chairman

NEW SECTION

✓ WAC 114-12-165 PRIOR APPROVAL NOT REQUIRED. (1) It will be unnecessary for a chiropractor to inquire into the prior approval of any continuing

chiropractic education. The board will accept any continuing chiropractic education that reasonably falls within these regulations and relies upon each individual chiropractor's integrity in complying with this requirement.

(2) Continuing chiropractic education program sponsors need not apply for nor expect to receive prior board approval for a formal continuing chiropractic education program. The number of creditable hours may be determined by counting the contact hours of instruction and rounding to the nearest quarter hour. The board relies upon the integrity of program sponsors to present continuing chiropractic education that constitutes a meritorious learning experience and complies with RCW 18.25.070.

(3) The board will conduct a random compliance audit of renewal applicants. If the board determines that the applicant has not obtained continuing chiropractic education that reasonably falls with the subject matter defined in WAC 114-12-155 and the guidelines for symposium approval in WAC 114-12-160, then the application for renewal will be denied.

#### NEW SECTION

✓ WAC 114-12-155 BOARD APPROVED CONTINUING EDUCATION SUBJECT MATTER. (1) Licensed chiropractors will be responsible for obtaining 25 hours of Board approved continuing education over the preceding three year period to be submitted with annual renewal of their license.

(2) The board approves the following subject material for continuing chiropractic education credit:

(a) diagnosis and treatment of the spine or immediate articulations within the scope of practice;

(b) x-ray/roentgenology;

(c) adjustive technique;

(d) detection of a subluxation;

(e) physical examination;

(f) hygiene;

(g) symptomatology;

(h) neurology;

(i) spinal pathology;

(j) spinal orthopedics;

(k) patient/case management

(l) impairment within the scope of practice;

(m) CPR – once every three years; and,

(n) dietary advice.

(3) Subject matter not approved for continuing education credit:

(a) business management;

(b) subject matter not directly relating to the chiropractic clinical scope of practice;

(c) practice building; and,

(d) conduct prohibited by Washington state statutes or rules governing chiropractic practice.

#### NEW SECTION

✓ WAC 114-12-115 EXAMINATION REVIEW AND APPEAL PROCEDURES. (1) Any candidate who takes the state examination for licensure and does not pass may request a review by the board of his or her

examination results. This request must be in writing and must be received by the board within thirty (30) days of receipt of notification of the examination results. The board will not set aside its prior determination unless the candidate proves the challenged score was the result of fraud, coercion, arbitrariness or manifest unfairness by the board. The board will not consider any challenges to examination scores unless the total revised score could result in issuance of a license.

(2) The procedure for filing a review is as follows:

(a) Contact the Olympia board office for an appointment to appear personally to review incorrect answers on failed examinations.

(b) Candidate will be provided a form to complete in the Olympia board office in defense of examination answers.

(c) The candidate must state the specific reason or reasons why the candidate feels the results of the examination should be changed.

(d) Candidate will be identified only by candidate number for the purpose of this review. Letters of reference or requests for special consideration will not be read or considered by the board.

(e) Candidates may not bring in notes or texts for use while completing the informal review form.

(f) Candidates will not be allowed to take any notes or materials from the office upon leaving.

(g) The board will schedule a closed session meeting to review the exams and forms completed by the candidate for the purpose of informal review.

(h) The candidates will be notified in writing of the results.

(3) Any candidate who is not satisfied with the result of the examination review may request a formal hearing to be held before the board pursuant to the administrative procedure act. Such hearing must be requested within thirty (30) days of receipt of the result of the board's review of the examination results. The request must state the specific reason or reasons why the candidate feels the results of the examination should be changed. The board will not set aside its prior determination unless the candidate proves the challenged score was the result of fraud, coercion, arbitrariness or manifest unfairness by the board. The board will not consider any challenges to examination scores unless the total revised score could result in issuance of a license.

(4) The hearing will not be scheduled until after the candidate and the state's attorney have appeared before the board or an administrative law judge for a prehearing conference to consider the following:

(a) the simplification of issues;

(b) the necessity of amendments to the notice of specific reasons for examination result change;

(c) the possibility of obtaining stipulations, admissions of fact and documents;

(d) the limitation of the number of expert witnesses;

(e) a schedule for completion of all discovery; and,

(f) such other matters as may aid in the disposition of the proceeding.

(5) The board or the administrative law judge shall enter an order which recites the action taken at the conference, the amendments allowed to the pleadings and

the agreements made by the parties or their qualified representatives as to any of the matters considered, including the settlement or simplification of issues, and which limits the issues for hearing to those not disposed of by admissions or agreements; and such order shall control the subsequent course of the proceeding unless modified for good cause by subsequent order of the board.

(6) Formal appeal candidates applicants will receive at least twenty (20) days notice of the time and place of the formal hearing. The hearing will be restricted to the specific reasons the candidate has identified as the basis for a change in the examination score.

**WSR 86-06-044**  
**PROPOSED RULES**  
**GREEN RIVER COMMUNITY COLLEGE**  
[Filed March 4, 1986]

Notice is hereby given in accordance with the provisions of RCW 28B.19.030, that Green River Community College intends to adopt, amend, or repeal rules concerning the repeal of the following chapter:

Rep	WAC 132J-136-020	Statement of purpose.
Rep	WAC 132J-136-025	Definition.
Rep	WAC 132J-136-030	Prohibition in certain areas.
Rep	WAC 132J-136-040	No smoking signs.
Rep	WAC 132J-136-050	Enforcement.

The formal decision regarding repeal of the rules will take place on April 17, 1986.

The specific statute these rules are intended to implement is chapter 236, Laws of 1985 (ESHB 62), Washington Clean Indoor Air Act.

Interested persons may submit data, views, or arguments to this institution in writing to be received by this institution before April 8, 1986.

Dated: March 4, 1986  
By: R. Rutkowski  
President

**WSR 86-06-045**  
**PROPOSED RULES**  
**DEPARTMENT OF AGRICULTURE**  
[Filed March 5, 1986]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Department of Agriculture intends to adopt, amend, or repeal rules concerning the Washington Bulb Commission, amending WAC 16-524-040;

that the agency will at 1:30 p.m., Thursday, April 17, 1986, in the Chicon Room, Western Washington Research and Extension Center, Puyallup, Washington, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on June 10, 1986.

The authority under which these rules are proposed is chapter 15.66 RCW.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before April 17, 1986.

Dated: March 4, 1986  
By: Arthur C. Scheunemann  
Assistant Director

**STATEMENT OF PURPOSE**

Title: Amending WAC 16-524-040.

Description of Purpose: To set the assessment on Washington bulbs sold by count at twenty-five cents per thousand for narcissus bulbs and twenty cents per thousand for iris and tulip bulbs. Provide for an assessment on bulbs sold by weight at 1.25% of the receipt to growers at the first sale.

Summary of Rule: To increase the assessments on bulbs sold by count and to provide for an assessment to be made on those bulbs sold by weight.

Reasons Supporting Proposed Action: Will make a five-cent increase to the assessment on bulbs sold by number and establishes an assessment on bulbs sold by weight that were not previously assessed providing more equal assessments and more funds for commission programs.

Agency Personnel Responsible for Drafting: Roger L. Roberts, Agricultural Programs Administrator, Agricultural Development Division, Washington State Department of Agriculture, 406 General Administration Building, Olympia, Washington 98504, (206) 753-1604; Implementation and Enforcement: Washington Bulb Commission, P.O. Box 303, Mt. Vernon, Washington 98273.

Persons Proposing Rule: Washington bulb growers and the Washington Bulb Commission.

Agency Comments or Recommendations: None.

Rule is not a result of federal law or state court action.

Economic Impact Statement: None.

**AMENDATORY SECTION** (Amending Marketing Order, Article IV, effective 4/16/56)

WAC 16-524-040 ASSESSMENTS AND ASSESSMENT FUNDS. (1) Rate of assessment. There is hereby levied, and shall be collected by the commission, upon each and every one thousand bulbs or part thereof in excess of five hundred bulbs, an (~~annual~~) assessment as provided in the act which shall be paid by the producer thereof upon each and every one thousand bulbs or part thereof in excess of five hundred bulbs, sold, processed, stored or delivered for sale, processing or storage by him, as follows: (~~20¢~~) Twenty-five cents per thousand narcissus bulbs; (~~15¢~~) twenty cents per thousand iris and tulip bulbs if sold by count. For bulbs sold by weight, the assessment shall be set at one and one-quarter percent of the receipts to the grower at the first sale. No assessment levied or made collectible by the act under this order shall exceed three percent of the total market value of all such bulbs sold, processed, stored or delivered for sale, processing or storage, by all producers of bulbs for the fiscal year to which the assessment applies.

(2) Collection of assessment. All assessments made and levied pursuant to the provisions of the act under this marketing order shall be paid by the respective producers, who shall be primarily liable therefore. Such assessments shall be collected by stamps to be known as "bulb commission stamps" to be purchased from the commission and fixed or attached to the containers, invoices, shipping documents, inspection certificates, releases, receiving receipts or tickets. Any such stamps shall be canceled immediately upon being attached or fixed and

the date of cancellation shall be placed on such stamps. The commission is authorized to make such reasonable rules and regulations in accordance and conformity with the act and with this section to effectuate the collection of this assessment.

(3) Funds.

(a) Moneys collected by the bulb commission pursuant to the act and this marketing order as assessments shall be used by the commission only for the purpose of paying for the cost or expenses arising in connection with carrying out the purposes and provisions of the act and of this marketing order.

(b) At the end of each fiscal year the commission shall credit each producer with any amount paid by such producer in excess of three percent of the total market value of all bulbs sold, processed, stored or delivered for sale, processing or storage during that period. Refund shall be made only upon satisfactory proof given by the producer in accordance with reasonable rules and regulations prescribed by the director.

**WSR 86-06-046**  
**PROPOSED RULES**  
**DEPARTMENT OF AGRICULTURE**  
[Filed March 5, 1986]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Department of Agriculture intends to adopt, amend, or repeal rules concerning the Washington Red Raspberry Commission, amending chapter 16-561 WAC;

that the agency will at 11:00 a.m., Thursday, April 17, 1986, in the Chicona Room, Western Washington Research and Extension Center, Puyallup, Washington, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on June 6, 1986.

The authority under which these rules are proposed is chapter 15.65 RCW.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before April 17, 1986.

Dated: March 4, 1986  
By: Arthur C. Scheunemann  
Assistant Director

**STATEMENT OF PURPOSE**

Title: Amending chapter 16-561 WAC.

Description of Purpose: To broaden the definition of affected producers, to realign the present voting districts and add one more voting district, and to establish a new annual due date for assessments and annual reports.

Summary of Rule: Amends WAC 16-561-010, 16-561-020, 16-561-040 and 16-561-041 to bring the WAC more into line with chapter 15.65 RCW, to broaden the definition of the affected producer to include those that store red raspberries in the state of Washington, realign the three voting districts, and add one more district to more accurately represent the distribution of the crop and grower numbers. This amendment will also establish a new annual due date for assessment and reports, deleting a previous requirement for periodical reports during the harvest season.

Agency Personnel Responsible for Drafting: Roger L. Roberts, Agricultural Programs Administrator, Agricultural Development Division, Washington State Department of Agriculture, 406 General Administration

Building, Olympia, Washington 98504, (206) 753-1604; Implementation and Enforcement: Washington Red Raspberry Commission, P.O. Box 5696, Lacey, Washington 98503, (206) 491-7983.

Person Proposing Rule: Washington red raspberry growers and the Washington Red Raspberry Commission.

Agency Comments or Recommendations: None.

Rule is not a result of federal law or state court action.

Economic Impact Statement: None.

AMENDATORY SECTION (Amending Order 1809, filed 12/1/83)

WAC 16-561-010 DEFINITION OF TERMS. For the purpose of this marketing order:

(1) "Director" means the director of agriculture of the state of Washington or his duly appointed representative.

(2) "Department" means the department of agriculture of the state of Washington.

(3) "Act" means the Washington Agricultural Enabling Act of 1961 or chapter 15.65 RCW.

(4) "Person" means any person, firm, association, or corporation.

(5) "Affected producer" means any person who produces or stores in the state of Washington raspberries in commercial quantities for fresh market, for processing, or for sale to processors in the state of Washington.

(6) "Commercial quantity" means any raspberries produced (~~for a market~~) or stored in quantities of three tons (6,000 pounds) or more, (~~by a producer~~) in any calendar year.

(7) "Handler" means any person who acts as principal or agent or otherwise in processing, selling, marketing, storing, freezing, or distributing raspberries not produced by him.

(8) "Red raspberry commodity board," hereinafter referred to as "board," means the commodity board formed under the provisions of WAC 16-561-020.

(9) "Raspberries" means and includes all kinds, varieties, and hybrids of "RUBUS IDAEUS" of red color (~~grown and marketed in the state of Washington~~).

(10) "Marketing season" or "fiscal year" means the twelve-month period beginning with January 1 of any year and ending with the last day of December following, both dates being inclusive.

(11) "Producer-handler" means any person who acts both as a producer and as a handler with respect to raspberries. A producer-handler shall be deemed to be a producer with respect to the raspberries which he produces and a handler with respect to the raspberries which he handles, including those produced by himself.

(12) "Affected area" means that portion of the state of Washington located west of the summit of the Cascade Mountains.

(13) "Sell" includes offer for sale, expose for sale, have in possession for sale, exchange, barter, or trade.

(14) "Affected unit" means one pound net of raspberries.

AMENDATORY SECTION (Amending Order 1809, filed 12/1/83)

WAC 16-561-020 RED RASPBERRY COMMODITY BOARD. (1) ADMINISTRATION. The provisions of this order and the applicable provisions of the act shall be administered and enforced by the board as the designee of the director.

(2) BOARD MEMBERSHIP.

(a) The board shall consist of eight members. Seven members shall be affected producers elected as provided in this section. The director shall appoint one member who is neither an affected producer nor a handler to represent the department and the public.

(b) For the purpose of nomination and election of producer members of the board, the affected area shall be that portion of the state of Washington located west of the summit of the Cascade Mountains and shall be divided into ~~((three))~~ four representative districts as follows:

(i) District I shall have three board members, being positions 2, 3, and 6, and shall ~~((include the counties of Island, San Juan, Skagit, Snohomish, and))~~ be Whatcom county.

(ii) District II shall have ~~((three))~~ two board members, being positions 1, and 4, ~~((and 7))~~ and shall include the counties of Clallam, Grays Harbor, Island, Jefferson, King, Kitsap, Mason, Pierce, and Thurston.

(iii) District III shall have one board member, being position 5, and shall include the counties of Clark, Cowlitz, Lewis, Pacific, Skamania, and Wahkiakum.

(iv) District IV shall have one member being position 7 and shall include the counties of San Juan, Skagit, and Snohomish.

(3) BOARD MEMBERSHIP QUALIFICATIONS. The affected producer members of the board shall be practical producers of raspberries and shall be citizens and residents of the state of Washington, over the age of twenty-five years, each of whom is and has been actually engaged in producing raspberries within the state of Washington for a period of five years and has, during that time, derived a substantial portion of his income therefrom. Producer-handlers shall be considered to be acting only as producers for purpose of election and membership on a commodity board. The qualifications of members of the board as herein set forth must continue during the terms of office.

(4) TERM OF OFFICE.

(a) The term of office, for members of the board shall be three years, and one-third of the membership as nearly as possible shall be elected each year.

(b) Membership positions on the board shall be designated numerically; affected producers shall have positions one through seven and the member appointed by the director, position eight.

(c) The term of office for the initial board members shall be as follows:

Positions one and two - one year;

Positions three, four, and five - two years;

Positions six, seven, and eight - three years.

(d) No elected member of the board may serve more than two full consecutive three-year terms.

(5) NOMINATION AND ELECTION OF BOARD MEMBERS. Each year the director shall call for a nomination meeting. Such meeting shall be held at least thirty days in advance of the date set by the director for the election of board members. Notice of every such meeting shall be published in a newspaper of general circulation within the ~~((production))~~ affected area not less than ten days in advance of the date of such meeting; and, in addition, written notice of every such meeting shall be given to all affected producers within the affected area according to the list maintained by the director pursuant to RCW 15.65-.200 of the act. Nonreceipt of notice by any interested person shall not invalidate the proceedings at such nomination meeting. Any qualified affected producer may be nominated orally for membership on the board at such nomination meeting. Nominations may also be made within five days after any such meeting by written petition filed with the director, signed by not less than five affected producers. At the inception of this order, nominations may be made at the issuance hearing.

(6) ELECTION OF BOARD MEMBERS.

(a) Members of the board shall be elected by secret mail ballot within the month of June under the supervision of the director. Affected producer members of the board shall be elected by a majority of the votes cast by the affected producers within the affected area. Each affected producer within the affected area shall be entitled to one vote.

(b) If a nominee does not receive a majority of the votes on the first ballot, a run-off election shall be held by mail in a similar manner between the two candidates for such position receiving the largest number of votes.

(c) Notice of every election for board membership shall be published in a newspaper of general circulation within the ~~((production))~~ affected area not less than ten days in advance of the date of such election. Not less than ten days prior to every election for board membership, the director shall mail a ballot of the candidates to each affected producer entitled to vote whose name appears on the list of such affected producers within the affected area maintained by the director in accordance with RCW 15.65.200. Any other affected producer entitled to vote may obtain a ballot by application to the director upon establishing his qualifications. Nonreceipt of a ballot by any affected producer shall not invalidate the election of any board members.

(7) VACANCIES PRIOR TO ELECTION. In the event of a vacancy on the board, the remaining members shall select a qualified person to fill the unexpired term.

(8) QUORUM. A majority of the members shall constitute a quorum for the transaction of all business and the carrying out of all duties of the board.

(9) BOARD COMPENSATION. No member of the board shall receive any salary or other compensation, but each member shall receive \$35.00 for each day in actual attendance at or traveling to and from

meetings of the board or on special assignment for the board, together with travel expenses at the rates allowed state employees.

(10) POWERS AND DUTIES OF THE BOARD. The board shall have the following powers and duties:

(a) To administer, enforce, and control the provisions of this order as the designee of the director.

(b) To elect a chairman and such other officers as the board deems advisable.

(c) To employ and discharge at its discretion such personnel as the board determines necessary and proper to carry out the purpose of the order and effectuate the declared policies of the act.

(d) To pay only from monies collected as assessments or advances thereon the costs arising in connection with the formulation, issuance, administration, and enforcement of the order. Such expenses and costs may be paid by check, draft, or voucher in such form and in such manner and upon the signature of the person as the board may prescribe.

(e) To reimburse any applicant who has deposited with the director in order to defray the costs of formulating the order.

(f) To establish a "raspberry board marketing revolving fund" and such fund to be deposited in a bank or banks or financial institution or institutions, approved for the deposit of state funds, in which all money received by the board, ~~((except as the amount of petty cash for each day's needs, not to exceed one hundred dollars,))~~ shall be deposited ~~((each day or))~~ as often ~~((during the day))~~ as advisable.

(g) To keep or cause to be kept in accordance with accepted standards of good accounting practice, accurate records of all assessments, paid outs, moneys, and other financial transactions made and done pursuant to this order. Such records, books, and accounts shall be audited subject to procedures and methods lawfully prescribed by the state auditor. Such books and accounts shall be closed as of the last day of each fiscal year. A copy of such audit shall be delivered within thirty days after the completion thereof to the governor, the director, the state auditor, and the board.

(h) To require a bond of all board members and employees of the board in a position of trust in the amount the board shall deem necessary. The premium for such bond or bonds shall be paid by the board from assessments collected. Such bond shall not be necessary if any such board member or employee is covered by any blanket bond covering officials or employees of the state of Washington.

(i) To prepare a budget or budgets covering anticipated income and expenses to be incurred in carrying out the provisions of the order during each fiscal year.

(j) To establish by resolution, a headquarters which shall continue as such unless and until so changed by the board. All records, books, and minutes of board meetings shall be kept at such headquarters.

(k) To adopt rules and regulations of a technical or administrative nature, subject to the provisions of chapter 34.04 RCW (Administrative Procedure Act).

(l) To carry out the provisions of RCW 15.65.510 covering the obtaining of information necessary to effectuate the provisions of the order and the act, along with the necessary authority and procedure for obtaining such information.

(m) To bring actions or proceedings upon joining the director as a party for specific performance, restraint, injunction, or mandatory injunction against any person who violates or refuses to perform the obligations or duties imposed upon him by the act or the order.

(n) To confer with and cooperate with the legally constituted authorities of other states and of the United States for the purpose of obtaining uniformity in the administration of federal and state marketing regulations, licenses, agreements, or orders.

(o) To carry out any other grant of authority or duty provided designees and not specifically set forth in this section.

(11) PROCEDURES FOR BOARD.

(a) The board shall hold regular meetings, at least quarterly, and such meetings shall be held in accordance with chapter 42.30 RCW (Open Public Meetings Act).

(b) The board shall hold an annual meeting, at which time an annual report will be presented. The ~~((proposed))~~ budget shall be presented for discussion at the meeting. Notice of the annual meeting shall be given by the board at least ten days prior to the meeting by written notice to each producer and by regular ~~((wire))~~ news ~~((services and radio-television press))~~ service.

(c) The board shall establish by resolution, the time, place, and manner of calling special meetings of the board with reasonable notice to the members: PROVIDED, That the notice of any special meeting may be waived by a waiver thereof by each member of the board.



AMENDATORY SECTION (Amending Order 1728, filed 4/6/81)

WAC 16-561-040 ASSESSMENTS AND COLLECTIONS. (1) Assessments.

(a) The annual assessment on all varieties of raspberries shall be one-half cent per affected unit (pound).

(b) For the purpose of collecting assessments, the board may:

(i) Require handlers to collect producer assessments from producers whose production they handle, and remit the same to the board; or

(ii) Require the person subject to the assessment to give adequate assurance or security for its payment; or

(iii) Require in the case of assessments against affected units stored in frozen condition:

(A) Cold storage facilities storing such commodity to file information and reports with the commission regarding the amount of commodity in storage, the date of receipt, and the name and address of each such owner; and

(B) That such commodity not be shipped from a cold storage facility until the facility has been notified by the commission that the commodity owner has paid the commission for any assessments imposed by the marketing order.

(c) Subsequent to the first sale, no affected units shall be transported, carried, shipped, sold, marketed, or otherwise handled or disposed of until every due and payable assessment herein provided for has been paid and the receipt issued. The foregoing shall include all affected units shipped, stored, or sold, both inside and outside the state.

(2) Collections. Any moneys collected or received by the board pursuant to the provisions of the order during or with respect to any season or year, may be refunded on a prorata basis at the close of such season or year or at the close of such longer period as the board determines to be reasonably adapted to effectuate the declared policies of this act and the purposes of such marketing agreement or order, to all persons from whom such moneys were collected or received or may be carried over into and used with respect to the next succeeding season, year, or period whenever the board finds that the same will tend to effectuate such policies and purposes.

(3) Penalties. Any due and payable assessment herein levied in such specified amount as may be determined by the board pursuant to the provisions of the act and the order, shall constitute a personal debt of every person so assessed or who otherwise owes the same, and the same shall be due and payable to the board when payment is called for by it. In the event any person fails to pay the board the full amount of such assessment or such other sum on or before the date due, the board may, and is hereby authorized to, add to such unpaid assessment or sum an amount not exceeding ten percent of the same to defray the cost of enforcing the collecting of the same. In the event of failure of such person or persons to pay any such due and payable assessment or other such sum, the board may bring a civil action against such person or persons in a state court of competent jurisdiction for the collection thereof, together with the above specified ten percent thereon, and such action shall be tried and judgment rendered as in any other cause of action for debt due and payable.

AMENDATORY SECTION (Amending Order 1809, filed 12/1/83)

WAC 16-561-041 TIME—PLACE—METHOD FOR PAYMENT AND COLLECTION OF ASSESSMENTS. Effective with the growing season of 1977, the following procedure is established for the reporting and paying of assessments levied pursuant to RCW 15.65.410 and WAC 16-561-040:

(1) All first handlers of raspberries for resale or for processing shall withhold the amount of the assessment from their remittance to growers and transmit same to the commission. Where the first handler does not remit proceeds to the producer, the first handler shall include in his bill for services the assessment due and upon payment by the producer shall remit same to the commission. All such assessments accumulated (~~in one calendar week~~) will be due and payable to the commission on or before (~~the end of the following calendar week~~) October 15 of each year. First handlers shall submit to the commission on or before (~~September 30~~) October 15 of each year, a report listing the name, address, pounds handled or purchased, and amount deducted or collected for each producer on forms provided by the commission.

(2) All growers selling raspberries other than to first handlers for resale or processing, whether selling direct or through brokers, and including all sales at retail, shall pay the assessment directly to the commission, on or before September 30 of each year.

(3) All growers having raspberries in cold storage that are not sold on September 15 of each year, shall compute the assessment due on

such berries and pay same to the commission by September 30 of each year.

(4) Any assessments paid after the above deadlines shall be accompanied by a penalty fee of 10% as provided in RCW 15.65.440 of the act.

**WSR 86-06-047**  
**PROPOSED RULES**  
**DEPARTMENT OF REVENUE**  
 [Filed March 5, 1986]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Department of Revenue intends to adopt, amend, or repeal rules concerning:

- Amd WAC 458-20-102 Resale certificates.
- Amd WAC 458-20-122 Sales of feed, seed, fertilizer and spray materials.
- Amd WAC 458-20-135 Extracting natural products;

that the agency will at 9:00 a.m., Thursday, April 10, 1986, in the Revenue Conference Room, 415 General Administration Building, Olympia, Washington 98504, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on April 17, 1986.

The authority under which these rules are proposed is RCW 82.32.300.

The specific statute these rules are intended to implement is RCW 82.04.100, 82.04.230, chapter 148, Laws of 1985 (EHB 99) as yet uncodified, RCW 84.33.035(4), 82.04.050 and 85.58.030(1) [15.58.030(1)].

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before April 10, 1986.

This notice is connected to and continues the matter in Notice No. WSR 86-03-043 filed with the code reviser's office on January 14, 1986.

Dated: March 5, 1986  
 By: Matthew J. Coyle  
 Acting Director

**STATEMENT OF PURPOSE**

Title: WAC 458-20-102 Resale certificates.

Description of Purpose: To clarify the tax treatment of persons who sell feed, seed, fertilizer, and spray materials to farmers; to clarify the definition of the term "farmers" and exclude "extractors" from that definition; to emphasize the penalties for falsely giving or taking resale certificates; and to expressly refer to such penalties in the example resale certificate set forth in the rule.

Statutory Authority: RCW 82.32.300.

Specific Statute Rule is Intended to Implement: RCW 82.04.050.

Reasons Supporting Proposed Action: Because of amendments necessary to related revenue rules, WAC 458-20-122, 458-20-135 and 458-20-210, in order to implement chapter 148, Laws of 1985 (EHB 99), it becomes necessary to make ministerial, housekeeping amendments to this Rule 102 as well. The amendatory



language clarifies the use of resale certificates by farmers. It neither expands nor limits present tax administration in this regard. The rule also emphasizes the violations of law resulting from falsely giving or taking resale certificates.

Title: WAC 458-20-122 Sales of feed, seed, fertilizer and spray materials.

Description of Purpose: To implement chapter 148, Laws of 1985 (EHB 99), which provides a retail sales tax exemption for sales of feed to fish raisers; to clarify present rule provisions regarding the business and occupation tax reporting classifications of persons who sell feed, seed, etc., to farmers; to clarify the definition of the term "farmers"; and to extend the definition of "spray materials" entitled to exemption to include pesticides as defined in RCW 15.58.030(1).

Statutory Authority: RCW 82.32.300.

Specific Statute(s) Rule is Intended to Implement: RCW 82.04.050, chapter 148, Laws of 1985 (EHB 99) as yet uncodified and RCW 15.58.030(1).

Reasons Supporting Proposed Action: This rule simply requires amendment to comport with the new law which treats fish raisers as farmers and grants sales tax exemption for feed sales. The rule changes are ministerial, and do not result in any change in the administration of taxes or exemptions.

Title: WAC 458-20-135 Extracting natural products.

Description of Purpose: To implement chapter 148, Laws of 1985 (EHB 99), which exempts the activity of cultivating and raising fish from the business and occupation tax; to implement the Department of Revenue's past administrative position that logging road building pursuant to timber harvesting operations is part of the extracting activity and taxable as such; and to amend the rule definition of the term "harvester" in accord with RCW 84.33.035 as amended.

Statutory Authority: RCW 82.32.300.

Specific Statute(s) Rule is Intended to Implement: RCW 82.04.100, 82.04.230, chapter 148, Laws of 1985 (EHB 99) as yet uncodified and RCW 84.33.035(4).

Reasons Supporting Proposed Action: This rule has included the raising and taking of fish as taxable for business and occupation tax under the extracting tax classification. Because of new statutory B&O tax exemption, the rule must be amended simply to delete this activity from its provisions. Also, the rule is amended to codify the Department of Revenue's longstanding position that logging road construction done pursuant to timber harvesting operations is a part of the same extracting classification as opposed to being a sale at retail or public road construction. There is no tax impacting effect from these changes and clarifications.

Agency Personnel Responsible for Drafting: Edward L. Faker, 415 General Administration Building, Olympia, WA 98504, phone 753-5579; Implementation: Garry G. Fujita, 415 General Administration Building, Olympia, WA 98504, phone 753-5544; and Enforcement: Department of Revenue, 415 General Administration Building, Olympia, WA 98504, phone 753-5540.

AMENDATORY SECTION (Amending Order ET 83-17, filed 3/15/83)

WAC 458-20-102 RESALE CERTIFICATES. Except as hereinafter noted, all sales are deemed to be retail sales unless the seller takes from the buyer a resale certificate signed by and bearing the registration number and address of the buyer, to the effect that the property purchased is:

- (1) For resale in the regular course of business without intervening use, or
- (2) To be used as an ingredient or component part of a new article of tangible personal property to be produced for sale, or
- (3) A chemical to be used in processing an article to be produced for sale. (See WAC 458-20-113.)

When a vendor receives and accepts in good faith from a purchaser a resale certificate as described in this rule, the vendor is relieved of liability for retail sales tax with respect to the transaction. When a vendor has not secured such a resale certificate he is personally liable for the tax due unless he can sustain the burden of proving (1) that the property was sold for one of the three purposes set forth above and (2) that the purchaser was eligible to give a bona fide resale certificate under the provisions of this rule.

Any purchaser who fraudulently signs a resale certificate with intent to avoid payment of tax is guilty of a gross misdemeanor. When any resale certificate is found to have been fraudulently tendered to any seller or given under false or knowingly misleading circumstances, any retail sales tax which should have been paid but for the tendering of the certificate, which is assessed against the buyer, will automatically incur an evasion penalty of fifty percent of the tax found to be due.

No prescribed form of resale certificate is required. Any written statement to the effect that the tangible personal property is purchased for (resale) one of the three purposes set forth above signed by and bearing the name, address, and registration number of the buyer is sufficient. Such statement may be written or stamped upon the purchase order or may be upon a separate paper. It should be in substantially the following form:

"I hereby certify that this purchase is for resale without intervening use by me in the regular course of business, or is to be used as an ingredient or component part of a new article of tangible personal property to be produced for sale, or is a chemical to be used in processing an article to be produced for sale. This certificate is given with full knowledge of, and subject to the legally prescribed penalties for fraud and tax evasion.

Registration No. .... Name as Registered .....

Firm Name ..... Address .....

Type of Business .....

Authorized Signature .....

Title ..... Date ....."

Blanket resale certificates may be given in advance by known wholesalers, jobbers or retailers. These certificates should be substantially in the following form:

"I hereby certify that all the tangible personal property which I will purchase from ..... will be purchased for resale in the regular course of business without intervening use by me, or for the purpose of consuming the property purchased in producing for sale a new article of tangible personal property of which the property purchased will be an ingredient, or a chemical used in processing the same. This certificate shall be considered a part of each order which I may hereafter give to you, unless otherwise specified, and shall be valid until revoked by me in writing. This certificate is given with full knowledge of, and subject to the legally prescribed penalties for fraud and tax evasion.

Registration No. .... Name as Registered .....

Firm Name ..... Address .....

Type of Business .....

Authorized Signature .....

Title ..... Date ....."

Blanket resale certificates remain valid only so long as the registration number shown thereon has not been cancelled or revoked. Therefore, blanket resale certificates must be renewed whenever a change occurs in the ownership of a purchaser's business and a new certificate of registration is required. All blanket resale certificates must be renewed at intervals not to exceed four years. Sellers who have valid

blanket resale certificates on file without the additional language required by the March, 1983 amendment to this rule are not required to obtain revised blanket resale certificates except where a purchaser's registration with the department of revenue has been cancelled or revoked, a change occurs in the ownership of a purchaser's business and a new registration is required, or the blanket resale certificate was completed more than four years prior to the effective date of the amendment.

**EXCEPTION AS TO NONRESIDENT BUYERS.** In case the purchaser is a nonresident who is not engaged in business in this state, but buys articles here for the purpose of resale in his regular course of business outside this state, the seller should take from such a purchaser a resale certificate substantially in the above form, omitting a registration number, but including a statement to the effect that the articles purchased are for resale by him in his regular course of his business.

**EXCEPTION AS TO FARMERS.** The word "farmers" as used in this rule means any persons engaged in the business of growing or producing for sale at wholesale upon (his) their own lands, or upon lands in which ((he has) they have a present right of possession, any agricultural ((or horticultural) product ((or crop) whatsoever, including ((the raising for sale of any animal, bird or insect or the) milk, eggs, wool, fur, meat, honey, or other substances obtained ((therefrom. It does not mean a person raising any animal, agricultural or horticultural product primarily for his own use or consumption, nor does it) from animals, birds, or insects. "Farmers" does not mean persons selling such products at retail, persons using such products as ingredients in a manufacturing process, or persons growing or producing such products for their own consumption. It does not mean any person dealing in livestock as an operator of a stockyard, slaughterhouse, or packing house; nor does it mean any person who is an "extractor" within the meaning of WAC 458-20-135.

Farmers ((who do not sell at retail)) as defined in this rule are not required to register. Sales of feed, seed, fertilizer, and spray materials to farmers ((for the purpose of producing for sale any agricultural product whatsoever)) are sales at wholesale not subject to the retail sales tax. Farmers who purchase livestock for the purpose of fattening and later reselling the same are making purchases at wholesale not subject to the retail sales tax. Upon sales of any such articles to farmers (including farmers operating in other states), the seller should take from the farmer a resale certificate showing the farmer's name and address and a statement to the effect that his purchase of feed, seed, fertilizer, spray materials is made for the purpose of producing for sale at wholesale an agricultural product, or that his purchase of livestock is made for the purpose of resale. (For sales to farmers of feed, seed, fertilizer and spray materials, see WAC 458-20-122.)

**PURCHASES FOR DUAL PURPOSE.** It may happen that a buyer normally is engaged in both consuming and reselling certain types of articles of tangible personal property and is not able to determine at the time of purchase whether the particular property acquired will be consumed or resold. In such cases, the buyer should purchase according to the general nature of his business; that is, if principally he consumes the articles in question, he should not give a resale certificate for any portion thereof, but if, on the other hand, he principally resells such articles, he may sign a resale certificate for the whole amount of his purchases.

If the buyer gives a resale certificate for all purchases and thereafter consumes some of the articles purchased, he must set up in his books of account the value thereof and remit to the department of revenue the deferred sales tax payable thereon. Such tax should be reported on Form 2406 under use tax.

On the other hand, if the buyer has not given a resale certificate but has paid tax on all purchases of such articles and subsequently resells at retail a portion thereof, he must, nevertheless, collect the tax from the purchaser and report such sales in making his tax returns. However, in such case, the buyer may take a deduction on his return representing his cost of the property thus resold on which sales tax was paid.

Such deduction shall be designated as "resale purchases on which tax was paid" and listed under sales tax deductions on the back of the tax return form. Claim for deduction will be allowed only if the taxpayer keeps and preserves records in support thereof which show the names of the persons from whom such articles were purchased, the date of the purchase, the type of articles, the amount of the purchase and the tax which was paid. (See WAC 458-20-174, 458-20-175 and 458-20-176 for exemption certificates concerning certain sales made to persons engaged in interstate or foreign commerce or in deep sea fishing operations.)

**AMENDATORY SECTION** (Amending Order ET 70-3, filed 5/29/70, effective 7/1/70)

**WAC 458-20-122 SALES OF FEED, SEED, FERTILIZER AND SPRAY MATERIALS.** As used in this ruling:

The word "feed" means a substance used as food for animals ((or poultry)), birds, fish, or insects, and includes whole and processed grains or mixtures thereof, hay and forages or meals made therefrom, mill feeds and feeding concentrates, stock salt, hay salt, bone meal, cod liver oil, double purpose limestone grit, oyster shell and other similar substances used to sustain or improve livestock or poultry. The word does not include substances which do not contribute directly to a resulting agricultural product, such as peat moss or litter, nor does it include hormones or products which are used as medicines rather than as food.

The word "seed" means propagative portions of plants, commonly used for seeding or planting whether true seeds, bulbs, plants, seedlike fruits, seedlings or tubers.

The word "fertilizer" means a substance which increases the productivity of the soil by adding plant foods or nutrients which improve and stimulate plant growth.

The term "spray materials" means materials in liquid, powder or gaseous form used by agricultural producers as described in RCW 82-.04.330 for the purpose of controlling or destroying insects, parasites, vermin, animals, fungi, weeds, pests or plants of a similar nature, deleterious to the growth or conservation of horticultural plants, animals, or products derived therefrom. It includes pesticides as defined in RCW 15.58.030(1). It does not include mechanical devices for the elimination of pests nor does it include materials used for spraying forest trees by commercial timber producers.

The word "farmers" as used in this rule means any persons engaged in the business of growing or producing for sale at wholesale upon their own lands, or upon lands in which they have a present right of possession, any agricultural product whatsoever, including milk, eggs, wool, fur, meat, honey, or other substances obtained from animals, birds, or insects. "Farmers" does not mean persons selling such products at retail, persons using such products as ingredients in a manufacturing process, or persons growing or producing such products for their own consumption. It does not mean any person dealing in livestock as an operator of a stockyard, slaughter house, or packing house; nor does it mean any person who is an "extractor" within the meaning of WAC 458-20-135.

#### BUSINESS AND OCCUPATION TAX

Persons engaged in the business of selling feed, seed, fertilizer or spray materials are taxable under either the retailing or wholesaling classification on gross proceeds of sales. ((Sec WAC 458-20-161 for special classification of sales of unprocessed wheat, oats, dry peas, corn or barley-)) Sales of feed, seed, fertilizer, and spray materials to farmers as defined herein are taxable under the wholesaling-other classification: PROVIDED, That wholesale sales of certain unprocessed grain and legumes may be taxable at a lower rate under the wholesaling wheat, oats, corn, barley, dry peas, dry beans, lentils, triticale classification (see WAC 458-20-161), even though the sale of such unprocessed grains or legumes is to a farmer for use as feed. Sales of feed, seed, fertilizer, and spray materials to consumers other than farmers are taxable under the retailing classification. Sales of feed for use in the cultivating or raising for sale of fish are taxable under the retailing classification.

Persons engaged in the business of spraying crops for hire are taxable under the service and other business activities classification on the gross income therefrom.

#### RETAIL SALES TAX

The retail sales tax does not apply upon the sale of feed, seed, fertilizer, and spray materials to farmers as defined herein.

The retail sales tax applies upon the sale of all such articles ((unless sold to a person for resale in the regular course of business, or unless sold to a person for the purpose of commercial production of agricultural products)) to consumers other than farmers.

The retail sales tax also applies upon sales of spray materials to persons engaged in the business of spraying crops for hire, unless purchased by such persons for the purpose of resale to others for a price separate and apart from the charge made for the actual spreading of the spray.

The retail sales tax does not apply upon sales of any such articles sold to persons for the purpose of producing for sale any agricultural

product whatsoever, including substances obtained from animals, birds or insects.

~~((Thus:)) Sales of feed to persons for use in the cultivating or raising for sale of fish entirely within confined rearing areas or the person's own land or on land in which the person has a present right of possession are expressly exempt of retail sales tax.~~

~~Sales of feed((~~however large the quantity~~)) are taxable retail sales when sold to a riding club or race track operator, or for the purpose of feeding pets or work animals, or of producing poultry or eggs for home consumption. Likewise, sales of seed, fertilizer and spray materials(~~however large the quantity~~)) are taxable retail sales when sold to persons for the growing or improving of lawns or home gardens, or for any use other than for resale or for commercial production of agricultural products.~~

The burden of proving that a sale of any of said articles was not a sale at retail is upon the seller, and all sales will be deemed retail sales unless the seller shall take from the purchaser, ~~((be he either))~~ whether a registered dealer or a farmer, a resale certificate in accordance with WAC 458-20-102.

Revised June 1, 1970.

**AMENDATORY SECTION** (Amending Order ET 83-17, filed 3/15/83)

**WAC 458-20-135 EXTRACTING NATURAL PRODUCTS.**  
~~((#))The word "extractor" means every person who, from ((his)) the person's own land or from the land of another under a right or license granted by lease or contract, either directly or by contracting with others for the necessary labor or mechanical services, for sale or for commercial or industrial use mines, quarries, takes or produces coal, oil, natural gas, ore, stone, sand, gravel, clay, mineral or other natural resource product, or fells, cuts or takes timber, Christmas trees or other natural products, or takes(~~cultivates, or raises~~) fish, or takes, cultivates, or raises shellfish, or other sea or inland water foods or products(~~it~~). "Extractor" does not include persons performing under contract the necessary labor or mechanical services for others or persons cultivating or raising fish entirely within confined rearing areas on the person's own land or on land in which the person has a present right of possession." (RCW 82.04.100.)~~

The following examples are illustrative of operations which are included within the extractive activity:

(1) Logging operations, including the bucking, yarding, and loading of timber or logs after felling, as well as the actual cutting or severance of trees. It includes other activities necessary and incidental to logging, such as logging road construction, slash burning, slashing, scarification, stream cleaning, miscellaneous cleaning, and trail work, where such activities are performed pursuant to a timber harvest operation: PROVIDED, That persons performing such activities must identify in their business records the timber harvest operation of which their work is a part.

(2) Mining and quarrying operations, including the activities incidental to the preparation of the products for market, such as screening, sorting, washing, crushing, etc.

(3) Fishing operations, including the taking of any fish, or the taking, cultivating, or raising(~~in fresh or salt water~~) of ((fish:)) shellfish, or other sea or inland water foods or products (whether on publicly or privately owned beds, and whether planted and cultivated or not) for sale or commercial use. It includes the removal of the meat from the shell, and the cleaning and icing of fish or sea products by the person catching or taking them. It does not include cultivating or raising fish entirely within confined rearing areas under RCW 82.04.100.

~~((4) Construction of logging roads on federal or state land in connection with timber contracts, whether as an extractor or extractor for hire:))~~

#### BUSINESS AND OCCUPATION TAX

**EXTRACTING-LOCAL SALES.** Persons who extract products in this state and sell the same at retail in this state are subject to the business and occupation tax under the classification retailing and those who sell such products at wholesale in this state are taxable under the classification wholesaling-all others. Persons taxable under the classification retailing and wholesaling-all others are not taxable under the classification extracting with respect to the extracting of products so sold within this state.

**EXTRACTING-INTERSTATE OR FOREIGN SALES.** Persons who extract products in this state and sell the same in interstate or foreign commerce are taxable under the classification extracting upon the value of

the products so sold, and are not taxable under retailing or wholesaling-all others in respect to such sales. (See also WAC 458-20-193.)

**EXTRACTING-FOR COMMERCIAL USE.** Persons who extract products in this state and use the same as raw materials or ingredients of articles which they manufacture for sale are not taxable under extracting. (For tax liability of such persons on the sale of manufactured products see WAC 458-20-136, manufacturing, processing for hire, fabricating.)

Persons who extract products in this state for any other commercial or industrial use are taxable under extracting on the value of products extracted and so used. (See WAC 458-20-134 for definition of commercial or industrial use.)

**EXTRACTING FOR OTHERS.** Persons performing under contract, either as prime or subcontractors, the necessary labor or mechanical services for others who are engaged in the business as extractors, are taxable under the extracting for hire classification of the business and occupation tax upon their gross income from such service. If the contract includes the hauling of the products extracted over public roads, such persons are also taxable under the motor transportation classification of the public utility tax upon that portion of their gross income properly attributable to such hauling. However, the hauling for hire of logs or other forest products exclusively upon private roads is taxable under the service classification of the business and occupation tax upon the gross income received from such hauling. (See WAC 458-20-180.)

#### FOREST EXCISE TAX

In addition to all other taxes, a person engaged in business as a harvester of timber is subject to the forest excise tax levied by chapter 84.33 RCW. The word "harvester" means every person who from ~~((his)) the persons own ((privately owned)) land or from the ((privately owned)) land of another under a right or license granted by lease or contract, either directly or by contracting with ((another)) others for the necessary labor or mechanical services, fells, cuts, or takes timber for sale or for commercial or industrial use. It does not include persons performing under contract the necessary labor or mechanical services for a harvester.~~

See chapter 458-40 WAC for detailed provisions, procedures, and other definitions.

#### RETAIL SALES TAX

The retail sales tax applies upon all sales of extracted products made at retail by the extractor thereof, except as provided by WAC 458-20-244, Food products.

#### USE TAX

Persons constructing logging roads ~~((on state or federal land in connection with)) pursuant to timber ((contracts)) harvest operations are subject to use tax on all materials used in such construction, except for materials on which sales tax was paid at the time of purchase.~~

### WSR 86-06-048

#### PROPOSED RULES

#### DEPARTMENT OF REVENUE

[Filed March 5, 1986]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Department of Revenue intends to adopt, amend, or repeal rules concerning sales of precious metal bullion and monetized bullion, WAC 458-20-248.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on April 8, 1986.

The authority under which these rules are proposed is RCW 82.32.300.

The specific statute these rules are intended to implement is chapter 471, Laws of 1985 (ESSB 4228) as yet uncodified, RCW 82.04.050 and 82.04.060.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before April 8, 1986.

This notice is connected to and continues the matter in Notice No. WSR 86-03-042 filed with the code reviser's office on January 14, 1986.

Dated: March 14, 1986

By: Matthew J. Coyle  
Acting Director

### STATEMENT OF PURPOSE

Title: WAC 458-20-248 Sales of precious metal bullion and monetized bullion.

Description of Purpose: To implement chapter 471, Laws of 1985 (ESSB 4228), which effectively provides a B&O tax and retail sales tax exemption for sales of precious metal bullion and monetized bullion; to provide a compensating use tax exclusion under precisely the same conditions that sales tax is exempt; to explain the circumstances under which such bullion sales are taxable; to provide the appropriate certification to be taken by sellers to perfect the exemptions in special cases; and to explain the taxability of sales commissions on bullion sales.

Statutory Authority: RCW 82.32.300.

Specific Statute(s) Rule is Intended to Implement: Chapter 471, Laws of 1985 (ESSB 4228) as yet uncodified, RCW 82.04.050 and 82.04.060.

Reasons Supporting Proposed Action: Rule 248, as originally proposed, filed, and published in the state Register contained a substantive error by including the word "elementary" in referring to precious metal. That word was amended out of chapter 471, Laws of 1985, and is being deleted from this rule in four places. Also, the requirement for sellers taking certifications from buyers of monetized bullion in all cases has been deleted. A more simplified and less frequent taking of buyers' certifications is now provided.

Agency Personnel Responsible for Drafting and Adoption: Edward L. Faker, 415 General Administration Building, Olympia, WA 98504, phone 753-5579; Implementation: Garry G. Fujita, 415 General Administration Building, Olympia, WA 98504, phone 753-5544; and Enforcement: Department of Revenue, 415 General Administration Building, Olympia, WA 98504, phone 753-5540.

### NEW SECTION

WAC 458-20-248 SALES OF PRECIOUS METAL BULLION AND MONETIZED BULLION. Effective July 1, 1985, amounts derived from sales of precious metal bullion and monetized bullion as defined herein, are not subject to business and occupation tax under either the wholesaling or retailing classification or to retail sales tax. Statutory law expressly excludes such sales from the definitions of the terms, "wholesale sale," "sale at wholesale," "retail sale," and "sale at retail."

The term, "precious metal bullion" is statutorily defined to mean any precious metal which has been put through a process of smelting or refining, including, but not limited to, gold, silver, platinum, rhodium, and palladium, and which is in such state or condition that its value depends upon its contents and not upon its form.

The term, "monetized bullion" means coin or other forms of money manufactured from gold, silver, or other metals and heretofore, now, or hereafter used as a medium of exchange under the laws of this state, the United States, or any foreign nation, but does not include coins or money sold to be manufactured into jewelry or works of art.

Thus, sales of processed or refined precious metal valued solely upon the content thereof, whatever its form, are not subject to tax in this state. This includes processed nuggets, bars, sticks, dust, and other

processed forms of precious metal. For example, sales of gold or silver in raw, refined forms to dentists, laboratories, jewelers, and other persons, for their own consumption or for resale are not taxable. However, sales of precious metal which has been manufactured or further processed into any form which determines or adds to the value thereof are fully taxable. For example, sales of jewelry items, medallions, artworks, and other items, the value of which is dependent upon more than the mere content of precious metal therein, are subject to wholesaling or retailing business and occupation tax, whichever is applicable, and retail sales tax as appropriate.

Sales of metal money, in coined or other form, which is recognized as a medium of exchange in the financial marketplace, are not taxable. However, sales of coin or money, whether or not recognized as a medium of exchange, to jewelers or other persons for the purpose of manufacturing jewelry or artworks therefrom are fully taxable. For example, sales of coins for necklaces or to be used as buttons or in paintings or painting frames, etc., are taxable.

It is presumed that all sales of coin and metal money are entitled to tax exemption: PROVIDED, That in order to be exempt of tax persons who knowingly sell such things to buyers who are regularly engaged in the business of manufacturing jewelry or works of art must take a written, signed, and dated statement from such buyers that the coins or metal money are not being purchased for use in manufacturing jewelry or works of art. Artistic or cultural organizations which purchase such things are exempt of retail sales tax as provided in WAC 458-20-249.

The tax exclusions explained herein apply equally to sales of precious metal bullion or monetized bullion transferred through documents of ownership, certificates, confirmation slips, or other indicia of ownership.

### TAXABLE COMMISSIONS

Amounts received as commissions upon sales of precious metals by dealers, brokers, and other selling and/or buying agents who sell or buy precious metal bullion or monetized bullion for the accounts of customers are subject to the service and other activities classification of business and occupation tax. The amount of any shared commission or fee paid to other dealers or commissioned agents associated in such transactions are deductible from the measure of this tax. However, no deduction is allowed for any of the dealer's or commissioned agent's own costs of doing business, including salaries or commissions paid to their own salespersons or other employees. Similarly, persons who receive any part of shared commissions derived from having been associated in transactions for the purchase or sale of precious metal or monetized bullion for the account of others, are themselves subject to service business tax measured by such amounts received.

### USE TAX

The use tax does not apply upon the use of precious metal bullion or monetized bullion in this state under such circumstances that the sale of such bullion to the user would not be taxable if made in this state as explained earlier herein. In all other cases the use tax applies upon the first use by a consumer of precious metals in this state if retail sales tax has not been paid. See WAC 458-20-178.

### WSR 86-06-049

#### PROPOSED RULES

#### PUBLIC DISCLOSURE COMMISSION

[Filed March 5, 1986]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Public Disclosure Commission intends to adopt, amend, or repeal rules concerning ratings and endorsements, amending WAC 390-16-206;

that the agency will at 9 a.m., Tuesday, March 25, 1986, in the 2nd Floor Conference Room, Evergreen Plaza Building, Olympia, Washington, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on March 25, 1986.

The authority under which these rules are proposed is RCW 42.17.370(1).

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before March 25, 1986.

This notice is connected to and continues the matter in Notice Nos. WSR 85-22-030 and 86-04-052 filed with the code reviser's office on October 31, 1985, and February 3, 1986.

Dated: March 3, 1986  
 By: Graham E. Johnson  
 Executive Director

**WSR 86-06-050**  
**PROPOSED RULES**  
**PUBLIC DISCLOSURE COMMISSION**  
 [Filed March 5, 1986]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Public Disclosure Commission intends to adopt, amend, or repeal rules concerning registration and reporting instructions for situations in which lobbyists hire other lobbyists, new WAC 390-20-141;

that the agency will at 9 a.m., Tuesday, April 22, 1986, in the 2nd Floor Conference Room, Evergreen Plaza Building, Olympia, Washington, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on April 22, 1986.

The authority under which these rules are proposed is RCW 42.17.370(1).

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before April 22, 1986.

Dated: March 3, 1986  
 By: Graham E. Johnson  
 Executive Director

**STATEMENT OF PURPOSE**

Title: WAC 390-20-141 Registration and reporting regarding a lobbyist employed by another lobbyist.

Description of Purpose: Provide registration and reporting instructions for situations in which lobbyists hire other lobbyists.

Statutory Authority: RCW 42.17.370(1).

Summary of Rule: Registration and reporting requirements are detailed for lobbyists hired by other lobbyists, for the hiring lobbyist and for the lobbyist's employer.

Reasons Supporting Proposed Action: An interpretative rule is needed to provide registration and reporting guidance for this relatively new, but growing practice.

Agency Personnel Responsible for Drafting, Implementation and Enforcement: Graham E. Johnson, Executive Director.

Person or Organization Proposing Rule, and Whether Public, Private, or Governmental: PDC staff.

Agency Comments or Recommendations Regarding Statutory Language, Implementation, Enforcement, Fiscal Matters: None.

Whether Rule is Necessary as Result of Federal Law or Federal or State Court Action: N/A.

**NEW SECTION**

WAC 390-20-141 REGISTRATION AND REPORTING REGARDING A LOBBYIST EMPLOYED BY ANOTHER LOBBYIST. (1) A person hired by a lobbyist to lobby on behalf of the lobbyist's employer is also a lobbyist for the employer and must submit a registration statement (PDC form L-1) signed by the employer.

(2) Monthly reports (PDC form L-2) by a lobbyist whose salary and/or expenses are being paid by another lobbyist will report them as incurred on behalf of the employer for whom lobbying is taking place. The reports must also include expenses paid directly or indirectly by the employer.

(3) A lobbyist who pays the salary and/or expenses of another lobbyist shall reduce the amount he or she personally reports (on PDC form L-2) as compensation and/or expenses on behalf of a particular employer by the amount paid to the other lobbyist.

(4) The hiring lobbyist shall advise the employer of the amounts paid to the other lobbyist so that the employer may properly record and report (on PDC form L-3) expenditures made to lobbyists.

(5) This rule is intended to apply to situations in which the person hired is not regularly employed by the lobbyist. It is not intended to pertain to entities described in WAC 390-20-143(3) and 390-20-144 who assign responsibility for fulfilling an agreement to lobby to regular employees of the entity.

**WSR 86-06-051**  
**PROPOSED RULES**  
**DEPARTMENT OF LABOR AND INDUSTRIES**  
 [Filed March 5, 1986]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Department of Labor and Industries intends to adopt, amend, or repeal rules concerning:

- Amd WAC 296-62-05403 Scope and application.
- Amd WAC 296-62-05405 Definitions applicable to this section.
- Amd WAC 296-62-05407 Hazard determination.
- Amd WAC 296-62-05413 Material safety data sheets.
- Amd WAC 296-62-05415 Employee information and training.
- Amd WAC 296-62-05417 Trade secrets.
- Amd WAC 296-62-05425 Appendix C.
- New WAC 296-62-05427 Appendix D is a legal definition of a trade secret.
- Rep ch. 296-64 WAC Safety standards—Occupational diseases standards relating to precautionary labeling of hazardous substances used in place of employment.

Sections are amended to include requirements for the agriculture industry (SIC Codes 01, 02, and 07), new requirements for material safety data sheets, trade secrets and to correct typographical errors;

that the agency will at 9:30 a.m., Thursday, April 10, 1986, in the Auditorium, Office Building #2, 12th and Franklin, Olympia, Washington 98504, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on April 24, 1986.

The authority under which these rules are proposed is RCW 49.17.040 and 49.17.050.

The specific statute these rules are intended to implement is RCW 49.17.220(3), 49.17.060(1), 49.17.240(2) and 49.70.115.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before April 4, 1986.

Written or oral submissions may also contain data, views, and arguments concerning the effect of the proposed rules or amendments of rules on economic values, pursuant to chapter 43.21H RCW.

The agency reserves the right to modify the text of these proposed rules before the formal decision for adoption or in response to written comments received before the deadline.

The agency may need to change the date for public hearing or adoption on short notice. To ascertain that the public hearing or adoption will take place as stated in this notice, an interested person may contact the person named below.

Correspondence relating to this notice and the proposed rules should be addressed to:

G. David Hutchins, Assistant Director  
Industrial Safety and Health Division  
Post Office Box 207  
Olympia, Washington 98504  
(206) 753-6500

Dated: March 5, 1986

By: Richard A. Davis  
Director

#### STATEMENT OF PURPOSE

Title and Number of Rule(s) or Chapter: Chapter 296-62 WAC, General occupational safety and health standards.

Statutory Authority: RCW 49.17.040 and 49.17.050.

Specific Statute that Rules are Intended to Implement: RCW 49.17.220(3), 49.17.060(1) and 49.17.240(2).

Summary of the Rule(s): The hazard communication standard of the general occupational safety and health standard is amended to include requirements for the agriculture industry (SIC Codes 01, 02, and 07), new requirements for material safety data sheets, trade secrets and to correct typographical errors.

Reasons Supporting the Proposed Rule(s): To ensure safe and healthful working conditions for every person working in the state of Washington; and to be in compliance with federal regulations.

Agency Personnel Responsible for Drafting: Ray V. Wax, Safety Regulations Program Supervisor, Department of Labor and Industries, Division of Industrial Safety and Health, 814 East 4th Avenue, Olympia, Washington 98504, (206) 753-6381; Implementation: G. David Hutchins, Assistant Director, Department of Labor and Industries, Division of Industrial Safety and Health, 814 East 4th Avenue, Olympia, Washington 98504, (206) 753-6500; and Enforcement: Same as above.

Name of Person or Organization, Whether Private, Public or Governmental that is Proposing the Rule(s): Department of Labor and Industries.

Agency Comments or Recommendations, if any, Regarding Statutory Language, Implementation, Enforcement and Fiscal Matters Pertaining to the Rule(s): These are basic rules that will not be difficult or expensive for employers who must comply with them. However, the rules will likely prevent many costly injuries, including death, to employees in the state of Washington.

Portions of the rules are necessary to comply with a federal law, 29 U.S.C. subsection 667(c)(2).

Any Other Information that may be of Assistance in Identifying the Rule or its Purpose: None.

Small Business Economic Impact Statement: The Regulatory Fairness Act, chapter 19.85 RCW, requires that rules which have an economic impact on more than 20% of all industries or more than 10% of the businesses in any one industry be reviewed and altered to minimize their impact upon small businesses. These proposed standards have been reviewed in light of that requirement. The conclusions of this review are summarized as follows: The proposed standards do not increase the effect of the hazard communication rules on agriculture beyond including the industry into the standard as required by RCW 49.70.115. Also, the number of employers which would be impacted by the change in the trade secrets section of the proposed standards does not meet the criteria set forth in the Regulatory Fairness Act of 1982, therefore no fiscal statement is required. Repeal of chapter 296-64 WAC will eliminate conflicting labeling requirements and should reduce economic impacts on all affected employers. Economic impact data or information for any segment of affected industry is welcome and should be submitted as part of the public hearing record.

#### REPEALER

Chapter 296-64 WAC Safety Standards - Occupational Diseases Standards Relating to Precautionary Labeling of Hazardous Substances Used in Place of Employment is repealed.

#### AMENDATORY SECTION (Amending Order 85-09, filed 4/19/85)

WAC 296-62-05403 SCOPE AND APPLICATION. (1) This section requires chemical manufacturers or importers to assess the hazards of chemicals which they produce or import, and all employers ((except those in agriculture (SIC Codes 01, 02 and 07))) to provide information to their employees about the hazardous chemicals to which they are exposed, by means of a hazard communication program, labels and other forms of warning, material safety data sheets, and information and training. In addition, this section requires distributors to transmit the required information to employers.

(2) This section applies to any chemical which is known to be present in the workplace in such a manner that employees may be exposed under normal conditions of use or in a foreseeable emergency.

(3) This section applies to laboratories only as follows:

(a) Employers shall ensure that labels on incoming containers of hazardous chemicals are not removed or defaced;

(b) Employers shall maintain any material safety data sheets that are received with incoming shipments of hazardous chemicals, and ensure that they are readily accessible to laboratory employees; and,

(c) Employers shall ensure that laboratory employees are apprised of the hazards of the chemicals in their workplaces in accordance with WAC 296-62-05415.

(4) This section applies to agriculture (SIC Codes 01, 02, and 07) only as follows:

(a) Employers shall ensure that each container of hazardous chemicals in the workplace is labeled in accordance with WAC 296-62-05411;

(b) Employers shall maintain any material safety data sheets that are received with incoming shipments of hazardous chemicals, and ensure that they are accessible to agricultural employees upon request; and

(c) Employers shall ensure that agricultural employees are apprised of the hazards of the chemicals in their workplaces in accordance with WAC 296-62-05415. Seasonal and temporary employees who are not exposed to hazardous chemicals in their work area need not be trained.

(5) This section does not require labeling of the following chemicals:

(a) Any pesticide as such term is defined in the Federal Insecticide, Fungicide, and Rodenticide Act (7 U.S.C. 136 et seq.), when subject to the labeling requirements of that act and labeling regulations issued under that act by the Environmental Protection Agency;

(b) Any food, food additive, color additive, drug, or cosmetic, including materials intended for use as ingredients in such products (e.g., flavors and fragrances), as such terms are defined in the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.) and regulations issued under ~~((the))~~ that act, when they are subject to the labeling requirements of that act and labeling regulations issued under that act by the Food and Drug Administration;

(c) Any distilled spirits (beverage alcohols), wine, or malt beverages intended for nonindustrial use, as such terms are defined in the Federal Alcohol Administration Act (27 U.S.C. 201 et seq.) and regulations issued under that act, when subject to the labeling requirements of that act and labeling regulations issued under that act by the Bureau of Alcohol, Tobacco, and Firearms; and,

(d) Any consumer product or hazardous substance as those terms are defined in the Consumer Product Safety Act (15 U.S.C. 2051 et seq.) and Federal Hazardous Substances Act (15 U.S.C. 1261 et seq.) respectively, when subject to a consumer product safety standard or labeling requirement of those acts, or regulations issued under those acts by the Consumer Product Safety Commission.

~~((5))~~ (6) This section does not apply to:

(a) Any hazardous waste as such term is defined by the ~~((Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act of 1976, as amended (42 U.S.C. 6901 et seq.) when subject to regulations issued under that act by the Environmental Protection Agency))~~ hazardous waste management act chapter 70.105 RCW, when subject to regulations issued under that act by the department of ecology which describes specific safety, labeling, personnel training and other standards for the accumulation, handling and management of hazardous waste;

(b) Tobacco or tobacco products;

(c) Wood or wood products;

(d) Articles; and,

(e) Foods, drugs, or cosmetics intended for personal consumption by employees while in the workplace.

(f) Any transportation of a hazardous chemical or substance, provided such transportation is subject to regulations issued by the United States department of transportation or the Washington utilities and transportation commission.

(g) Any distributor who makes retail sales to the general public of consumer products packaged for distribution to, and used by, the general public, shall not be required to disseminate material safety data sheets to the retail purchasers of such products.

~~((6))~~ (7) Where there are two or more employers at the same workplace, each employer shall be solely responsible under the provisions of WAC 296-62-054 through 296-62-05425 for his or her own employees.

#### AMENDATORY SECTION (Amending Order 85-09, filed 4/19/85)

WAC 296-62-05405 DEFINITIONS APPLICABLE TO THIS SECTION. (1) Article - a manufactured item:

(a) Which is formed to a specific shape or design during manufacture;

(b) Which has end use function(s) dependent in whole or in part upon its shape or design during end use; and

(c) Which does not release, or otherwise result in exposure to, a hazardous chemical under normal conditions of use.

(2) Chemical - any element, chemical compound or mixture of elements and/or compounds.

(3) Chemical manufacturer - an employer ~~((in SIC Codes 20 through 39))~~ with a workplace where chemical(s) are produced for use or distribution.

(4) Chemical name - the scientific designation of a chemical in accordance with the nomenclature system developed by the International

Union of Pure and Applied Chemistry (IUPAC) or the Chemical Abstracts Service (CAS) rules of nomenclature, or a name which will clearly identify the chemical for the purpose of conducting a hazard evaluation.

(5) Combustible liquid - any liquid having a flashpoint at or above 100°F (37.8°C), but below 200°F (93.3°C), except any mixture having components with flashpoints of 200°F (93.3°C), or higher, the total volume of which make up 99 percent or more of the total volume of the mixture.

(6) Common name - any designation or identification such as code name, code number, trade name, brand name or generic name used to identify a chemical other than by its chemical name.

(7) Compressed gas

(a) A gas or mixture of gases having, in a container, an absolute pressure exceeding 40 psi at 70°F (21.1°C); or

(b) A gas or mixture of gases having, in a container, an absolute pressure exceeding 104 psi at 130°F (54.4°C) regardless of the pressure at 70°F (21.1°C); or

(c) A liquid having a vapor pressure exceeding 40 psi at 100°F (37.8°C) as determined by ASTM D-323-72.

(8) Container - any bag, barrel, bottle, box, can, cylinder, drum, reaction vessel, storage tank, or the like that contains a hazardous chemical. For purposes of this section, pipes or piping systems are not considered to be containers.

(9) Designated representative - any individual or organization to whom an employee gives written authorization to exercise such employee's rights under this section. A recognized or certified collective bargaining agent shall be treated automatically as a designated representative without regard to written employee authorization.

(10) Director - the director of the department of labor and industries or his/her designee.

(11) Distributor - a business, other than a chemical manufacturer or importer, which supplies hazardous chemicals to other distributors or to purchasers.

(12) Employee - a worker employed by an employer who may be exposed to hazardous chemicals under normal operating conditions or foreseeable emergencies, including, but not limited to production workers, line supervisors, and repair or maintenance personnel. Office workers, grounds maintenance personnel, security personnel or nonresident management are included if their job performance routinely involves potential exposure to hazardous chemicals. However, for the purposes of this subsection, employee shall not mean immediate family members of the officer of any corporation, partnership, sole proprietorship, or other business entity or officers of any closely held corporation engaged in agricultural production of crops or livestock.

(13) Employer - a person engaged in a business where chemicals are either used, or are produced for use or distribution.

(14) Explosive - a chemical that causes a sudden, almost instantaneous release of pressure, gas, and heat when subjected to sudden shock, pressure, or high temperature.

(15) Exposure or exposed - an employee that is subjected to a hazardous chemical in the course of employment through any route of entry (inhalation, ingestion, skin contact or absorption, etc.), and includes potential (e.g. accidental or possible) exposure.

(16) Flammable - a chemical that falls into one of the following categories:

(a) Aerosol flammable - an aerosol that, when tested by the method described in 16 CFR 1500.45, yields a flame projection exceeding 18 inches at full valve opening, or a flashback (a flame extending back to the valve) at any degree of valve opening;

(b) Gas, flammable:

(i) A gas that, at ambient temperature and pressure, forms a flammable mixture with air at a concentration of thirteen percent by volume or less; or

(ii) A gas that, at ambient temperature and pressure, forms a range of flammable mixtures with air wider than twelve percent by volume, regardless of the lower limit;

(c) Liquid, flammable - any liquid having a flashpoint below 100°F (37.8°C), except any mixture having components with flashpoints of 100°F (37.8°C) or higher, the total of which make up 99 percent or more of the total volume of the mixture.

(d) Solid, flammable - a solid, other than a blasting agent or explosive as defined in 29 CFR s1910.109(a), that is liable to cause fire through friction, absorption of moisture, spontaneous chemical change, or retained heat from manufacturing or processing, or which can be ignited readily and when ignited burns so vigorously and persistently as to create a serious hazard. A chemical shall be considered to be a



flammable solid if, when tested by the method described in 16 CFR 1500.44, it ignites and burns with a self-sustained flame at a rate greater than one-tenth of an inch per second along its major axis.

(17) Flashpoint – the minimum temperature at which a liquid gives off a vapor in sufficient concentration to ignite when tested as follows:

(a) Tagliabue closed tester – (see American National Standard Method of Test for Flash Point by Tag Closed Tester, Z11.24-1979 (ASTM D 56-79)) for liquids with a viscosity of less than 45 Saybolt Universal Seconds (SUS) at 100°F (37.8°C), that do not contain suspended solids and do not have a tendency to form a surface film under test; or

(b) Pensky-Martens closed tester – (see American National Standard Method of Test for Flash Point by Pensky-Martens Closed Tester, Z11.7-1979 (ASTM D 93-79)) for liquids with a viscosity equal to or greater than 45 SUS at 100°F (37.8°C), or that contain suspended solids, or that have a tendency to form a surface film under test; or

(c) Setaflash closed tester – (see American National Standard Method of Test for Flash Point by Setaflash Closed Tester (ASTM D 3278-78)).

Organic peroxides, which undergo autoaccelerating thermal decomposition, are excluded from any of the flashpoint determination methods specified above.

(18) Foreseeable emergency – any potential occurrence such as, but not limited to, equipment failure, rupture of containers, or failure of control equipment which could result in an uncontrolled release of a hazardous chemical into the workplace.

(19) Hazardous chemical – any chemical which is a physical hazard or a health hazard.

(20) Hazard warning – any words, pictures, symbols, or combination thereof appearing on a label or other appropriate form of warning which convey the hazards of the chemical(s) in the container(s).

(21) Health hazard – a chemical for which there is statistically significant evidence based on at least one study conducted in accordance with established scientific principles that acute or chronic health effects may occur in exposed employees. The term "health hazard" includes chemicals which are carcinogens, toxic or highly toxic agents, reproductive toxins, irritants, corrosives, sensitizers, hepatotoxins, nephrotoxins, neurotoxins, agents which act on the hematopoietic system, and agents which damage the lungs, skin, eyes, or mucous membranes. Appendix A provides further definitions and explanations of the scope of health hazards covered by this section, and Appendix B describes the criteria to be used to determine whether or not a chemical is to be considered hazardous for purposes of this standard.

(22) ~~(Identify)~~ Identity – any chemical or common name which is indicated on the material safety data sheet (MSDS) for the chemical. The identity used shall permit cross-references to be made among the required list of hazardous chemicals, the label and the MSDS.

(23) Immediate use – that the hazardous chemical will be under the control of and used only by the person who transfers it from a labeled container and only within the work shift in which it is transferred.

(24) Importer – the first business ~~((with employees))~~ within Washington which receives hazardous chemicals produced in other states or countries, for the purpose of supplying them to distributors or purchasers within Washington.

(25) Label – any written, printed, or graphic material displayed on or affixed to containers of hazardous chemicals.

(26) Material safety data sheet (MSDS) – written or printed material concerning a hazardous chemical which is prepared in accordance with WAC 296-62-05413.

(27) Mixture – any combination of two or more chemicals if the combination is not, in whole or in part, the result of a chemical reaction.

(28) Organic peroxide – an organic compound that contains the bivalent-O-O-structure and which may be considered to be a structural derivative of hydrogen peroxide where one or both of the hydrogen atoms has been replaced by an organic radical.

(29) Oxidizer – a chemical other than a blasting agent or explosive as defined in WAC 296-52-030, that initiates or promotes combustion in other materials, thereby causing fire either of itself or through the release of oxygen or other gases.

(30) Physical hazard – a chemical for which there is scientifically valid evidence that it is a combustible liquid, a compressed gas, explosive, flammable, an organic peroxide, an oxidizer, pyrophoric, unstable (reactive) or water-reactive.

(31) Produce – to manufacture, process, formulate, or repackage.

(32) Purchaser – an employer with a workplace who purchases a hazardous chemical for use within that workplace.

(33) Pyrophoric – a chemical that will ignite spontaneously in air at a temperature of 130°F (54.4°C) or below.

(34) Responsible party – someone who can provide additional information on the hazardous chemical and appropriate emergency procedures, if necessary.

(35) Specific chemical identity – the chemical name, Chemical Abstracts Service (CAS) registry number, or any other information that reveals the precise chemical designation of the substance.

(36) Trade secret – any confidential formula, pattern, process, device, information or compilation of information ~~((including chemical name or other unique chemical identifier))~~ that is used in an employer's business, and that gives the employer an opportunity to obtain an advantage over competitors who do not know or use it. WAC 296-62-05427, Appendix D, sets out the criteria to be used in evaluating trade secrets.

(37) Unstable (reactive) – a chemical which in the pure state, or as produced or transported, will vigorously polymerize, decompose, condense, or will become self-reactive under conditions of shocks, pressure or temperature.

(38) Use – to package, handle, react, or transfer.

(39) Water-reactive – a chemical that reacts with water to release a gas that is either flammable or presents a health hazard.

(40) Work area – a room or defined space in a workplace where hazardous chemicals are produced or used, and where employees are present.

(41) Workplace – an establishment at one geographical location containing one or more work areas.

#### AMENDATORY SECTION (Amending Order 84-14, filed 6/7/84)

WAC 296-62-05407 HAZARD DETERMINATION. (1) Chemical manufacturers and importers shall evaluate chemicals produced in their workplaces or imported by them to determine if they are hazardous. Employers are not required to evaluate chemicals unless they choose not to rely on the evaluation performed by the chemical manufacturer or importer for the chemical to satisfy this requirement.

(2) Chemical manufacturers, importers or employers evaluating chemicals shall identify and consider the available scientific evidence concerning such hazards. For health hazards, evidence which is statistically significant and which is based on at least one positive study conducted in accordance with established scientific principles is considered to be sufficient to establish a hazardous effect if the results of the study meet the definitions of health hazards in this section. WAC 296-62-05421, Appendix A, shall be consulted for the scope of health hazards covered, and WAC 296-62-05423, Appendix B, shall be consulted for the criteria to be followed with respect to the completeness of the evaluation, and the data to be reported.

(3) The chemical manufacturer, importer or employer evaluating chemicals shall treat the following sources as establishing that the chemicals listed in them are hazardous:

(a) Chapter 296-62 WAC, General occupational health standards; or,

(b) Threshold Limit Values for Chemical Substances and Physical Agents in the Work Environment, American Conference of Governmental Industrial Hygienists (ACGIH) (latest edition).

The chemical manufacturer, importer, or employer is still responsible for evaluating the hazards associated with the chemicals in these source lists in accordance with the requirements of ~~((this))~~ the standard.

(4) Chemical manufacturers, importers and employers evaluating chemicals shall treat the following sources as establishing that a chemical is a carcinogen or potential carcinogen for hazard communication purposes:

(a) National Toxicology Program (NTP), Annual Report on Carcinogens (latest edition);

(b) International Agency for Research on Cancer (IARC) Monographs (latest editions); or

(c) Chapter 296-62 WAC, General occupational health standards.

NOTE: The Registry of Toxic Effects of Chemical Substances published by the National Institute for Occupational Safety and Health indicates whether a chemical has been found by NTP or IARC to be a potential carcinogen.

(5) The chemical manufacturer, importer or employer shall determine the hazards of mixtures ~~((or))~~ of chemicals as follows:

(a) If a mixture has been tested as a whole to determine its hazards, the results of such testing shall be used to determine whether the mixture is hazardous;



(b) If a mixture has not been tested as a whole to determine whether the mixture is a health hazard, the mixture shall be assumed to present the same health hazards as do the components which comprise one percent (by weight or volume) or greater of the mixture, except that the mixture shall be assumed to present a carcinogenic hazard if it contains a component in concentrations of 0.1 percent or greater which is considered to be a carcinogen under WAC 296-62-05407(4);

(c) If a mixture has not been tested as a whole to determine whether the mixture is a physical hazard, the chemical manufacturer, importer, or employer may use whatever scientifically valid data is available to evaluate the physical hazard potential of the mixture; and,

(d) If the employer has evidence to indicate that a component present in the mixture in concentrations of less than one percent (or in the case of carcinogens, less than 0.1 percent) could be released in concentrations which would exceed an established WISHA permissible exposure limit or ACGIH threshold limit value, or could present a health hazard to employees in those concentrations, the mixture shall be assumed to present the same hazard.

(6) Chemical manufacturers, importers, or employers evaluating chemicals shall describe in writing the procedures they use to determine the hazards of the chemical they evaluate. The written procedures are to be made available, upon request, to employees, their designated representatives, the director or his/her designee. The written description may be incorporated into the written hazard communication program required under WAC 296-62-05409.

#### AMENDATORY SECTION (Amending Order 85-09, filed 4/19/85)

##### WAC 296-62-05413 MATERIAL SAFETY DATA SHEETS.

(1) Chemical manufacturers and importers shall obtain or develop a material safety data sheet for each hazardous chemical they produce or import. Employers shall have a material safety data sheet for each hazardous chemical which they use.

(2) Each material safety data sheet shall be in English and shall contain at least the following information:

(a) The identity used on the label, and, except as provided for in WAC 296-62-05417 on trade secrets:

(i) If the hazardous chemical is a single substance, its chemical and common name(s);

(ii) If the hazardous chemical is a mixture which has been tested as a whole to determine its hazards, the chemical and common name(s) of the ingredients which contribute to these known hazards, and the common name(s) of the mixture itself; or,

(iii) If the hazardous chemical is a mixture which has not been tested as a whole:

(A) The chemical and common name(s) of all ingredients which have been determined to be health hazards, and which comprise 1% or greater of the composition, except that chemicals identified as carcinogens under WAC 296-62-05407(4) shall be listed if the concentrations are 0.1% or greater; and,

(B) The chemical and common name(s) of all ingredients which have been determined to present a physical hazard when present in the mixture;

(b) Physical and chemical characteristics of the hazardous chemical (such as vapor pressure, flash point);

(c) The physical hazards of the hazardous chemical, including the potential for fire, explosion, and reactivity;

(d) The health hazards of the hazardous chemical, including signs and symptoms of exposure, and any medical conditions which are generally recognized as being aggravated by exposure to the chemical;

(e) The primary route(s) of entry;

(f) The WISHA permissible exposure limit, ACGIH threshold limit value, and any other exposure limit used or recommended by the chemical manufacturer, importer, or employer preparing the material safety data sheet, where available;

(g) Whether the hazardous chemical is listed in the National Toxicology Program (NTP) Annual Report on Carcinogens (latest edition) or has been found to be a potential carcinogen in the International Agency for Research on Cancer (IARC) Monographs (latest editions), or by WISHA;

(h) Any generally applicable precautions for safe handling and use which are known to the chemical manufacturer, importer or employer preparing the material safety data sheet, including appropriate hygienic practices, protective measures during repair and maintenance of contaminated equipment, and procedures for clean-up of spills and leaks;

(i) Any generally applicable control measures which are known to the chemical manufacturer, importer or employer preparing the material safety data sheet, such as appropriate engineering controls, work practices, or personal protective equipment;

(j) Emergency and first aid procedures;

(k) The date of preparation of the material safety data sheet or the last change to it; and,

(l) The name, address and telephone number of the chemical manufacturer, importer, employer or other responsible party preparing or distributing the material safety data sheet, who can provide additional information on the hazardous chemical and appropriate emergency procedures, if necessary.

(3) If no relevant information is found for any given category on the material safety data sheet, the chemical manufacturer, importer or employer preparing the material safety data sheet shall mark it to indicate that no applicable information was found.

(4) Where complex mixtures have similar hazards and contents (i.e. the chemical ingredients are essentially the same, but the specific composition varies from mixture to mixture), the chemical manufacturer, importer or employer may prepare one material safety data sheet to apply to all of these similar mixtures.

(5) The chemical manufacturer, importer or employer preparing the material safety data sheet shall ensure that the information recorded accurately reflects the scientific evidence used in making the hazard determination. If the chemical manufacturer, importer or employer becomes newly aware of any significant information regarding the hazards of a chemical, or ways to protect against the hazards, this new information shall be added to the material safety data sheet within three months. If the chemical is not currently being produced or imported the chemical manufacturer or importer shall add the information to the material safety data sheet before the chemical is introduced into the workplace again.

(6) Chemical manufacturers or importers shall ensure that distributors and purchasers of hazardous chemicals are provided an appropriate material safety data sheet with their initial shipment, and with the first shipment after a material safety data sheet is updated. The chemical manufacturer or importer shall either provide material safety data sheets with the shipped containers or send them to the purchaser prior to or at the time of the shipment. If the material safety data sheet is not provided with the shipment, the purchaser shall obtain one from the chemical manufacturer, importer, or distributor as soon as possible.

(7) Distributors shall ensure that material safety data sheets, and updated information, are provided to other distributors and purchasers of hazardous chemicals.

(8) The employer shall maintain copies of the required material safety data sheets for each hazardous chemical in the workplace, and shall ensure that they are readily accessible during each work shift to employees when they are in their work area(s).

(9) Material safety data sheets may be kept in any form, including operating procedures, and may be designed to cover groups of hazardous chemicals in a work area where it may be more appropriate to address the hazards of a process rather than individual hazardous chemicals. However, the employer shall ensure that in all cases the required information is provided for each hazardous chemical, and is readily accessible during each work shift to employees when they are in their work area(s).

(10) Material safety data sheets shall also be made readily available, upon request, to designated representatives and to the director or his/her designee in accordance with the requirements of WAC 296-62-05209.

(11) If a purchaser has not received a material safety data sheet within ((twenty)) thirty calendar days after making a written request to the chemical manufacturer, importer, or distributor in accordance with WAC 296-62-05413(6), he/she may make a written request for assistance to the Department of Labor and Industries, Right-to-Know Program, Industrial Hygiene Section, P.O. Box 207, Olympia, Washington 98504. Such written request shall include:

(a) A copy of the purchaser's written request to the chemical manufacturer, importer, or distributor;

(b) The name of the product suspected of containing a hazardous chemical;

(c) The identification number of the product if available;

(d) A copy of the product label if available; and

(e) The name and address of the chemical manufacturer, importer, or distributor from whom the product was obtained.

Upon receipt of a written request for material safety data sheet, the department shall attempt to procure the material safety data sheet

from the chemical manufacturer, importer or distributor and upon procurement, shall forward a copy of the material safety data sheet at no cost to the purchaser.

**AMENDATORY SECTION** (Amending Order 84-14, filed 6/7/84)

**WAC 296-62-05415 EMPLOYEE INFORMATION AND TRAINING.** Employers shall provide employees with information and training on hazardous chemicals in their work area at the time of their initial assignment, and whenever a new hazard is introduced into their work area. Such information and training shall be tailored to the types of hazards to which the employees will be exposed.

- (1) Information. Employees shall be informed of:
  - (a) The requirements of this section;
  - (b) Any operations in their work area where hazardous chemicals are present; and,
  - (c) The location and availability of the written hazard communication program, including the required list(s) of hazardous chemicals, and material safety data sheets required by this section.
- (2) Training. Employee training shall include at least:
  - (a) Methods and observations that may be used to detect the presence or release of a hazardous chemical in the work area (such as monitoring conducted by the employer, continuous monitoring devices, visual appearance or odor of hazardous chemicals when being released, etc.);
  - (b) The physical and health hazards of the chemicals in the work area including the likely physical symptoms or effects of overexposure;
  - (c) The measures employees can take to protect themselves from these hazards, including specific procedures the employer has implemented to protect employees from exposure to hazardous chemicals, such as appropriate work practices, emergency procedures, and personal protective equipment to be used; and,
  - (d) The details of the hazard communication program developed by the employer, including an explanation of the labeling system and the material safety data sheet, and how employees can obtain and use the appropriate hazard information.
- (3) Upon receipt of a written or verbal request, the department shall prepare and make available to employers or the public a translation in Cambodian, Chinese, Korean, Spanish, or Vietnamese any of the following:
  - (a) An employer's written hazard communication program;
  - (b) A material safety data sheet; or
  - (c) Written materials prepared by the department to inform employees of their rights relating to hazard communication, WAC 296-62-054 through 296-62-05427.
  - (4) An employer employing employees who have trouble communicating in English shall make reasonable efforts to post notices in the employees' native languages as provided by the department.

**AMENDATORY SECTION** (Amending Order 84-22, filed 10/30/84)

**WAC 296-62-05417 TRADE SECRETS.** (1) The chemical manufacturer, importer or employer may withhold the specific chemical identity including the chemical name and other specific identification of a hazardous chemical, from the material safety data sheet, provided that:

- (a) The claim that the information withheld is a trade secret can be supported;
  - (b) Information contained in the material safety data sheet concerning the properties and effects of the hazardous chemical is disclosed;
  - (c) The material safety data sheet indicates that the specific chemical identity is being withheld as a trade secret; and,
  - (d) The specific chemical identity is made available to health professionals, employees, and designated representatives, in accordance with the applicable provisions of this section.
- (2) Where a treating physician or nurse determines that a medical emergency exists and the specific chemical identity of a hazardous chemical is necessary for emergency or first-aid treatment, the chemical manufacturer, importer, or employer shall immediately disclose the specific chemical identity of a trade secret chemical to that treating physician or nurse, regardless of the existence of a written statement of need or a confidentiality agreement. The chemical manufacturer, importer, or employer may require a written statement of need and confidentiality agreement, in accordance with the provisions of subsections (3) and (4) of this section, as soon as circumstances permit.
- (3) In nonemergency situations, a chemical manufacturer, importer, or employer shall, upon request, disclose a specific chemical identity,

otherwise permitted to be withheld under subsection (1) of this section, to a health professional (i.e. physician, registered nurse, industrial hygienist, toxicologist, or epidemiologist) providing medical or other occupational health services to exposed employee(s), and to employees or designated representatives, if:

- (a) The request is in writing;
  - (b) The request describes with reasonable detail one or more of the following occupational health needs for the information:
    - (i) To assess the hazards of the chemicals to which employees will be exposed;
    - (ii) To conduct or assess sampling of the workplace atmosphere to determine employee exposure levels;
    - (iii) To conduct preassignment or periodic medical surveillance of exposed employees;
    - (iv) To provide medical treatment to exposed employees;
    - (v) To select or assess appropriate personal protective equipment for exposed employees;
    - (vi) To design or assess engineering controls or other protective measures for exposed employees; and,
    - (vii) To conduct studies to determine the health effects of exposure.
  - (c) The request explains in detail why the disclosure of the specific chemical identity is essential and that, in lieu thereof, the disclosure of the following information to the health professional, employee, or designated representatives, would not ~~((enable the health professional to provide the occupational health services))~~ satisfy the purposes described in subdivision (3)(b) of this section:
    - (i) The properties and effects of the chemical;
    - (ii) Measures for controlling workers' exposure to the chemical;
    - (iii) Methods of monitoring and analyzing worker exposure to the chemical; and,
    - (iv) Methods of diagnosing and treating harmful exposures to the chemical;
  - (d) The request includes a description of the procedures to be used to maintain the confidentiality of the disclosed information; and,
  - (e) The health professional, and the employer or contractor of the services of the health professional((s services)) (i.e., downstream employer, labor organization, or individual ((employer)) employee), employee, or designated representative, agree in a written confidentiality agreement that the health professional employee, or designated representative, will not use the trade secret information for any purpose other than the health need(s) asserted and agree not to release the information under any circumstances other than to the department, as provided in subsection (6) of this section, except as authorized by the terms of the agreement or by the chemical manufacturer, importer, or employer.
- (4) The confidentiality agreement authorized by subdivision (3)(d) of this section:
- (a) May restrict the use of the information to the health purposes indicated in the written statement of need;
  - (b) May provide for appropriate legal remedies in the event of a breach of the agreement, including stipulation of a reasonable preestimate of likely damages; and,
  - (c) May not include requirements for the posting of a penalty bond.
- (5) Nothing in this standard is meant to preclude the parties from pursuing noncontractual remedies to the extent permitted by law.
- (6) If the health professional, employee, or designated representative receiving the trade secret information decides that there is a need to disclose it to the department, the chemical manufacturer, importer, or employer who provided the information shall be informed by the health professional, employee, or designated representative prior to, or at the same time as, such disclosure.
- (7) If the chemical manufacturer, importer, or employer denies a written request for disclosure of a specific chemical identity, the denial must:
- (a) Be provided to the health professional, employee, or designated representative, within thirty days of the request;
  - (b) Be in writing;
  - (c) Include evidence to support the claim that the specific chemical identity is a trade secret;
  - (d) State the specific reasons why the request is being denied; and,
  - (e) Explain in detail how alternative information may satisfy the specific medical or occupational health need without revealing the specific chemical identity.
- (8) The health professional, employee, or designated representative, whose request for information is denied under subsection (3) of this section may refer the request and the written denial of the request to the department for consideration.

(9) When a health professional, employee, or designated representative refers the denial to the department under subsection (8) of this section, the director or his/her designee shall consider the evidence to determine if:

(a) The chemical manufacturer, importer, or employer has supported the claim that the specific chemical identity is a trade secret;

(b) The health professional, employee, or designated representative, has supported the claim that there is a medical or occupational health need for the information; and,

(c) The health professional, employee, or designated representative, has demonstrated adequate means to protect the confidentiality.

(10)(a) If the director or his/her designee determines that the specific chemical identity requested under subsection (3) of this section is not a bona fide trade secret, or that it is a trade secret but the requesting health professional, employee, or designated representative has a legitimate medical or occupational health need for the information, has executed a written confidentiality agreement, and has shown adequate means to protect the confidentiality of the information, the chemical manufacturer, importer, or employer will be subject to citation by the department.

(b) If a chemical manufacturer, importer, or employer demonstrates to the department that the execution of a confidentiality agreement would not provide sufficient protection against the potential harm from the unauthorized disclosure of a trade secret specific chemical identity, the director or his/her designee may issue such orders or impose such additional limitations or conditions upon the disclosure of the requested chemical information as may be appropriate to assure that the occupational health services are provided without an undue risk of harm to the chemical manufacturer, importer, or employer.

(11) If, following the issuance of a citation and any protective orders, the chemical manufacturer, importer, or employer continues to withhold the information, further action may be taken by the department in accordance with chapter 49.17 RCW.

(12) Notwithstanding the existence of a trade secret claim, a chemical manufacturer, importer, or employer shall, upon request, disclose to the director or his/her designee any information which this section requires the chemical manufacturer, importer, or employer to make available. Where there is a trade secret claim, such claim shall be made no later than at the time the information is provided to the director or his/her designee so that suitable determinations of trade secret status can be made and the necessary protections can be implemented.

(13) Nothing in this section shall be construed as requiring the disclosure under any circumstances of process or percentage of mixture information which is trade secret.

**AMENDATORY SECTION** (Amending Order 85-09, filed 4/19/85)

WAC 296-62-05425 APPENDIX C—INFORMATION SOURCES (ADVISORY). The following is a list of available data sources which the chemical manufacturer, importer, or employer may wish to consult to evaluate the hazards of chemicals they produce or import:

(1) Any information in their own company files such as toxicity testing results or illness experience of company employees.

(2) Any information obtained from the supplier of the chemical, such as material safety data sheets or product safety bulletins.

(3) Any pertinent information obtained from the following source list (latest editions should be used):

Condensed Chemical Dictionary  
Van Nostrand Reinhold Co.  
135 West 50th Street  
New York, NY 10020

The Merck Index: An Encyclopedia of Chemicals and Drugs  
Merck and Company, Inc.  
126 E. Lincoln Avenue  
Rahway, NJ 07065

IARC Monographs on the Evaluation of the Carcinogenic Risk of Chemicals to Man  
Geneva: World Health Organization  
International Agency for Research on Cancer, 1972-1977  
(Multivolume work)  
49 Sheridan Street  
Albany, New York

Industrial Hygiene and Toxicology, by F.A. Patty  
John Wiley & Sons, Inc.  
New York, NY  
(Five volumes)

Clinical Toxicology of Commercial Products  
Gleason, Gosselin and Hodge

Casarett and Doull's Toxicology: The Basic Science of Poisons  
Doull, Klaassen, and Amdur  
Macmillan Publishing Co., Inc.  
New York, NY

Industrial Toxicology, by Alice Hamilton and Harriet L. Hardy  
Publishing Sciences Group, Inc.  
(Action) Acton, MA

Toxicology of the Eye, by W. Morton Grant  
Charles C. Thomas  
301-327 East Lawrence Avenue  
Springfield, IL

Recognition of Health Hazards in Industry  
William A. Burgess  
John Wiley and Sons  
605 Third Avenue  
New York, NY 10158

Chemical Hazards of the Workplace  
Nick H. Proctor and James P. Hughes  
J.P. Lipincott Company  
6 Winchester Terrace  
New York, NY 10022

Handbook of Chemistry and Physics  
Chemical Rubber Company  
18901 Cranwood Parkway  
Cleveland, OH 44128

Threshold Limit Values for Chemical Substances and Physical Agents in the Workroom Environment with Intended Changes  
American Conference of Governmental Industrial Hygienists  
6500 Glenway Avenue, Bldg. D-5  
Cincinnati, OH 45211

National Toxicology Program (NTP) Annual Report on Carcinogens (Latest Edition)  
National Technical Information Service (NTIS)  
5285 Port Royal Road  
Springfield, VA 22101

NOTE: The following documents are on sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402

Occupational Health Guidelines  
NIOSH/OSHA (NIOSH Pub. No. 81-123)

NIOSH/OSHA Pocket Guide to Chemical Hazards  
NIOSH Pub. NO. 78-210

Registry of Toxic Effects of Chemical Substances  
U.S. Department of Health and Human Services  
Public Health Service  
Center for Disease Control  
National Institute for Occupational Safety and Health  
(NIOSH Pub. No. 80-102)

The Industrial Environment - Its Evaluation and Control  
U.S. Department of Health and Human Services  
Public Health Service  
Center for Disease Control  
National Institute for Occupational Safety and Health  
(NIOSH Pub. No. 74-117)

Miscellaneous Documents - National Institute for Occupational Safety and Health

- (1) Criteria for a recommended standard... Occupational Exposure to " \_\_\_\_\_ "
- (2) Special Hazard Reviews
- (3) Occupational Hazard Assessment
- (4) Current Intelligence Bulletins

**BIBLIOGRAPHIC DATA BASES**

Service Provider	File Name
Bibliographic Retrieval Services (BRS)	AGRICOLA
Corporation Park, Bldg. 702	BIOSIS PREVIEWS
Scotia, New York 12302	CA CONDENSATES
	CA SEARCH
	DRUG INFORMATION
	MEDLARS
	MEDOC
	NTIS
	POLLUTION ABSTRACTS
	SCIENCE CITATION INDEX
	SSIE

Lockheed - DIALOG  
Lockheed Missiles & Space  
Company, Inc.  
P.O. Box 44481  
San Francisco, CA 94144

AGRICOLA  
BIOSIS PREV. 1972-PRESENT  
BIOSIS PREV. 1969-71  
CA CONDENSATES 1970-71  
CA SEARCH 1972-76  
CA SEARCH 1977-PRESENT  
CHEMNAME  
CONFERENCE PAPERS INDEX  
FOOD SCIENCE & TECH. ABSTR.  
FOODS ADLIBRA  
INTL. PHARMACEUTICAL  
ABSTR.  
NTIS  
POLLUTION ABSTRACTS  
SCISEARCH 1978-PRESENT  
SCISEARCH 1974-77  
SSIE CURRENT RESEARCH

SDC - ORBIT  
SDC Search Service  
Department No. 2230  
Pasadena, CA 91051

AGRICOLA  
BIOCODES  
BIOSIS/BIO6973  
CAS6771/CAS7276  
CAS77  
CHEMDEX  
CONFERENCE  
ENVIROLINE  
LABORDOC  
NTIS  
POLLUTION  
SSIE  
  
Structure & Nomenclature  
Search system  
Acute Toxicity (RTECS)  
Clinical Toxicology of  
Commercial Products  
Oil and Hazardous Materials  
Technical Assistance Data  
System

Chemical Information System (CIS)  
Chemical Information Systems, Inc.  
7215 Yorke Road  
Baltimore, MD 21212

Toxicology Data Bank (TDB)  
MEDLINE  
TOXLINE  
CANCERLIT  
RTECS

National Library of Medicine  
Department of Health and  
Human Services  
Public Health Service  
National Institutes of Health  
Bethesda, MD 20209

**NEW SECTION**

WAC 296-62-05427 APPENDIX D. Definition of "Trade Secret" (Mandatory)

The following is a reprint of the Restatement of Torts section 757, comment b (1939):

"b. Definition of trade secret. A trade secret may consist of any formula, pattern, device or compilation of information which is used in one's business, and which gives him an opportunity to obtain an advantage over competitors who do not know or use it. It may be a formula for a chemical compound, a process of manufacturing, treating or preserving materials, a pattern for a machine or other device, or a list of customers. It differs from other secret information in a business (see § 759 of the Restatement of Torts which is not included in this Appendix) in that it is not simply information as to single or ephemeral events in the conduct of the business, as, for example, the amount or other terms of a secret bid for a contract or the salary of certain employees, or the security investments made or contemplated, or the date fixed for the announcement of a new policy or for bringing out a new model or the like. A trade secret is a process or device for continuous use in the operations of the business. Generally it relates to the production of goods, as, for example, a machine or formula for the production of an article. It may, however, relate to the sale of goods or to other operations in the business, such as a code for determining discounts, rebates or other concessions in a price list or catalogue, or a list of specialized customers, or a method of bookkeeping or other office management.

Secrecy. The subject matter of a trade secret must be secret. Matters of public knowledge or of general knowledge in an industry cannot be appropriated by one as his secret. Matters which are completely disclosed by the goods which one markets cannot be his secret. Substantially, a trade secret is known only in the particular business in which it is used. It is not requisite that only the proprietor of the business know it. He may, without losing his protection, communicate it to employees involved in its use. He may likewise communicate it to other pledged to secrecy. Others may also know of it independently, as, for

example, when they have discovered the process or formula by independent invention and are keeping it secret. Nevertheless, a substantial element of secrecy must exist, so that, except by the use of improper means, there would be difficulty in acquiring the information. An exact definition of a trade secret is not possible. Some factors to be considered in determining whether given information is one's trade secret are: (1) The extent to which the information is known outside of his business; (2) the extent to which it is known by employees and others involved in his business; (3) the extent of measures taken by him to guard the secrecy of the information; (4) the value of the information to him and his competitors; (5) the amount of effort or money expended by him in developing the information; (6) the ease or difficulty with which the information could be properly acquired or duplicated by others.

Novelty and prior art. A trade secret may be a device or process which is patentable; but it need not be that. It may be a device or process which is clearly anticipated in the prior art or one which is merely a mechanical improvement that a good mechanic can make. Novelty and invention are not requisite for a trade secret as they are for patentability. These requirements are essential to patentability because a patent protects against unlicensed use of the patented device or process even by one who discovers it properly through independent research. The patent monopoly is a reward to the inventor. But such is not the case with a trade secret. Its protection is not based on a policy of rewarding or otherwise encouraging the development of secret processes or devices. The protection is merely against breach of faith and reprehensible means of learning another's secret. For this limited protection it is not appropriate to require also the kind of novelty and invention which is a requisite of patentability. The nature of the secret is, however, an important factor in determining the kind of relief that is appropriate against one who is subject to liability under the rule stated in this Section. Thus, if the secret consists of a device or process which is a novel invention, one who acquires the secret wrongfully is ordinarily enjoined from further use of it and is required to account for the profits derived from his past use. If, on the other hand, the secret consists of mechanical improvements that a good mechanic can make without resort to the secret, the wrongdoer's liability may be limited to damages, and an injunction against future use of the improvements made with the aid of the secret may be inappropriate.

Information not a trade secret. Although given information is not a trade secret, one who receives the information in a confidential relation or discovers it by improper means may be under some duty not to disclose or use that information. Because of the confidential relation or the impropriety of the means of discovery, he may be compelled to go to other sources for the information. As stated in Comment a, even the rule stated in this Section rests not upon a view of trade secrets as physical objects of property but rather upon abuse of confidence or impropriety in learning the secret. Such abuse or impropriety may exist also where the information is not a trade secret and may be equally a basis for liability. The rules relating to the liability for duties arising from confidential relationships generally are not within the scope of the Restatement of this Subject. As to the use of improper means to acquire information, see § 759."

**WSR 86-06-052**  
**PROPOSED RULES**  
**HIGHER EDUCATION PERSONNEL BOARD**  
[Filed March 5, 1986]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Higher Education Personnel Board intends to adopt, amend, or repeal rules concerning:

Amd	WAC 251-04-050	Higher Education Personnel Board.
Rep	WAC 251-04-020	Definitions.
New	WAC 251-01-005	Administrative assistant exemption.
New	WAC 251-01-010	Administrative employees.
New	WAC 251-01-015	Affirmative action.
New	WAC 251-01-020	Agricultural employees.
New	WAC 251-01-025	Allocation.
New	WAC 251-01-030	Annual performance evaluation.
New	WAC 251-01-035	Appointing authority.

New WAC 251-01-040 Availability.  
 New WAC 251-01-045 Board.  
 New WAC 251-01-050 Certification.  
 New WAC 251-01-055 Charges.  
 New WAC 251-01-060 Class.  
 New WAC 251-01-065 Classified service.  
 New WAC 251-01-070 Collective bargaining.  
 New WAC 251-01-075 Competitive service.  
 New WAC 251-01-080 Counseling exemption.  
 New WAC 251-01-085 Cyclic year position.  
 New WAC 251-01-100 Demotion.  
 New WAC 251-01-105 Development.  
 New WAC 251-01-110 Director.  
 New WAC 251-01-115 Dismissal.  
 New WAC 251-01-120 Eligible.  
 New WAC 251-01-125 Eligible list.  
 New WAC 251-01-130 Employee.  
 New WAC 251-01-135 Employee organization.  
 New WAC 251-01-140 Employing official.  
 New WAC 251-01-145 Essential job elements.  
 New WAC 251-01-150 Examinations.  
 New WAC 251-01-155 Executive employees.  
 New WAC 251-01-160 Executive head exemption.  
 New WAC 251-01-165 Exempt position.  
 New WAC 251-01-170 Extension and/or continuing education exemption.  
 New WAC 251-01-175 Final examination score.  
 New WAC 251-01-180 Fringe benefits.  
 New WAC 251-01-185 Full-time employment.  
 New WAC 251-01-190 Goals.  
 New WAC 251-01-195 Graphic arts or publication exemption.  
 New WAC 251-01-200 Grievance.  
 New WAC 251-01-205 Hearing examiner.  
 New WAC 251-01-210 Institutional examination.  
 New WAC 251-01-215 Institutions of higher education.  
 New WAC 251-01-220 Job analysis.  
 New WAC 251-01-225 Job categories.  
 New WAC 251-01-230 Job group.  
 New WAC 251-01-235 Lateral movement.  
 New WAC 251-01-240 Layoff.  
 New WAC 251-01-245 Layoff seniority.  
 New WAC 251-01-250 Layoff unit.  
 New WAC 251-01-255 Lead.  
 New WAC 251-01-260 Noncompetitive service.  
 New WAC 251-01-265 Organizational unit.  
 New WAC 251-01-270 Part-time employment.  
 New WAC 251-01-275 Periodic increment date (P.I.D.).  
 New WAC 251-01-280 Permanent employee.  
 New WAC 251-01-285 Person of disability.  
 New WAC 251-01-290 Personnel officer.  
 New WAC 251-01-295 P.I.D.  
 New WAC 251-01-300 Position.  
 New WAC 251-01-305 Principal assistant exemption.  
 New WAC 251-01-310 Probationary period.  
 New WAC 251-01-315 Probationary reappointment.  
 New WAC 251-01-320 Professional employees.  
 New WAC 251-01-325 Promotion.  
 New WAC 251-01-330 Protected groups.  
 New WAC 251-01-335 Provisional appointment.  
 New WAC 251-01-340 Public records.  
 New WAC 251-01-345 Rating factor.  
 New WAC 251-01-350 Rating guide.  
 New WAC 251-01-355 Reallocation.  
 New WAC 251-01-360 Reassignment.  
 New WAC 251-01-365 Related boards.  
 New WAC 251-01-370 Research exemption.  
 New WAC 251-01-375 Resignation.  
 New WAC 251-01-380 Reversion.  
 New WAC 251-01-385 Specific position elements.  
 New WAC 251-01-390 Specific position requirements.  
 New WAC 251-01-395 Supervisor.  
 New WAC 251-01-400 Supplemental certification.  
 New WAC 251-01-405 Suspension.  
 New WAC 251-01-410 System examination.  
 New WAC 251-01-415 Temporary appointment.  
 New WAC 251-01-420 Timetables.  
 New WAC 251-01-425 Training.

New WAC 251-01-430 Transfer.  
 New WAC 251-01-435 Trial service.  
 New WAC 251-01-440 Underutilization.  
 New WAC 251-01-445 Union shop.  
 New WAC 251-01-450 Union shop representative.  
 New WAC 251-01-455 Union shop representation fee.  
 New WAC 251-01-460 Writing;

that the agency will at 9:00 a.m., Friday, April 18, 1986, in the Library Media Center, Skagit Valley Community College, Mt. Vernon, Washington, conduct a public hearing on the proposed rules.

The adoption, amendment, or repeal of the rules will take place immediately following the hearing.

The authority under which these rules are proposed is RCW 28B.16.100.

The specific statute these rules are intended to implement is chapter 28B.16 RCW.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before April 18, 1986.

Dated: March 5, 1986

By: John A. Spitz  
 Director

#### STATEMENT OF PURPOSE

This statement is related to the notice filed with the code reviser on March 5, 1986, and is filed pursuant to RCW 34.04.025.

Title: WAC 251-04-050 Higher Education Personnel Board.

Description of Purpose: Establish compensation for each board member.

Statutory Authority: RCW 28B.16.100 to implement the provisions of that section.

Specific Statute this Rule is Intended to Implement: RCW 28B.16.060.

Summary of Rule: Clarifies rate of pay for board members and defines statutorily prescribed duties for which the board may receive compensation.

Reasons Supporting Proposed Action: Housekeeping change to bring rule into conformance with RCW 43-03.250 and OFM directive.

Agency Personnel Responsible for Drafting, Implementation and Enforcement: John Spitz, Director, Higher Education Personnel Board, 1202 Black Lake Boulevard, FT-11, Olympia, WA 98504, scan 234-3730 or 753-3730.

Person or Organization Proposing Rule, and Whether Public, Private or Governmental: Higher Education Personnel Board staff, governmental.

Agency Comments or Recommendations Regarding Statutory Language, Implementation, Enforcement, Fiscal Matters: The change is not the result of federal law or state or federal court action.

Description of Purpose: To define terms used in Title 251 WAC.

Statutory Authority: RCW 28B.16.100 to implement the provisions of that section.

Specific Statute this Rule is Intended to Implement: RCW 28B.16.100.

Title: WAC 251-04-020 Definitions.

**Summary of Rule:** At the suggestion of the code reviser's office, the definitions section of chapter 251-04 WAC is being repealed and placed in new chapter 251-01 WAC with each definition receiving an individual section number.

**Title:** Chapter 251-01 WAC, Definitions.

**Summary of Rule:** All definitions contained in WAC 251-04-020 have been placed in new chapter 251-01 WAC; each definition is designated with an individual section number.

**Reasons Supporting Proposed Action:** Housekeeping change to allow more efficient processing of modifications to the definitions of terms used in Title 251 WAC.

**Agency Personnel Responsible for Drafting, Implementation and Enforcement:** John Spitz, Director, Higher Education Personnel Board, 1202 Black Lake Boulevard, FT-11, Olympia, WA 98504, scan 234-3730 or 753-3730.

**Person or Organization Proposing Rule, and Whether Public, Private, or Governmental:** Higher Education Personnel Board staff and code reviser staff, governmental.

**Agency Comments or Recommendations Regarding Statutory Language, Implementation, Enforcement, Fiscal Matters:** The change is not the result of federal law or state or federal court action.

**AMENDATORY SECTION** (Amending Order 135, filed 9/25/85, effective 11/1/85)

WAC 251-04-050 HIGHER EDUCATION PERSONNEL BOARD. (1) The higher education personnel board is composed of three members appointed by the governor, subject to confirmation by the senate. Each odd-numbered year the governor shall appoint a member for a six-year term. Persons so appointed shall have clearly demonstrated an interest and belief in the merit principle, shall not hold any other employment with the state, shall not have been an officer of a political party for a period of one year immediately prior to such appointment, and shall not be or become a candidate for partisan elective public office during the term to which they are appointed.

(2) Each member of the board (~~(shall be paid one hundred dollars for each day in which he/she has actually attended a)~~ is eligible to receive compensation in an amount not to exceed one hundred dollars for each day during which the member attends an official meeting of the board ((officially held))) or performs statutorily prescribed duties approved by the chairperson of the board. The members of the board may receive any number of daily payments for official meetings of the board actually attended. Members of the board shall also be reimbursed for necessary travel and other expenses incurred in the discharge of their official duties on the same basis as is provided for state officers and employees generally, in accordance with RCW 43.03.050 and 43.03.060.

(3) At its first meeting following the appointment of all its members, and annually thereafter, the board shall elect a chairman and vice chairman from among its members to serve one year. The presence of at least two members of the board shall constitute a quorum to transact business. A written public record shall be kept by the board of all actions of the board.

(4) In the necessary conduct of its work, the board shall meet monthly unless there is no pending business requiring board action. Meetings shall be held on campuses of the various state institutions of higher education. Meetings may be called by the chairman of the board, or a majority of the members of the board. Hearings may be conducted by a hearing officer duly appointed by the board. An official notice of the calling of a hearing shall be filed with the director and all members of the board shall be notified.

(5) No release of material, or statement of findings shall be made except with the approval of a majority of the board.

(6) In the conduct of hearings or investigations, a member of the board, or the director, or the hearing officer appointed to conduct the hearing, may administer oaths.

(7) It shall be the duty of the board to promulgate rules and regulations providing for employee participation in the development and administration of personnel policies. To assure this right, personnel policies, rules, classification and pay plans, and amendments thereto, shall be acted on only after the board has given twenty calendar days' notice to, and considered proposals from employee representatives and institutions/related boards affected. In matters involving the various state community colleges, notice shall also be given to the state board for community college education. Complete and current compilations of all rules and regulations of the board in printed, mimeographed, or multigraphed form shall be available from the board without charge.

(8) The higher education personnel board shall adopt rules, consistent with the purposes and provisions of this chapter and with the best standards of personnel administration, regarding the basis and procedures to be followed for the dismissal, suspension, or demotion of an employee, and appeals therefrom; certification of names for vacancies, including promotions, with the number of names equal to four more names than there are vacancies to be filled, such names representing applicants rated highest on eligibility lists; examination for all positions in the competitive and noncompetitive service; appointments; probationary periods of six to twelve months and rejections therein depending on the job requirements of the class; transfers; sick leaves and vacations; hours of work; layoffs when necessary and subsequent reemployment according to seniority; determination of appropriate bargaining units within any institution or related board: PROVIDED, That in making such determination the board shall consider the duties, skills, and working conditions of the employees, the history of collective bargaining by the employees and their bargaining representatives, the extent of organization among the employees and the desires of the employees; certification and decertification of exclusive bargaining representatives; agreements between institutions or related boards and certified exclusive bargaining representatives providing for grievance procedures and collective negotiations on all personnel matters over which the institution/related board may lawfully exercise discretion; written agreements may contain provisions for payroll deductions of employee organization dues upon authorization by the employee member and for the cancellation of such payroll deduction by the filing of a proper prior notice by the employee with the appointing authority and the employee organization: PROVIDED, That nothing contained herein permits or grants to any employee the right to strike or refuse to perform his/her official duties; adoption and revision of comprehensive classification plans for all positions in the classified service, based on investigation and analysis of the duties and responsibilities of each such position; allocation and reallocation of positions within the classification plans; adoption and revision of salary schedules and compensation plans as provided in chapter 251-08 WAC; training programs including in-service, promotional, and supervisory; increment increases within the series of steps for each pay grade; and veteran's preference as provided by existing statutes.

(9) After consultation with institution heads, employee organizations, and other interested parties, the board shall develop standardized employee performance evaluation procedures and forms which shall be used by institutions of higher education for the appraisal of employee job performance at least annually. These procedures shall include means whereby individual institutions may supplement the standardized evaluation process with special performance factors peculiar to specific organizational needs. This evaluation procedure shall place primary emphasis on recording how well the employee has contributed to efficiency, effectiveness, and economy in fulfilling institution and job objectives.

#### REPEALER

The following section of the Washington Administrative Code is repealed:

WAC 251-04-020 DEFINITIONS.

#### Chapter 251-01 WAC DEFINITIONS

WAC	
251-01-005	Administrative assistant exemption.
251-01-010	Administrative employees.
251-01-015	Affirmative action.
251-01-020	Agricultural employees.
251-01-025	Allocation.
251-01-030	Annual performance evaluation.

251-01-035 Appointing authority.  
 251-01-040 Availability.  
 251-01-045 Board.  
 251-01-050 Certification.  
 251-01-055 Charges.  
 251-01-060 Class.  
 251-01-065 Classified service.  
 251-01-070 Collective bargaining.  
 251-01-075 Competitive service.  
 251-01-080 Counseling exemption.  
 251-01-085 Cyclic year position.  
 251-01-100 Demotion.  
 251-01-105 Development.  
 251-01-110 Director.  
 251-01-115 Dismissal.  
 251-01-120 Eligible.  
 251-01-125 Eligible list.  
 251-01-130 Employee.  
 251-01-135 Employee organization.  
 251-01-140 Employing official.  
 251-01-145 Essential job elements.  
 251-01-150 Examinations.  
 251-01-155 Executive employees.  
 251-01-160 Executive head exemption.  
 251-01-165 Exempt position.  
 251-01-170 Extension and/or continuing education exemption.  
 251-01-175 Final examination score.  
 251-01-180 Fringe benefits.  
 251-01-185 Full-time employment.  
 251-01-190 Goals.  
 251-01-195 Graphic arts or publication exemption.  
 251-01-200 Grievance.  
 251-01-205 Hearing examiner.  
 251-01-210 Institutional examination.  
 251-01-215 Institutions of higher education.  
 251-01-220 Job analysis.  
 251-01-225 Job categories.  
 251-01-230 Job group.  
 251-01-235 Lateral movement.  
 251-01-240 Layoff.  
 251-01-245 Layoff seniority.  
 251-01-250 Layoff unit.  
 251-01-255 Lead.  
 251-01-260 Noncompetitive service.  
 251-01-265 Organizational unit.  
 251-01-270 Part-time employment.  
 251-01-275 Periodic increment date (P.I.D.).  
 251-01-280 Permanent employee.  
 251-01-285 Person of disability.  
 251-01-290 Personnel officer.  
 251-01-295 P.I.D.  
 251-01-300 Position.  
 251-01-305 Principal assistant exemption.  
 251-01-310 Probationary period.  
 251-01-315 Probationary reappointment.  
 251-01-320 Professional employees.  
 251-01-325 Promotion.  
 251-01-330 Protected groups.  
 251-01-335 Provisional appointment.  
 251-01-340 Public records.  
 251-01-345 Rating factor.  
 251-01-350 Rating guide.  
 251-01-355 Reallocation.  
 251-01-360 Reassignment.  
 251-01-365 Related boards.  
 251-01-370 Research exemption.  
 251-01-375 Resignation.  
 251-01-380 Reversion.  
 251-01-385 Specific position elements.  
 251-01-390 Specific position requirements.  
 251-01-395 Supervisor.  
 251-01-400 Supplemental certification.  
 251-01-405 Suspension.  
 251-01-410 System examination.  
 251-01-415 Temporary appointment.  
 251-01-420 Timetables.  
 251-01-425 Training.

251-01-430 Transfer.  
 251-01-435 Trial service.  
 251-01-440 Underutilization.  
 251-01-445 Union shop.  
 251-01-450 Union shop representative.  
 251-01-455 Union shop representation fee.  
 251-01-460 Writing.

#### NEW SECTION

WAC 251-01-005 ADMINISTRATIVE ASSISTANT EXEMPTION. A president or vice president may have individual(s) acting as his/her administrative assistant(s). The employee normally performs supportive work for his/her superior as an individual contributor without subordinates.

#### NEW SECTION

WAC 251-01-010 ADMINISTRATIVE EMPLOYEES. Personnel whose responsibilities require them to spend at least 80% of their work hours as follows:

(1) Primary duty is office or nonmanual work directly related to the management policies or general business operations; and

(2) Must have the authority to make important decisions, customarily and regularly exercise discretion and independent judgment, as distinguished from using skills and following procedures; and

(3) Must regularly assist an executive or administrative employee, or perform work under, only general supervision along specialized or technical lines requiring special training, experience or knowledge; and

(4) Must be paid at a rate of at least \$672 per month exclusive of board, lodging or other facilities.

For persons whose salaries exceed \$1083 per month, the 80% limitation does not apply if the primary duty consists of responsible office or nonmanual work directly related to management policies or general business operations.

#### NEW SECTION

WAC 251-01-015 AFFIRMATIVE ACTION. A procedure by which racial/ethnic minorities, women, persons of disability, persons in the protected age category, Vietnam-era veterans, and disabled veterans are provided with increased employment opportunities. It shall not mean any sort of quota system.

#### NEW SECTION

WAC 251-01-020 AGRICULTURAL EMPLOYEES. Employees performing work which includes farming and all its branches, including cultivating the soil, or growing or harvesting crops, or raising livestock, bees, fur-bearing animals, or poultry; or doing any practices performed by a farmer or on a farm as an incident to or in conjunction with such farming operations.

#### NEW SECTION

WAC 251-01-025 ALLOCATION. The assignment of an individual position to an appropriate class on the basis of the kind, difficulty, and responsibility of the work of the position.

#### NEW SECTION

WAC 251-01-030 ANNUAL PERFORMANCE EVALUATION. The official annual performance rating of an employee recorded on a form approved by the board.

#### NEW SECTION

WAC 251-01-035 APPOINTING AUTHORITY. A person or group of persons lawfully authorized to make appointments.

#### NEW SECTION

WAC 251-01-040 AVAILABILITY. An estimate, based on the best data available, of the number of women, racial/ethnic minorities, persons in the protected age category, Vietnam-era and disabled veterans, and persons of disability who have the skills and abilities required for employment in a particular job group, or who are capable of acquiring them, as determined from an analysis of relevant data.

NEW SECTION

WAC 251-01-045 BOARD. The higher education personnel board established under the provisions of the higher education personnel law.

NEW SECTION

WAC 251-01-050 CERTIFICATION. The act of providing an employing official or appointing authority with the names of the appropriate eligibles to be considered for appointment to fill a vacancy.

NEW SECTION

WAC 251-01-055 CHARGES. A detailed statement of the specific incidents alleging cause for dismissal or disciplinary action.

NEW SECTION

WAC 251-01-060 CLASS. One or more positions sufficiently similar with respect to duties and responsibilities that the same descriptive title may be used with propriety to designate each position allocated to the class; that the same general qualification requirements are needed for performance of the duties of the class; that the same tests of fitness may be used to select employees; and that the same schedule of pay can be applied with equity to all positions in the class under the same or substantially the same employment conditions.

NEW SECTION

WAC 251-01-065 CLASSIFIED SERVICE. All positions in the higher education institutions which are subject to the provisions of the higher education personnel law.

NEW SECTION

WAC 251-01-070 COLLECTIVE BARGAINING. The performance of the mutual obligation of the appointing authority and the certified exclusive bargaining representative to meet at reasonable times, to confer and bargain in good faith, and to execute a written agreement with respect to those personnel matters over which the appointing authority may lawfully exercise discretion.

NEW SECTION

WAC 251-01-075 COMPETITIVE SERVICE. All positions in the classified service for which a competitive examination is required as a condition precedent to appointment.

NEW SECTION

WAC 251-01-080 COUNSELING EXEMPTION. Individuals in counseling-exempt positions are responsible for directing and/or participating in providing academic, athletic, medical, career, financial aid, student activity and/or personal counseling to students. Such activities include, but are not limited to, providing individual and group guidance services using recognized professional techniques and practices.

NEW SECTION

WAC 251-01-085 CYCLIC YEAR POSITION. A position scheduled to work less than twelve full months each year, due to known, recurring periods in the annual cycle when the position is not needed.

NEW SECTION

WAC 251-01-100 DEMOTION. The change of an employee from a position in one class to a position in another class which has a lower salary range maximum.

NEW SECTION

WAC 251-01-105 DEVELOPMENT. The attainment through work experience and training of proficiency in skills which will enable the employee to perform higher level duties.

NEW SECTION

WAC 251-01-110 DIRECTOR. The personnel director of the higher education personnel board.

NEW SECTION

WAC 251-01-115 DISMISSAL. The termination of an individual's employment for just cause as specified in these rules.

NEW SECTION

WAC 251-01-120 ELIGIBLE. An applicant for a position in the competitive service who has met the minimum qualifications for the class involved, has been admitted to and passed the examinations, and has met all requirements for eligibility as stated on the bulletin board posting; or an applicant for a position in the noncompetitive service who has met all requirements for eligibility as stated on the bulletin board posting.

NEW SECTION

WAC 251-01-125 ELIGIBLE LIST. A list established by the personnel officer, composed of names of persons who have made proper application, met the minimum qualifications, and successfully completed the required examination process to be certified for vacancies in a class at the institution.

NEW SECTION

WAC 251-01-130 EMPLOYEE. A person working in the classified service at an institution.

NEW SECTION

WAC 251-01-135 EMPLOYEE ORGANIZATION. Any lawful association, labor organization, federation, council, or brotherhood, having as one of its purposes the improvement of working conditions among employees, and which has filed a notice of intent to represent employees with the director, and which has been authorized in accordance with WAC 251-14-020.

NEW SECTION

WAC 251-01-140 EMPLOYING OFFICIAL. An administrative or supervisory employee designated by the appointing authority to exercise responsibility for requesting certification, interviewing eligibles, and employing classified employees.

NEW SECTION

WAC 251-01-145 ESSENTIAL JOB ELEMENTS. Knowledges, skills, and abilities which persons must possess in order to perform the duties of a class or a specific position in a class.

NEW SECTION

WAC 251-01-150 EXAMINATIONS. Any measures or assessments used in the process of identifying names for certification to vacancies in accordance with RCW 28B.16.100(2) and WAC 251-18-240. Examinations include examination content, administration, and evaluation.

NEW SECTION

WAC 251-01-155 EXECUTIVE EMPLOYEES. Management personnel whose responsibilities require them to spend at least 80% of their work hours as follows:

- (1) Primary duty must be management of a recognized department or subdivision; and
- (2) Must customarily and regularly direct the work of two or more employees; and
- (3) Must have the authority to hire and fire, or to recommend with authority on these and other actions affecting employees; and
- (4) Must customarily and regularly exercise discretionary powers; and
- (5) Must be paid at a rate of at least \$672 per month exclusive of board, lodging or other facilities.

For persons whose salaries exceed \$1083 per month, the 80% limitation does not apply if he/she regularly directs the work of at least two



other employees and the primary duty is management of a recognized department or subdivision.

#### NEW SECTION

WAC 251-01-160 EXECUTIVE HEAD EXEMPTION. Executive heads of major academic or administrative divisions are analogous in the hierarchy to vice presidents, deans and chairmen. Directors may be executive heads as determined by the higher education personnel board. An executive head is in charge of a separate budget unit and directs subordinates.

#### NEW SECTION

WAC 251-01-165 EXEMPT POSITION. A position properly designated as exempt from the application of these rules as provided in WAC 251-04-040. (Also see separate definitions of "administrative assistant exemption," "executive head exemption," "research exemption," "counseling exemption," "extension and/or continuing education exemption," "graphic arts or publication exemption," and "principal assistant exemption.")

#### NEW SECTION

WAC 251-01-170 EXTENSION AND/OR CONTINUING EDUCATION EXEMPTION. Individuals considered exempt in this category are responsible for originating and developing formal education programs for the general public, usually involving close contact with faculty and staff or training or consulting with specific groups in the community to enable them to provide specialized training and/or services to the community.

#### NEW SECTION

WAC 251-01-175 FINAL EXAMINATION SCORE. An applicant's final passing score on an examination, plus any veterans preference or other applicable credits added in accordance with WAC 251-18-130 and/or 251-18-180 (10)(b).

#### NEW SECTION

WAC 251-01-180 FRINGE BENEFITS. As used in the conduct of salary surveys, the term shall include but not be limited to compensation for leave time, including vacation, civil, and personal leave; employer retirement contributions; health insurance payments, including life, accident, and health insurance, workmen's compensation, and sick leave; and stock options, bonuses, and purchase discounts where appropriate.

#### NEW SECTION

WAC 251-01-185 FULL-TIME EMPLOYMENT. Work consisting of forty hours per week.

#### NEW SECTION

WAC 251-01-190 GOALS. (Hiring and/or promotion). The projected number of hires and/or promotions needed to correct identified areas of under-utilization.

#### NEW SECTION

WAC 251-01-195 GRAPHIC ARTS OR PUBLICATION EXEMPTION. Individuals qualifying for exemption under this category will be involved in performing selected graphic arts or publication activities requiring prescribed academic preparation or special training. Positions of this type are those which use special visual techniques, require original design and layout and/or can be distinguished from positions associated with the standard editorial functions.

#### NEW SECTION

WAC 251-01-200 GRIEVANCE. A dispute filed in accordance with a grievance procedure of a signed collective bargaining agreement.

#### NEW SECTION

WAC 251-01-205 HEARING EXAMINER. An individual appointed by the board to preside over, conduct and make recommended

decisions including findings of fact and conclusions of law in all cases of employee appeals to the board.

#### NEW SECTION

WAC 251-01-210 INSTITUTIONAL EXAMINATION. An examination developed to meet unique requirements of a single institution.

#### NEW SECTION

WAC 251-01-215 INSTITUTIONS OF HIGHER EDUCATION. The University of Washington, Washington State University, Central Washington University, Eastern Washington University, Western Washington University, The Evergreen State College, and the various state community colleges. For purposes of application of these rules, the term shall be considered to include the various related boards as defined in this section, unless specifically indicated to the contrary.

#### NEW SECTION

WAC 251-01-220 JOB ANALYSIS. Any systematic procedure for gathering, documenting and analyzing information about the job content and requirements for a class or position in a class.

#### NEW SECTION

WAC 251-01-225 JOB CATEGORIES. Those groupings required in equal employment opportunity reports to federal agencies.

#### NEW SECTION

WAC 251-01-230 JOB GROUP. For affirmative action goal-setting purposes, a group of jobs having similar content, wage rates and opportunities. An EEO job category may consist of one or more job groups.

#### NEW SECTION

WAC 251-01-235 LATERAL MOVEMENT. Appointment of an employee to a position in another class which has the same salary range maximum as the employee's current class.

#### NEW SECTION

WAC 251-01-240 LAYOFF. Any of the following management initiated actions caused by lack of funds or lack of work:

- (1) Separation from service to an institution;
- (2) Separation from service within a class;
- (3) Reduction in the work year; and/or
- (4) Reduction in the number of work hours.

#### NEW SECTION

WAC 251-01-245 LAYOFF SENIORITY. The total amount of service an employee earns as a result of unbroken classified employment and statutory allowance.

#### NEW SECTION

WAC 251-01-250 LAYOFF UNIT. A clearly identified structure within an institution, which is approved by the director, and within which employment/layoff options are determined in accordance with the reduction in force procedure.

#### NEW SECTION

WAC 251-01-255 LEAD. An employee who performs the same duties as other employees in his/her work group and in addition regularly assigns, instructs and checks the work of the employees.

#### NEW SECTION

WAC 251-01-260 NONCOMPETITIVE SERVICE. All positions in the classified service for which a competitive examination is not required.

NEW SECTION

WAC 251-01-265 ORGANIZATIONAL UNIT. A clearly identified structure, or substructure of persons employed to achieve a common goal or function under the direction of a single official. An organizational unit may consist of either an administrative entity or a geographically separated activity.

NEW SECTION

WAC 251-01-270 PART-TIME EMPLOYMENT. Work of twenty or more hours per week but less than full time employment with an understanding of continuing employment for six months or more.

NEW SECTION

WAC 251-01-275 PERIODIC INCREMENT DATE (P.I.D.). The date upon which an employee is scheduled to move to a higher salary step within the range for his/her current class.

NEW SECTION

WAC 251-01-280 PERMANENT EMPLOYEE. An employee who has successfully completed a probationary period at the institution within the current period of employment or trial service period resulting from promotion, transfer, lateral movement, or voluntary demotion from another institution, related board or state agency.

NEW SECTION

WAC 251-01-285 PERSON OF DISABILITY. Any person with physical, mental or sensory impairments that would impede that individual in obtaining and maintaining permanent employment and promotional opportunities. The impairments must be material rather than slight, static and permanent in that they are seldom fully corrected by medical replacement, therapy, or surgical means.

NEW SECTION

WAC 251-01-290 PERSONNEL OFFICER. The principal employee in each institution/related board responsible for administrative and technical personnel activities of the classified service.

NEW SECTION

WAC 251-01-295 P.I.D. Commonly used abbreviation for periodic increment date.

NEW SECTION

WAC 251-01-300 POSITION. A set of duties and responsibilities normally utilizing the full or part time employment of one employee.

NEW SECTION

WAC 251-01-305 PRINCIPAL ASSISTANT EXEMPTION. Individuals qualifying for exemption under this category function as second-in-command in importance levels. The individual may perform many of the functions of his/her superior in the superior's absence, or alternatively may have major administrative or program responsibilities. Reporting relationships will not be below that of the executive head. In some institutions an executive head may have more than one principal assistant as determined by the higher education personnel board.

NEW SECTION

WAC 251-01-310 PROBATIONARY PERIOD. The initial six-month period of employment in a class following appointment from an eligible list of a nonpermanent employee. However, upon prior approval by the board, the probationary period for selected classes may be established for a period in excess of six months but not to exceed twelve months.

NEW SECTION

WAC 251-01-315 PROBATIONARY REAPPOINTMENT. Appointment of a probationary employee from an eligible list to a position in a different class.

NEW SECTION

WAC 251-01-320 PROFESSIONAL EMPLOYEES. Personnel whose responsibilities require them to spend at least 80% of their work hours as follows:

(1) Primary duty must involve work that requires knowledge of an advanced type in a field of science or learning, customarily obtained by a prolonged course of specialized instruction and study or work that is original and creative in character in a recognized field of artistic endeavor and the result of which depends primarily on invention, imagination, or talent; and

(2) Must consistently exercise discretion and judgment; and

(3) Must do work that is predominantly intellectual and varied, as distinguished from routine or mechanical duties; and

(4) Must be paid at a rate of at least \$737 per month exclusive of board, lodging or other facilities.

For persons whose salaries exceed \$1083 per month, the 80% limitation does not apply if the primary duty consists of work requiring knowledge of an advanced type in a field of science or learning which requires consistent exercise of discretion and judgment.

NEW SECTION

WAC 251-01-325 PROMOTION. The appointment as a result of recruitment, examination and certification, of a permanent employee to a position in another class having a higher salary range maximum.

NEW SECTION

WAC 251-01-330 PROTECTED GROUPS. For affirmative action purposes means racial/ethnic minorities (Black, Asian/Pacific Islander, Hispanic, Native American Indian), women, persons in the protected age class, persons of disability, Vietnam-era and disabled veterans.

NEW SECTION

WAC 251-01-335 PROVISIONAL APPOINTMENT. Appointment made prior to establishment of an eligible list, per the provisions of WAC 251-18-300. A person so appointed is required to apply through the competitive process to be considered for the position on a permanent basis.

NEW SECTION

WAC 251-01-340 PUBLIC RECORDS. Any writing containing information relating to conduct of government or the performance of any governmental or proprietary function prepared, owned, used or retained by any state or local agency regardless of physical form or characteristics.

NEW SECTION

WAC 251-01-345 RATING FACTOR. An element, duty, responsibility, skill, ability, or other specific aspect of performance which is rated as part of the annual performance evaluation.

NEW SECTION

WAC 251-01-350 RATING GUIDE. A written document which outlines the way in which ratings are assigned to applicants' experience, training, or other qualifications on each job element in an examination. It specifies the range of ratings to be given for each job element and gives examples of the experience, training, or other qualifications that will be used to assign ratings.

NEW SECTION

WAC 251-01-355 REALLOCATION. The assignment of a position by the personnel officer to a different class.

NEW SECTION

WAC 251-01-360 REASSIGNMENT. A management initiated movement of a classified employee from one position to another in the same class.

NEW SECTION

WAC 251-01-365 RELATED BOARDS. The state board for community college education, the council for postsecondary education,

the higher education personnel board, and such other boards, councils and commissions related to higher education as may be established. For purposes of application of these rules, the term "institution" shall be considered to include these related boards, unless specifically indicated to the contrary.

#### NEW SECTION

WAC 251-01-370 RESEARCH EXEMPTION. Individuals in research-exempt positions spend the majority of their time in one or more of the following activities: Identification and definition of research problems, design of approaches or hypotheses and methodology to be used, design of specific phases of research projects, analysis of results, development of conclusion and hypothesis, presentation of research results in publishable form.

#### NEW SECTION

WAC 251-01-375 RESIGNATION. A voluntary termination of employment.

#### NEW SECTION

WAC 251-01-380 REVERSION. The return of a permanent employee from trial service to the most recent class in which permanent status was achieved at the institution.

#### NEW SECTION

WAC 251-01-385 SPECIFIC POSITION ELEMENTS. Knowledge, skills, and abilities which a job analysis indicates to be significant for performing the duties of a specific position in a class but which are not significant for the class in general.

#### NEW SECTION

WAC 251-01-390 SPECIFIC POSITION REQUIREMENTS. Specific position elements which are essential job elements.

#### NEW SECTION

WAC 251-01-395 SUPERVISOR. Any individual having authority, in the interest of the employer, to hire, transfer, suspend, lay-off, recall, promote, discharge, assign, reward or discipline other employees, or responsibility to direct them or adjust their grievances, or effectively to recommend such action if in connection with the foregoing the exercise of such authority is not of a merely routine or clerical nature, but requires the use of independent judgment.

#### NEW SECTION

WAC 251-01-400 SUPPLEMENTAL CERTIFICATION. A process by which eligible members of protected groups can be referred to employing officials for the filling of position vacancies in job classes/categories where it has been determined that under-utilization exists.

#### NEW SECTION

WAC 251-01-405 SUSPENSION. An enforced absence without pay for disciplinary purposes.

#### NEW SECTION

WAC 251-01-410 SYSTEM EXAMINATION. An examination developed to meet the requirements of all institutions in the HEPB system and approved by the director for use by all such institutions.

#### NEW SECTION

WAC 251-01-415 TEMPORARY APPOINTMENT. (1) Work performed in the absence of an employee on leave for:

(a) Less than ninety consecutive calendar days (WAC 251-18-350(4));

(b) Ninety or more consecutive calendar days (WAC 251-18-350(2)); or

(2) Formal assignment of the duties and responsibilities of a higher level class for a period of less than ninety consecutive calendar days; or

(3) Performance of extra work required at a work load peak, a special project, or a cyclic work load which does not exceed one hundred seventy-nine consecutive calendar days.

#### NEW SECTION

WAC 251-01-420 TIMETABLES. Established time periods during which identified areas of under-utilization will be corrected.

#### NEW SECTION

WAC 251-01-425 TRAINING. Formal and systematic learning activities intended to provide employees with the knowledge and skills necessary to become proficient or qualified in a particular field.

#### NEW SECTION

WAC 251-01-430 TRANSFER. An employee initiated change from one classified position to another in the same class without a break in service.

#### NEW SECTION

WAC 251-01-435 TRIAL SERVICE. The initial period of employment following promotion, transfer, demotion, or lateral movement into a class in which the employee has not held permanent status at the institution or related board, beginning with the effective date of the change and continuing for six months, unless interrupted as provided in these rules or extended as provided in WAC 251-18-330(6).

#### NEW SECTION

WAC 251-01-440 UNDERUTILIZATION. Having fewer racial/ethnic minorities, women, persons in the protected age category, Vietnam-era and disabled veterans, or persons of disability in a particular job group than would reasonably be expected by their availability.

#### NEW SECTION

WAC 251-01-445 UNION SHOP. A union membership provision which, as a condition of employment, requires all employees within a bargaining unit to become members of an employee organization.

#### NEW SECTION

WAC 251-01-450 UNION SHOP REPRESENTATIVE. An employee organization which is the exclusive representative of a bargaining unit that has been certified by the director as the union shop representative following an election wherein a majority of employees in the bargaining unit voted in favor of requiring membership in the employee organization as a condition of employment.

#### NEW SECTION

WAC 251-01-455 UNION SHOP REPRESENTATION FEE. Employees who are granted a nonassociation right based on religious tenets or teachings of a church or religious body of which they are members, must pay a representation fee to the union shop representative. Such fee is equivalent to the regular dues of the employee organization minus any monthly premiums for union sponsored insurance programs.

#### NEW SECTION

WAC 251-01-460 WRITING. Handwriting, typewriting, printing, photostating, photographing and every other means of recording any form of communication or representation including letters, words, pictures, sounds; or symbols or combination thereof and all papers, maps, magnetic or paper tapes, photographic films and prints, magnetic or punched cards, discs, drums and other documents.

**WSR 86-06-053**  
**PROPOSED RULES**  
**DEPARTMENT OF LICENSING**  
**(Board of Registration for Architects)**  
 [Filed March 5, 1986]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Washington State Board of Registration for Architects intends to adopt, amend, or repeal rules concerning building designers; qualification for examination, new section WAC 308-12-135;

that the agency will at 9:30 a.m., Friday, April 18, 1986, in the University of Washington, Gould Hall, 40th and 15th N.E., Seattle, Washington, conduct a public hearing on the proposed rules.

The adoption, amendment, or repeal of the rules will take place immediately following the hearing.

The authority under which these rules are proposed is RCW 18.08.350 (3)(c) and 18.08.340.

Dated: March 5, 1986  
 By: Sydney W. Beckett  
 Executive Secretary

#### STATEMENT OF PURPOSE

Name of Agency: Washington State Board of Registration for Architects.

Description of Rule: New section WAC 308-12-135 Building designers; qualification for examination.

Statutory Authority: RCW 18.08.350 (3)(c) and 18.08.340.

Summary of the Rule: To define eligibility of building designers who wish to apply for architect exam.

Responsible Personnel: In addition to the members of the board, the following Board of Registration personnel have knowledge of and responsibility for drafting, implementing and enforcing these rules: Sydney Beckett, Executive Secretary, P.O. Box 9649, Olympia, WA 98504, phone (206) 753-3873 comm, 234-3873 scan.

Proponents: Washington State Board of Registration for Architects.

Small Business Economic Impact Statement: Not required and has not been filed since these rules do not impact small business as that term is defined by RCW 43.31.920.

#### NEW SECTION

**WAC 308-12-135 EXAMINATION - QUALIFICATIONS FOR BUILDING DESIGNERS** Any person applying to the Board of Registration for Architects to qualify, pursuant to RCW 18.08.350 (3)(c), to take the examination for architect registration shall give the board satisfactory evidence: That such candidate was a resident of the state of Washington as of July 28, 1985, and had been designing buildings as a principal activity for eight years, or has a combination of education and building design experience equivalent to eight years. Provided:

(a) That the board, for the purposes of determining a combination of education and building design experience under this rule shall give equal credit for education for those candidates who apply to take the examination under the provisions of RCW 18.08.350 (3)(c) as it gives to those candidates applying to take the examination under provisions of RCW 18.08.350 (3)(b).

(b) That those persons qualifying to take the examination pursuant to RCW 18.08.350 (3)(c) shall take the same examination as those persons qualifying pursuant to RCW 18.03.350 (3)(b).

**Reviser's note:** The typographical errors in the above section occurred in the copy filed by the agency and appear herein pursuant to the requirements of RCW 34.08.040.

**WSR 86-06-054**  
**PROPOSED RULES**  
**DEPARTMENT OF LICENSING**  
**(Occupational Therapy Practice Board)**  
 [Filed March 5, 1986]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Occupational Therapy Practice Board intends to adopt, amend, or repeal rules concerning:

Amd	WAC 308-171-001	Definitions.
Amd	WAC 308-171-100	Examinations.
Amd	WAC 308-171-103	Persons exempt from licensure pursuant to RCW 18.59.040(5).
New	WAC 308-171-104	Foreign trained applicants.
Amd	WAC 308-171-200	Definition of "commonly accepted standards for the profession";

that the agency will at 9:30 a.m., Friday, April 11, 1986, in Nendel's Executive Conference Theatre, 16838 Pacific Highway South, Seattle, WA 98188, conduct a public hearing on the proposed rules.

The adoption, amendment, or repeal of the rules will take place immediately following the hearing.

The authority under which these rules are proposed is shown below.

The specific statute these rules are intended to implement is shown below.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before April 11, 1986.

Written or oral submissions may also contain data, views, and arguments concerning the effect of the proposed rules or amendments of rules on economic values, pursuant to chapter 43.21H RCW.

The agency reserves the right to modify the text of these proposed rules before the hearing or in response to written or oral comments received before or during the hearing.

The agency may need to change the date for hearing or adoption on short notice. To ascertain that the hearing or adoption will take place as stated in this notice, an interested person may contact the person named below.

Correspondence relating to this notice and the proposed rules should be addressed to:

Cynthia Jones, Executive Secretary  
 Department of Licensing  
 Division of Professional Licensing  
 P.O. Box 9649  
 Olympia, WA 98504

Dated: March 5, 1986  
 By: Joyce R. Dolliver  
 Assistant Attorney General

#### STATEMENT OF PURPOSE

Title and Number of Rule Section(s) or Chapter(s):  
 WAC 308-171-001 Definitions; 308-171-100 Examinations; 308-171-103 Persons exempt from licensure pursuant to RCW 18.59.040(5); 308-171-104 Foreign

trained applicants; and 308-171-200 Definition of "commonly accepted standards for the profession."

Statutory Authority and Specific Statute(s) that Rule(s) are Intended to Implement: WAC 308-171-001 is proposed under authority of RCW 18.59.130(2) and 18.59.020(5) and is intended to implement RCW 18.59.020 (4) and (5) and 18.59.080; WAC 308-171-100 is proposed under authority of RCW 18.59.130(2); and is intended to implement RCW 18.59.060(3); WAC 308-171-103 is proposed under authority of RCW 18.59.130(2) and 18.59.040 (5)(b) and is intended to implement RCW 18.59.040 (5)(b); WAC 308-171-104 is proposed under authority of RCW 18.59.130(2) and is intended to implement RCW 18.59.070(1); and WAC 308-171-200 is proposed under authority of RCW 18.59.130(2), 18.59.040 (5)(b) and 18.59.070(1) and is intended to implement RCW 18.59.040 (5)(b) and 18.59.070(1).

Summary of the Rules: WAC 308-171-001 defines terms used in RCW 18.59.020 (4) and (5) and 18.59.080; 308-171-100 specifies the time when examinations are conducted; 308-171-103 describes what information an individual must submit if that individual is claiming exemption from licensure pursuant to RCW 18.59.040(5); 308-171-104 describes what information a foreign trained applicant must submit to be considered for a waiver pursuant to RCW 18.59.070(1); and 308-171-200 clarifies the definition of "commonly accepted standards for the profession" for RCW 18.59.040 (5)(b) and 18.59.070(1).

Reasons Supporting the Proposed Rules: WAC 308-171-001 will assist in understanding the Occupational Therapy Practice Act; 308-171-100 advises applicants of the times for examination; 308-171-103 will advise individuals seeking exemption from licensure pursuant to RCW 18.59.040(5) of what information must be provided; 308-171-104 will advise foreign trained applicants of what information must be provided to obtain a waiver of the education and experience requirements for licensure; and 308-171-200 clarifies the standards which applicants seeking exemption from RCW 18.59.040 (5)(b) and waiver of the examination, education or experience requirements must meet.

Agency Personnel Responsible for Drafting, Implementation and Enforcement of the Rules: In addition to members of the board, the following Department of Licensing personnel have knowledge of and responsibility for drafting, implementing and enforcing these rules: Cynthia Jones, Executive Secretary, Division of Professional Licensing, P.O. Box 9649, Olympia, WA 98504, (206) 753-6936 comm, 234-6936 scan.

Name of the Person or Organization that is Proposing the Rules: Board of Occupational Therapy Practice.

Agency Comments or Recommendations, if any, Regarding Statutory Language, Implementation, Enforcement and Fiscal Matters Pertaining to These Rules: None.

These rules are not necessary to comply with a federal law or a federal or state court decision.

Any Other Information that may be of Assistance in Identifying the Rules or Their Purposes: None.

Small Business Economic Impact Statement: Not required for these rules. The board has reviewed the impact that the adoption of new chapter 308-171 WAC would have on occupational therapists and occupational therapy assistants. The board finds that a small business impact statement is not required. Occupational therapists and occupational therapy assistants are classed in SIC Code 804, offices of other health care practitioners. As such, they account for less than 10 percent of the health practitioners in this area. Also, they are less than 20 percent of all industries. Finally, any impact that these proposed rules may have is intended to fall equally on all occupational therapists and occupational therapy assistants.

AMENDATORY SECTION (Amending Order PL 513 [529], filed 2/11/85 [5/23/85])

WAC 308-171-001 DEFINITIONS. (1) The following terms in RCW 18.59.020(2) shall mean:

(a) "Scientifically based use of purposeful activity" is the treatment of individuals using established methodology based upon the behavioral and biological sciences and includes the analysis, application and adaptation of activities for use with individuals having a variety of physical, emotional, cognitive and social disorders. Use of purposeful activity includes a process of continually modifying treatment to meet the changing needs of an individual. Purposeful activity is goal-oriented and cannot be routinely prescribed.

(b) "Teaching daily living skills" is the instruction in daily living skills based upon the evaluation of all the components of the individual's disability and the adaptation or treatment based on the evaluation. Components of a disability are physical, sensory, social, emotional and cognitive functions.

(c) "Developing prevocational skills and play and avocational capabilities" is not only the development of prevocational skills and play and avocational capabilities but involves the scientifically based use of purposeful activity.

(d) "Designing, fabricating, or applying selected orthotic and prosthetic devices or selected adaptive equipment" is not specific occupational therapy services if a person designs, fabricates, or applies selected orthotic and prosthetic devices or selected adaptive equipment for an individual if the device or equipment is prescribed or ordered by a health care professional authorized by the laws of the state of Washington to prescribe the device or equipment or direct the design, fabrication, or application of the device or equipment.

(e) "Adapting environments for the handicapped" is the evaluation of all the components of an individual's disability and the adaptation of the environment of the individual based on the evaluation. Components of a disability are physical, sensory, social, emotional and cognitive functions.

(2) "Supervision" and "regular consultation" in RCW 18.59.020(4) shall mean ((an on-site visit)) face to face meetings between the occupational therapist and occupational therapy assistant occurring at intervals as determined necessary by the occupational therapist to ((meet the individual's needs, but shall occur at least once every two weeks)) establish or revise the client's short-term treatment objectives. The ((on-site visit)) meetings shall be documented and the documentation shall be maintained in ((the individual's)) each clients treatment record((s)). The failure to meet to establish or revise the client's short-term treatment objectives at sufficient intervals to meet the client's needs shall be grounds for disciplinary action against the occupational therapist and/or the occupational therapy assistant's license to practice in the state of Washington pursuant to WAC 308-171-300 (4) and (14), WAC 308-171-301 (2) and (3) and RCW 18.59.100.

(3) "Professional supervision" in RCW 18.59.020(5) shall mean ((continuous on-site supervision by an occupational therapist or an occupational therapy assistant under the direction of an occupational therapist:)):

(a) documented training by the occupational therapist of the occupational therapy aide in each specific occupational therapy technique for each specific client and the training shall be performed on the client;

(b) face to face meetings between the occupational therapy aide and the supervising occupational therapist or an occupational therapy assistant under the direction of the supervising occupational therapist occurring at intervals as determined by the occupational therapist to meet the client's needs, but shall occur at least once every two weeks; and

(c) the occupational therapist shall observe the occupational therapy aide perform on the client the specific occupational therapy techniques for which the occupational therapy aide was trained at intervals as determined by the occupational therapist to meet the client's needs, but shall occur at least once a month.

The meetings and client contacts shall be documented and the documentation shall be maintained in the client's treatment records. The failure to meet at sufficient intervals to meet the client's needs shall be grounds for disciplinary action against the occupational therapist's license to practice in the state of Washington pursuant to WAC 308-171-300 (4) and (14), WAC 308-171-301 (2) and (3) and RCW 18.59.100.

(4) Sections (2) and (3) of this rule shall not be effective until July 1, 1985.

(5) "Clients" include patients, students, and those to whom occupational therapy services are delivered.

(6) "Evaluation" is the process of obtaining and interpreting data necessary for treatment, which includes, but is not limited to, planning for and documenting the evaluation process and results. The evaluation data may be gathered through record review, specific observation, interview, and the administration of data collection procedures, which include, but are not limited to, the use of standardized tests, performance checklists, and activities and tasks designed to evaluate specific performance abilities.

(7) "Work site" in RCW 18.59.080 means the primary work location.

#### AMENDATORY SECTION (Amending Order PL 513, filed 2/11/85)

WAC 308-171-100 EXAMINATIONS. (1) The current series of the American Occupational Therapy Association certification examination shall be the official examination for licensure as an occupational therapist or as an occupational therapy assistant.

(2) The examination for licensure as an occupational therapist shall be conducted twice a year, in January and ~~(June)~~ July.

(3) The examination for licensure as an occupational therapy assistant shall be conducted twice a year, in January and July.

(4) The executive secretary of the board shall negotiate with the American Occupational Therapy Association, Inc. for the use of the certification examination.

(5) The examination shall be conducted in accord with the American Occupational Therapy Association, Inc.'s security measures and contract.

(6) Applicants shall be notified of the examination results in accordance with the procedures developed by the American Occupational Therapy Association, Inc.

(7) Examination scores will not be released except as authorized by the applicant in writing.

(8) Public notice of the examination dates shall be provided by issuance of press releases by the department at least ninety days prior to the examination dates.

(9) To be eligible for a license, applicants must attain a passing score on the examination administered by the American Occupational Therapy Association, Inc.

#### AMENDATORY SECTION (Amending Order PL 529, filed 5/23/85)

WAC 308-171-103 PERSONS EXEMPT FROM LICENSURE PURSUANT TO RCW 18.59.040(5). (1) To qualify for the exemption from licensure pursuant to RCW 18.59.040(5), the individual claiming the exemption shall in writing notify the department, at least thirty days before any occupational therapy services are performed in this state, of the following:

(a) In which state(s) the individual is licensed to perform occupational therapy services and the license number(s); or

(b) If the exemption is claimed pursuant to RCW 18.59.040 (5)(b), the individual shall submit a signed notarized statement attesting to having ~~((obtained and maintained certification by the American Occupational Therapy Association, Inc.))~~ passed the American Occupational Therapy Association certification examination and having

engaged in occupational therapy practice; not having engaged in unprofessional conduct or gross incompetency as established in WAC 308-171-300; and not having been convicted of a crime involving moral turpitude or a felony relating to the profession of occupational therapy; and

(c) A signed notarized statement describing when the occupational therapy services will be performed, where the occupational therapy services will be performed, and how long the individual will be performing occupational therapy services in this state.

(2) "Working days" in RCW 18.59.040(5) shall mean days state offices are open to conduct business.

**Reviser's note:** RCW 34.04.058 requires the use of underlining and deletion marks to indicate amendments to existing rules. The rule published above varies from its predecessor in certain respects not indicated by the use of these markings.

#### NEW SECTION

WAC 308-171-104 FOREIGN TRAINED APPLICANTS. An applicant obtaining education and training at foreign institutions shall submit the following information for the board's consideration in determining whether or not to waive the education and experience requirements for licensure, pursuant to RCW 18.59.070(1):

(1) An official description of the education program at the educational institution and if the description is not in English, then an English translation signed by the translator shall be submitted with the official description;

(2) An official transcript of the applicant's grades from the educational institution and if the transcript is not in English, then an English translation signed by the translator shall be submitted with the official transcript;

(3) Applicant's affidavit containing the following information:

(a) location and dates of employment as an occupational therapist or occupational therapy assistant for the three years immediately prior to the date of application;

(b) description of capacity in which applicant was employed, including job titles and description of specific duties;

(c) description of nature of clientele; and

(d) name and title of direct supervisors;

(4) Written job description for each employment as an occupational therapist or occupational therapy assistant for the three years immediately prior to the date of application;

(5) Affidavits from employers or direct supervisors for the three years immediately prior to the date of application containing the following information:

(a) dates of applicant's employment;

(b) description of applicant's specific duties; and

(c) employer or direct supervisor's title;

(6) If the applicant graduated from the educational institution in the three years immediately prior to the application, the applicant shall obtain an affidavit from the applicant's program director at the educational institution discussing the applicant's fieldwork experience at the educational institution.

After reviewing the information submitted, the board may require submission of additional information necessary for purposes of clarifying the information previously submitted.

#### AMENDATORY SECTION (Amending Order PL 513, filed 2/11/85)

WAC 308-171-200 DEFINITION OF "COMMONLY ACCEPTED STANDARDS FOR THE PROFESSION" "Commonly accepted standards for the profession" in RCW 18.59.040 (5)(b) and 18.59.070 shall mean ~~((obtaining certification by))~~ having passed the American Occupational Therapy Association ~~((inc. no later than December 31, 1984 and thereafter maintaining))~~ certification examination, not having engaged in unprofessional conduct or gross incompetency as established by the board in WAC 308-171-300, and not having been convicted of a crime of moral turpitude or a felony which relates to the profession of occupational therapy.

**Reviser's note:** RCW 34.04.058 requires the use of underlining and deletion marks to indicate amendments to existing rules. The rule published above varies from its predecessor in certain respects not indicated by the use of these markings.

**WSR 86-06-055**  
**PROPOSED RULES**  
**DEPARTMENT OF PERSONNEL**  
**(Personnel Board)**  
 [Filed March 5, 1986]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the State Personnel Board intends to adopt, amend, or repeal rules concerning Career executive program—Appeals, repealing WAC 356-47-120;

that the agency will at 10:00 a.m., Thursday, April 10, 1986, in the Board Hearings Room, Department of Personnel, 600 South Franklin, Olympia, WA 98504, conduct a public hearing on the proposed rules.

The adoption, amendment, or repeal of the rules will take place immediately following the hearing.

The authority under which these rules are proposed is RCW 41.06.040.

The specific statute these rules are intended to implement is RCW 41.06.150 and 41.06.430.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before April 8, 1986.

Dated: March 4, 1986  
 By: Leonard Nord  
 Secretary

**STATEMENT OF PURPOSE**

Repealing WAC 356-47-120.

Title: Career executive program—Appeals.

Purpose: States that the provisions of WAC 356-34-090 do not apply to the career executive program.

Statutory Authority: RCW 41.06.150.

Specific Statute: RCW 41.06.430.

Summary: This proposal is part of a proposal to revise all of chapter 356-47 WAC (already filed); this proposal was overlooked in the original filing which aligns merit system rules more closely to the intent of the legislation.

Reasons: Proposed changes are a result of interagency work group to revise merit system rules pertaining to the career executive program.

Responsible for Drafting: Dick Merchant, Department of Personnel, 1400 Evergreen Park Drive S.W., Mailstop FX-12, Olympia, WA 98502, phone 321-0153 scan; Implementation: All state agencies; and Enforcement: Department of Personnel.

Proposed by: Department of Personnel, governmental agency.

**REPEALER**

The following section of the Washington Administrative Code is repealed:

WAC 356-47-120 CAREER EXECUTIVE PROGRAM—  
 APPEALS.

**WSR 86-06-056**  
**PROPOSED RULES**  
**DEPARTMENT OF PERSONNEL**  
**(Personnel Board)**  
 [Filed March 5, 1986]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the State Personnel Board intends to adopt, amend, or repeal rules concerning alignment of the merit system rules to conform to Fair Labor Standards Act requirements;

that the agency will at 10:00 a.m., Thursday, April 10, 1986, in the Board Hearings Room, Department of Personnel, 600 South Franklin, Olympia, WA 98504, conduct a public hearing on the proposed rules.

The adoption, amendment, or repeal of the rules will take place immediately following the hearing.

The authority under which these rules are proposed is RCW 41.06.040.

The specific statute these rules are intended to implement is RCW 41.06.150 and the Fair Labor Standards Act (FLSA) and Code of Federal Regulations, Chapter 29, Parts 500—900.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before April 8, 1986.

Dated: March 4, 1986  
 By: Leonard Nord  
 Secretary

**STATEMENT OF PURPOSE**

Amend WAC 356-05-010 Administrative personnel, defines "administrative personnel" as used throughout Title 356 WAC; amend WAC 356-05-165 Executive personnel, defines "executive personnel" as used throughout Title 356 WAC; repeal WAC 356-05-190 Housed personnel, defines "housed personnel" as used throughout Title 356 WAC; amend WAC 356-05-210 Law enforcement personnel, defines "law enforcement personnel" as used throughout Title 356 WAC; new WAC 356-05-233 Outside sales personnel; amend WAC 356-05-315 Professional personnel, defines "professional personnel" as used throughout Title 356 WAC; new WAC 356-05-332 Recreational establishment; new WAC 356-05-353 Regular rate; new WAC 356-05-483 Work period; amend WAC 356-14-240 ((~~Salary=~~)) overtime compensation method, outlines method for paying overtime; amend WAC 356-14-250 ((~~Salary=~~ ~~Maximum=~~))compensatory time—Maximum balance, establishes a limit on the number of hours of compensatory time that can be accrued; new WAC 356-14-265 Compensatory time cash-out; repeal WAC 356-14-270 Salary—Overtime payment on separation from job, outlines method of compensation for overtime hours upon separation from employing agency; amend WAC 356-15-020 Work period designations, outlines and defines various work periods used within the state merit system; amend WAC 356-15-030 Overtime provisions and compensation, describes hours that would qualify as overtime hours, and defines method of compensation; new WAC 356-15-035 Dual employment; amend WAC 356-15-050 Holiday compensation, outlines method of

compensation for hours worked on a legal holiday; amend WAC 356-15-060 Shift premium provisions and compensation, outlines provisions for shift premium payment; amend WAC 356-15-080 Standby (~~provisions and~~) compensation, outlines provisions for standby compensation; amend WAC 356-15-090 Schedule (~~shift~~) change (~~provisions~~) and compensation, outlines procedure for changing employees' work schedule, and method of compensation during transition between schedules; and repeal WAC 356-18-010 Hours of work, states that full-time employment shall not be less than forty hours per week.

Statutory Authority: RCW 41.06.150.

Specific Statute: Fair Labor Standards Act (FLSA) and Code of Federal Regulations, Chapter 29, Parts 500-900.

Summary and Reasons: Rule change proposals are a result of federal law requiring alignment of the merit system to conform to FLSA requirements.

Responsibility for Drafting: Gail Salisbury, Department of Personnel, 600 South Franklin, Mailstop FE-11, Olympia, WA 98504, phone 753-5383; Implementation and Enforcement: Department of Personnel.

Proposed by: Department of Personnel, governmental agency.

Comments: Adoption needed to accommodate federal law effective April 15, 1986.

Proposal is a result of federal law, Fair Labor Standards Amendments of 1985.

#### AMENDATORY SECTION (Amending Order 209, filed 8/10/84)

WAC 356-05-010 ADMINISTRATIVE PERSONNEL. Employees who (~~regularly exercise discretion and independent judgment in the performance of: (1) Work related directly to management policy; or (2) work providing direct assistance to executive or administrative personnel~~) customarily and regularly exercise discretion and independent judgment, and whose primary duty (fifty percent or more of the time) consists of either: (1) Work directly related to management policies or the general business operations of the agency or the agency's customers; or (2) direct assistance to a person in a bona fide executive or administrative capacity.

#### AMENDATORY SECTION (Amending Order 209, filed 8/10/84)

WAC 356-05-165 EXECUTIVE PERSONNEL. (As used in chapter 15 of these rules) Employees (~~who customarily and regularly exercise discretionary powers in directing and controlling program operations of an agency or division or customarily recognized subdivision thereof and personnel who are responsible for (1) hiring or firing or making substantial recommendation for same and (2) directing the work of and (3) regulating the working hours of~~) whose primary duty (fifty percent or more of the time) is directing and controlling program operations of an agency or division or customarily recognized subdivision thereof; who regularly and customarily exercise discretionary powers; and who supervise two or more employees.

#### AMENDATORY SECTION (Amending Order 209, filed 8/10/84)

WAC 356-05-210 LAW ENFORCEMENT PERSONNEL. Employees empowered by statute to enforce laws designed to maintain public peace and order, whose primary duty (fifty percent or more of the time) is to protect life and property, and detect and prevent crimes. Employees in these positions must have the power of arrest, and have (~~been trained in rules of evidence, laws of arrest, search and seizure and legal rights of citizens~~) training which typically includes physical training, self-defense, firearm proficiency, criminal and civil law principles, investigative and law enforcement techniques, community relations, medical aid, and ethics.

#### NEW SECTION

WAC 356-05-233 OUTSIDE SALES PERSONNEL. Persons whose primary duty is to work away from the employer's places of business in selling tangible or intangible items such as goods, insurance, stocks, bonds, or real estate, or in obtaining orders or contracts for services or use of facilities; and who spend eighty percent or more of their work time in activities which are exempt from the overtime provisions of the Fair Labor Standards Act.

#### AMENDATORY SECTION (Amending Order 209, filed 8/10/84)

WAC 356-05-315 PROFESSIONAL PERSONNEL. For determination of work period designation: Employees performing work which requires consistent exercise of independent judgment and ((is in a specialized field requiring)) requires advanced knowledge normally gained through achieving at least a baccalaureate degree in a specialized field as opposed to general academic instruction, but which may be gained through ((equivalent)) experience and home study. For other merit system purposes: Employees performing work which requires consistent application of advanced knowledge normally gained through achieving a baccalaureate degree but which may be gained through equivalent experience.

#### NEW SECTION

WAC 356-05-332 RECREATIONAL ESTABLISHMENT. An amusement or recreational establishment, organized camp, or nonprofit educational conference center if (1) it does not operate for more than seven months in any calendar year, or (2) during the preceding calendar year, its average receipts for any six months of such year were not more than thirty-three percent of its average receipts for the other six months of such year.

#### NEW SECTION

WAC 356-05-353 REGULAR RATE. The sum of the basic salary and all other payments which are made at less than time-and-one-half the basic salary for all hours actually worked in a workweek or work period, divided by the total number of hours actually worked that workweek or work period.

(Time-and-one-half rates are calculated by adding one-half of the regular rate for each hour of time-and-one-half due.)

Included: Basic salary for all actual hours worked; assignment pay; incentive pay; shift premium; standby pay (not hours); the cost of employees' personal expenses such as meals, if these are for the employees' own benefit, and not for the benefit of the employer.

Excluded: The half-time pay included in any time-and-one-half rate; penalty payments such as call-back, which are not for work performed; payment for any time not worked, such as sick leave, holidays, and vacation; per diem or other expense reimbursement; hours (not pay) for standby; discretionary bonuses such as suggestion awards.

#### NEW SECTION

WAC 356-05-483 WORK PERIOD. A term used in lieu of "workweek" for calculating overtime for employees in the "law enforcement" work period designation.

#### REPEALER

The following section of the Washington Administrative Code is repealed:

WAC 356-05-190 HOUSED PERSONNEL.

#### AMENDATORY SECTION (Amending Order 98, filed 1/13/77, effective 2/13/77)

WAC 356-14-240 (~~(SALARY—)~~) OVERTIME COMPENSATION METHOD. Overtime for state employees shall be compensated in (~~accordance~~) accord with WAC 356-15-030.

(1) Scheduled (~~and~~), nonscheduled (~~work period~~), and law enforcement employees shall be compensated (~~for overtime~~) in cash or compensatory time off, both at the rate of time-and-one-half. Cash payment shall be based on the "regular rate," while compensatory time shall be credited as 1.5 hours of compensatory time for each hour of overtime worked. (See WAC 356-14-265 for computing cash value compensatory time.)



~~Compensatory time off may be used in lieu of cash only when an agency and the employee agree ((may compensatory time off be used in lieu of cash compensation for overtime)), except as provided for law enforcement positions in WAC 356-15-030 (4)(a). When compensatory time off is utilized, it shall be liquidated in ((accordance)) accord with WAC 356-14-260.~~

~~(2) ((Cash compensation for overtime shall be deemed salary for the purposes of state retirement contributions and taxation.)) Time during which an employee is excused from work for holidays, sick leave, vacations or compensatory time shall be considered time worked for payroll purposes. However, time records shall indicate that the employee did not work during these excused absences.~~

#### AMENDATORY SECTION (Amending Order 188, filed 7/20/83)

~~WAC 356-14-250 SALARY—MAXIMUM—COMPENSATORY TIME. The ((maximum)) compensatory time ((accrual is limited to 320 hours in any 365 calendar days)) balance may not exceed 480 hours for employees engaged in public safety, emergency response, or seasonal activities (as may be defined in the Code of Federal Regulations chapter 29), or 240 hours for all other employees.~~

~~((+) Compensatory time exceeding these limitations shall be compensated monthly in cash:~~

~~(2) Cash compensation for compensatory time shall be computed using the salary applicable to the employee at the time the compensatory time was accrued:~~

~~(3) If any compensatory time has not been liquidated within 365 days of accrual, the employee will be compensated in cash for that compensatory time, except that all compensatory time accumulated during a fiscal biennium shall be compensated in cash at the end of that biennium (June 30 of each odd-numbered year) if it has not been previously liquidated in cash or compensatory time.))~~

#### NEW SECTION

~~WAC 356-14-265 COMPENSATORY TIME CASH-OUT. (1) All of an employee's accrued compensatory time shall be compensated in cash under the following circumstances:~~

~~(a) At the end of each biennium (June 30 of each odd-numbered year) or at more frequent intervals set by the employing agency.~~

~~(b) When the employee separates from state service for any reason, including death.~~

~~(c) When the employee moves from one state agency to another. Payment will be made by the agency in which the compensatory time was accrued; except that if a function or program, together with assigned employees, is transferred from one to another agency, all accumulated compensatory time shall also be transferred.~~

~~(2) When accrued compensatory time is cashed out, it shall be at a rate of not less than:~~

~~(a) The average "regular rate" (defined in WAC 356-05-353) received by the employee during the last three years of employment; or~~

~~(b) The final regular rate received by the employee, whichever is higher.~~

#### REPEALER

The following section of the Washington Administrative Code is repealed:

~~WAC 356-14-270 SALARY—OVERTIME PAYMENT ON SEPARATION FROM JOB.~~

#### AMENDATORY SECTION (Amending Order 239, filed 12/6/85)

~~WAC 356-15-020 WORK PERIOD DESIGNATIONS. (1) The personnel board shall assign a specific work period designation to each ((classification)) job class. In deciding which work period designation is appropriate, the personnel board shall consider the following factors:~~

~~(a) Whether the positions are exempt from the overtime provisions of the Fair Labor Standards Act as executive, administrative, professional, agricultural, outside sales, or recreational establishment personnel as summarized in chapter 356-05 WAC.~~

~~(b) Whether the positions have been historically paid overtime by the state.~~

~~(c) Whether the private sector or other governmental jurisdictions have a historical or prevailing overtime pay practice for direct counterpart positions.~~

~~(d) Other factors it may deem to be appropriate.~~

~~(2) The personnel board may authorize a work period designation for an individual position which differs from the class-wide designation ((for specific positions having)) when the position has atypical working conditions. When two or more designations are indicated for a job ((classification)) class, the first designation listed shall constitute the class-wide designation. Each position shall be assigned only one designation. The work period designation for persons on "in-training" and "underfill" appointments shall be the same as that of the position to which they are appointed, except that if the position is designated "exceptions," the employee's work period designation will be "nonscheduled".~~

~~((+)) (a) Scheduled (S):~~

~~((+)) (i) Standard: Full time positions with conditions of employment which may be completed within five consecutive work days, each having the same starting time and lasting not more than eight working hours, and occurring within the same workweek.~~

~~((+)) (ii) Alternate: Full time positions with conditions of employment which may be completed within:~~

~~((+)) (A) Five work days lasting not more than eight working hours within the same workweek but which, because of operational necessity, cannot be scheduled with the same daily starting time or with consecutive days off; or~~

~~((+)) (B) Four work days lasting not more than ten working hours each within the same workweek; or~~

~~((+)) (C) Ten consecutive work days with four consecutive days off; or~~

~~((+)) (D) Ten work days lasting not more than eight working hours and occurring within a scheduled fourteen consecutive day period. Positions are restricted to employees in the registered nurse class series who work in an institutional hospital primarily engaged in the care of residents.~~

~~((+)) (E) Continuous five work-days-per-week shifts which rotate each 28 days to a different schedule of regular days and hours per week. The rotation involves extended or shortened time off between the ending shift of one schedule and the beginning shift of the next, but does not require more than eight hours work in any one 24-hour period within a schedule, nor more than fifty-two 40-hour workweeks per year. Positions are limited to communications officers and scheduled commercial vehicle enforcement officers of the state patrol.~~

~~After giving written notice to the employee and the certified exclusive representative, the employer may implement an alternate schedule provided the employer can document a program need for the alternate schedule or the alternate schedule is mutually agreeable to the employer and employee.~~

~~((+)) (iii) Unlisted: Full time positions for which the director of personnel has approved a schedule or scheduling plan not allowed above. Such unlisted schedules may be approved by the director of personnel when both the agency and the affected employees are in agreement. Approval by the exclusive representative shall constitute approval of employees within a certified bargaining unit.~~

~~((2)) (b) Nonscheduled (NS): Full time positions with conditions of employment which necessitate adjustment of hours by employees within forty working hours within the workweek. These positions ((normally have no scheduled starting and/or quitting time, but management may designate specific tasks which require assigned hours.~~

~~(3) Exceptions (E): In determining which positions are designated in the "exceptions" work period, the personnel board shall consider the following factors:~~

~~(a) Positions which meet the definition (chapter 356-05 WAC) of administrative personnel, agricultural personnel, executive personnel, housed personnel, law enforcement personnel, professional personnel:~~

~~(b) Positions which have historically been paid overtime by the state:~~

~~(c) Positions which have direct counterparts in private industry or other governmental jurisdictions and which have an historical or prevailing practice of paying overtime:~~

~~(d) Other factors it may deem to be appropriate:~~

~~(+) may have preset schedules or task assignments which require their attendance at certain hours, but are generally responsible to adjust their hours to best accomplish their workload.~~

~~(c) Law enforcement (L): Full time positions which meet the law enforcement criteria of section 7(k) of the Fair Labor Standards Act. (Defined as Law Enforcement Personnel in WAC 356-05-210.)~~

~~(d) Exceptions (e): Full time positions which are exempt from the overtime provisions of the Fair Labor Standards Act as executive, administrative, professional, agricultural, outside sales, or recreational establishment personnel as summarized in chapter 356-05 WAC.~~

AMENDATORY SECTION (Amending Order 239, filed 12/6/85)

WAC 356-15-030 OVERTIME PROVISIONS AND COMPENSATION. (1) The following conditions constitute overtime:

(a) For full-time employees, work in excess of the workshift within the work day.

(b) Work in excess of forty working hours in one workweek or eighty working hours in a scheduled fourteen consecutive day period as authorized under WAC 356-15-020 (1)(b)(iv).

(c) Work on a holiday (except Sunday when it is within the assigned workshift).

(d) Work on a scheduled day off.

(e) Time worked in excess of the 28-day work period by law enforcement positions.

(2) Scheduled work period employees shall receive overtime compensation for work which meets subsection (1)(a) through (d) of this section. However, an agency is not obligated to pay overtime due to a change in the work day or workweek, when such change is in response to a written request from an employee for employee convenience, and the employee still works no more than forty hours during a workweek.

(3) Nonscheduled work period employees shall receive overtime compensation for work which meets subsection (1)(b) through (d) of this section and may be paid overtime compensation for work which meets subsection (1)(b) of this section.

(4) (~~Exceptions work period employees are not required to be compensated beyond their regular monthly rate of pay for work which meets subsection (1)(a) through (d) of this section. However, they may be compensated or granted exchange time for any of those conditions if their appointing authority deems it appropriate.~~

(a) ~~If overtime compensation is authorized, the appointing authority may fix the rate, not to exceed one and one-half times the employee's regular rate of pay. As indicated in subsection (5) of this section, the agency and the employee may agree to use compensatory time off in lieu of cash; in that event, the rules covering liquidation of compensatory time apply.~~

(b) ~~Exchange time may be authorized for any number of hours worked beyond the exceptions work period employee's normal hours of work. For those hours authorized, the rate shall be equal hours off for those worked. Exchange time can be accrued to a limit determined by each agency, not to exceed 174 hours.~~

(c) ~~Employees must be allowed, and may be required, to use all exchange time in excess of 80 hours prior to each April 1 and October 1, or other semi-annual dates fixed by an agency and made known to its employees and the director of personnel by that agency's director. As an exception to the above, the director of personnel may establish a single annual date based on the special needs of the requesting agency. Employees must exhaust their exchange time before using compensatory time or vacation leave unless this would result in a loss of accumulated leave.~~

(d) ~~Employee absence on approved exchange time shall be considered as time worked for payroll purposes.~~

(e) ~~Exchange time has no cash liquidation value. However, employees voluntarily terminating from state service or transferring to another agency must be offered the opportunity to postpone their cessation of employment by the granting agency until their accumulated, authorized exchange time has been used. Employees who were separated due to a reduction in force or disability separation are entitled to reinstatement of accumulated exchange time if they are rehired on a permanent basis by the granting agency within three years of separation.~~

(5) ~~Law enforcement positions have a 160-hour, 28-day work period, rather than a 40-hour work week.~~

(a) ~~When the combination of credited work hours (vacation, sick leave, holidays, or compensatory time) and actual work hours exceeds 160 hours, the employee shall be compensated at time and one-half rates in cash or compensatory time at the option of the agency.~~

(b) ~~Overtime compensation for actual work in excess of 171 hours in a work period may be in the form of compensatory time off if the employee and the agency agree.~~

(c) ~~Assigned, actual work on a holiday shall be considered as work in excess of 160 hours.~~

(d) ~~For the positions receiving assignment pay for an extended work period, the following special provisions apply:~~

(i) ~~These law enforcement classes or positions have a 171-hour, 28-day work period, for which they receive four ranges (approximately ten percent) above the base salary range.~~

(ii) ~~When the combination of credited work hours and actual work hours exceeds 171 hours, the employee shall be compensated at time~~

~~and one-half rates. Compensation may be in the form of compensatory time off if the employee and the agency agree.~~

(iii) ~~Assigned, actual work on a holiday shall be considered as work in excess of 171 hours.~~

(6) ~~Unless otherwise provided in the work period designations or other personnel board decisions, the rate of overtime compensation for scheduled and nonscheduled work period employees shall be time and one-half.~~

~~Overtime compensation shall be paid in either cash or compensatory time off, provided that such compensation is paid in a manner consistent with the overtime liquidation provisions of the merit system rules.~~

~~Compensatory time off may be used in lieu of cash compensation for overtime only when an agency and the employee agree, except as provided for law enforcement officers in subsection (5) of this section. When compensatory time is utilized by scheduled or nonscheduled work period employees it shall be compensated at the rate of time and one-half.) Law enforcement positions have a one hundred sixty-hour, twenty-eight-day work period, rather than a forty-hour workweek.~~

(a) ~~When the combination of credited work hours (vacation, sick leave, holidays, or compensatory time) and actual work hours exceeds one hundred sixty hours, the employee shall be compensated at time and one-half rates in cash or compensatory time at the option of the agency.~~

(b) ~~Overtime compensation for actual work in excess of one hundred seventy-one hours in a work period may be in the form of compensatory time off if the employee and the agency agree.~~

(c) ~~Assigned, actual work on a holiday shall be considered as work in excess of one hundred sixty hours.~~

(d) ~~For the positions receiving assignment pay for an extended work period, the following special provisions apply:~~

(i) ~~These law enforcement classes or positions have a one hundred seventy-one-hour, twenty-eight-day work period, for which they receive four ranges (approximately ten percent) above the base salary range.~~

(ii) ~~When the combination of credited work hours and actual work hours exceeds one hundred seventy-one hours, the employee shall be compensated at time and one-half rates. Compensation may be in the form of compensatory time off if the employee and the agency agree.~~

(iii) ~~Assigned, actual work on a holiday shall be considered as work in excess of one hundred seventy-one hours.~~

(5) ~~Exceptions work period employees are not required to be compensated beyond their regular monthly rate of pay for work which meets subsection (1)(a) through (d) of this section. However, they may be compensated or granted exchange time for any of those conditions if their appointing authority deems it appropriate.~~

(a) ~~If overtime compensation is authorized, the appointing authority may fix the rate, not to exceed one and one-half times the employee's regular rate of pay. As indicated in subsection (6) of this section, the agency and the employee may agree to use compensatory time off in lieu of cash; in that event, the rules covering liquidation of compensatory time apply.~~

(b) ~~Exchange time may be authorized for any number of hours worked beyond the exceptions work period employee's normal hours of work. For those hours authorized, the rate shall be equal hours off for those worked. Exchange time can be accrued to a limit determined by each agency, not to exceed one hundred seventy-four hours.~~

(c) ~~Employees must be allowed, and may be required, to use all exchange time in excess of eighty hours prior to each April 1 and October 1, or other semiannual dates fixed by an agency and made known to its employees and the director of personnel by that agency's director. As an exception to the above, the director of personnel may establish a single annual date based on the special needs of the requesting agency. Employees must exhaust their exchange time before using compensatory time or vacation leave unless this would result in a loss of accumulated leave.~~

(d) ~~Employee absence on approved exchange time shall be considered as time worked for payroll purposes.~~

(e) ~~Exchange time has no cash liquidation value. However, employees voluntarily terminating from state service or transferring to another agency must be offered the opportunity to postpone their cessation of employment by the granting agency until their accumulated, authorized exchange time has been used. Employees who were separated due to a reduction in force or disability separation are entitled to reinstatement of accumulated exchange time if they are rehired on a permanent basis by the granting agency within three years of separation.~~

(6) Overtime shall be compensated in accord with the provisions of WAC 356-14-230 through 356-14-265.

(7) Part time employees whose positions are in job classes designated as scheduled, nonscheduled, or law enforcement shall receive overtime compensation for work which meets subsection (1)(b) or (c) of this section.

#### NEW SECTION

**WAC 356-15-035 DUAL EMPLOYMENT.** An employee in a merit system position may accept simultaneous employment in a different position only if the hours of work do not overlap; and all merit system employers know and agree to the other employment; and one of the following three conditions applies.

(1) Regular dual employment—Related employers. The dual employment occurs on a regular basis either within merit system agencies, or among employers who use the employee on a project which is shared by a merit system employer of that person.

Overtime responsibility: When the majority of hours in all such employment is in positions which are covered by the overtime provisions of the Fair Labor Standards Act, all employment in all positions is subject to overtime pay (calculated from the "regular rate" as defined in WAC 356-05-353) for hours which are actually worked in excess of forty in a workweek. (Exception: Law enforcement work period employees are entitled to overtime only for hours actually worked which exceed the number of hours in their respective work periods.) This overtime pay requirement is solely for compliance with the Fair Labor Standards Act, and is an exception to other merit system rules which provide that certain excused absences are considered to be time worked.

Each merit system agency shall pay straight-time rates for work performed in that agency. In addition, it shall calculate the "regular rate" as defined in WAC 356-05-353 to include all work in all of the employment described in this subsection. (This includes the work performed for other merit system or shared-project employers.) Then it shall calculate the total overtime premium pay due from all merit system or shared-project employers. (One-half of the regular rate, times the hours actually worked in excess of forty in a workweek.) Then it shall pay the same proportion of the overtime pay due from these employers as its proportion of the total "regular rate" pay.

(2) Irregular dual employment—Same capacity or employer caused. A person is employed in any status in one merit system agency, and is also occasionally or sporadically employed in the same job class or capacity in the same or different merit system agency; or is obligated by one merit system position to be employed in another.

Overtime responsibility: Overtime is payable under the provisions of subsection (1) of this section.

(3) Unrelated occasional or sporadic dual employment. An employee in one merit system position is occasionally or sporadically (not regularly) employed in a second position in the same or a different agency and the following conditions are true.

(a) Employment in the second position is solely at the option of the employee.

(b) The occasional or sporadic employment is in a different capacity than the regular employment.

Overtime responsibility: Any overtime earned by the employee shall be the exclusive responsibility of the agency in which the overtime occurs. Time worked in the occasional or sporadic position shall not be combined with time worked in any other position for the purpose of calculating overtime.

#### AMENDATORY SECTION (Amending Order 238, filed 11/18/85)

**WAC 356-15-050 HOLIDAY COMPENSATION.** (1) All full-time employees shall be compensated for the days that are designated as holidays, except Sundays, as listed in WAC 356-18-020 and 356-18-030 (2), (3) and (4) at a straight-time rate even though they do not work. In addition:

(a) Scheduled and nonscheduled work period employees shall be compensated for the hours actually worked on a holiday at a time-and-one-half rate.

(b) Exception work period employees, while not normally compensated additionally for work performed on a holiday, may be compensated for the hours actually worked on a holiday at a rate not to exceed time-and-one-half, when their appointing authority deems it appropriate.

~~(2) ((Compensation for hours actually worked shall be in cash, compensatory time, or exchange time as indicated in WAC 356-15-030 (4) and (5)).~~

~~(3)) Part-time employees shall be compensated for holidays in ((accordance)) accord with WAC 356-18-030(5).~~

#### AMENDATORY SECTION (Amending Order 224, filed 6/24/85)

**WAC 356-15-060 SHIFT PREMIUM PROVISIONS AND COMPENSATION.** (1) For purposes of this section, night shift and evening shift are defined as work shifts of eight or more hours which start by 3 a.m. or end at or after 10 p.m. respectively.

(2) Employees are entitled to shift premium in the amount specified in WAC 356-15-061 under the following circumstances only:

(a) Scheduled standard work period employees:

(i) For their scheduled hours which extend before 6 a.m. or after 6 p.m.

(ii) For all hours on their scheduled evening and/or night shift.

(iii) For all additional compensated hours worked by employees whose work schedules consist entirely of evening and/or night shifts.

(b) Scheduled alternate, unlisted, nonscheduled, and exceptions work period employees:

(i) For conditions mentioned in (a) of this subsection, shift premium is payable.

(ii) Employees who are scheduled to work at least one, but not all, night or evening shifts each week, are entitled to shift premium for those scheduled evening or night shifts, and for all adjoining hours which are worked and compensated.

(c) Part-time employees:

(i) For all assigned hours of work after 6 p.m. and before 6 a.m.

(ii) For assigned full night or evening shifts, as defined in subsection (1) of this section.

(d) Intermittent and temporary employees are entitled to shift premium depending on whether their assignment fits into the part-time category (c) of this subsection) or into one of the full-time categories ((a) or (b) of this subsection).

(3) Monthly shift premium rates: In cases where shift premium hours are regularly scheduled over a year, agencies may pay shift premium at a monthly rate which is equal for all months of the year. Such monthly rates shall be calculated by dividing twelve into the amount of shift premium an employee would earn in a year if the hourly rules in subsection (1) of this section were applied. This option is granted to simplify bookkeeping and is not authorized to establish shift premium rates higher or lower than those set by the board.

(4) Shift premium and overtime: When an employee is compensated for working overtime during hours for which shift premium is authorized in subsection (2)(a) through (c) of this section, the overtime rate shall be calculated ~~((on the combined basic salary and shift premium rate))~~ using the "regular rate" as defined in WAC 356-05-353.

(5) Payment during leave periods: Employees eligible for shift premium for all or part of their regular shifts will receive the same proportion of shift premium for authorized periods of paid leave, i.e., vacation leave, sick leave, military leave, holiday leave, etc.

#### AMENDATORY SECTION (Amending Order 177, filed 10/26/82)

**WAC 356-15-080 STANDBY ((PROVISIONS AND)) COMPENSATION.** (1) Requirements:

(a) An employee is in standby status when ~~((she/he is required to put in time (outside her/his normal working hours) during which))~~ both of the following conditions exist:

(i) ~~((She/he is required by her/his agency to remain in a specified duty station or predetermined location during specified hours.))~~ The employee is required to be present at a specified location outside of the employee's normal working hours. The location may be the employee's home or other specific location, but not a work site away from home. When the standby location is the employee's home, and the home is on the same state property where the employee works, the home is not considered a work site.

(ii) ~~((She/he is required by her/his))~~ The agency requires the employee to be prepared to ~~((do full-time))~~ report immediately for work if the need arises, although the need ~~((for her/him to work))~~ might not arise.

NOTE: ~~((Standing by must include restriction to a specific location.))~~ When the nature of a duty station confines an employee during ~~((her/his))~~ off duty hours (e.g., a ship), and that ~~((duty station))~~ confinement is a normal condition of work in the

employee's position, standby compensation is not required merely because the employee is confined.

(b) An agency may issue a written policy stating that an employee is in standby status ~~((b))~~ (outside ~~((her/his))~~ of normal working hours) when required to leave a telephone number with the agency or remain in communication with a dispatching authority to respond to a call to begin work in a specified time limit.

~~(c) Standby status ((b)) shall not be ((considered time worked for any employee)) concurrent with work time.~~

(2) Payment: Any scheduled or nonscheduled work period employee required by her/his agency to stand by shall be paid the hourly standby rate as shown in the standby pay schedule. Standby pay may be authorized for exceptions work period employees if the appointing authority deems it appropriate. For exceptions work period employees, standby may be compensated for by the use of compensatory time. This compensatory time shall be in an amount equivalent to the proportion of the hourly salary schedule salary that the hourly standby pay schedule salary represents. Overtime pay and standby pay shall not be paid for the same hours. Shift differential premium and standby pay shall not be paid for the same hours.

(3) In cases where standby hours are scheduled over a number of months, agencies may pay standby pay at a monthly rate which is equal for all months in which an employee stands by. Such monthly rates shall be calculated by dividing the number of months containing standby time into the total amount of standby pay the employee would earn during those months if the hourly standby pay schedule identified in subsection (2) of this ~~((rate))~~ section was applied. This option is granted to simplify bookkeeping and is not authorization to establish standby rates higher or lower than those set by the personnel board.

#### AMENDATORY SECTION (Amending Order 191, filed 8/31/83)

WAC 356-15-090 SCHEDULE ~~((SHIF))~~ CHANGE ~~((PROVISIONS))~~ AND COMPENSATION. ~~((The appointing authority shall schedule the working days/hours of their scheduled work period employees.))~~

(1) The appointing authority shall schedule the working days and hours of scheduled work period employees. This schedule shall remain in effect for at least seven calendar days, and may ~~((only))~~ be changed only with seven or more calendar days notice. If seven calendar days notice is not given, a new schedule does not exist until the notice period expires. Agencies may notify employees of more than one future schedule change in a single notice.

The seven calendar days notice of changes in working days and/or hours must be given to the affected employees during their scheduled working hours. The day that notification is given shall constitute a day of notice.

(2) If the appointing authority changes ~~((employees'))~~ the assigned ~~((days'))~~ hours or days of scheduled work period employees without giving them at least seven days notice of the change, employees will be paid for all time worked outside the scheduled ~~((days'))~~ hours or days at the overtime rate for the duration of the notice period.

(a) When changes in employees' assigned ~~((days'))~~ hours or days are made without proper notice, employees may work their scheduled ~~((days'))~~ hours or days unless the appointing authority deems that:

(i) The employees are unable to perform satisfactorily as the result of excessive overtime hours; or

(ii) The work which normally would have been performed within the scheduled ~~((days'))~~ hours or days cannot be performed.

(b) The state is not obligated to pay for those scheduled ~~((days'))~~ hours or days not worked, unless the employee is on an authorized leave of absence with pay.

(c) Overtime pay and ~~((schedule))~~ shift or schedule change pay shall not be paid for the same incident.

(3) ~~((The transition period for necessary schedule changes from one scheduled standard work period to another scheduled standard work period shall be considered and filed as a scheduled alternate work period in accordance with WAC 356-15-020 (1)(b) except that:~~

~~(a) Transitioning employees may receive the overtime rate for all hours worked in the month which exceed the number of scheduled hours of Monday through Friday counterpart employees during the month of the transition; or~~

~~(b) Transitioning employees may receive the overtime rate of pay for those shifts actually worked that would be the sixth and/or seventh scheduled shift in the previous work week if the employee is not scheduled to have two consecutive days off.~~

~~The new scheduled standard work period and work day shall be identified and begin during the schedule transition period.)) Regardless of the amount of notice given, whenever an agency changes the work schedule of a "scheduled work period" employee, the employee shall be entitled to overtime pay rates for the number of straight-time hours worked in excess of the scheduled hours the employee would have worked during that calendar month if the schedule had not been changed. Hours of work which are paid at overtime rates for other reasons cannot be counted in this calculation.~~

(4) Contingency scheduling is allowed for ~~((those))~~ employees in scheduled work period positions having the following responsibilities: Highway snow, ice and avalanche control, grain inspection, horticulture inspection, and in the department of natural resources, forest fire suppression, "hoot owl," forest fuels management and aerial applications.

Therefore, for ~~((those))~~ employees in scheduled work period positions, the appointing authority shall not be bound by the above scheduled shift change notice requirement, if the appointing authority notifies affected employees of the contingency schedule in writing when they enter the position or not less than 30 days prior to implementation.

When conditions mandate the activating of the contingency schedule, the appointing authority shall pay affected employees the overtime rate for all hours worked outside the original schedule at least for the employee's first shift of the contingency schedule and for other overtime hours covered by subsection (5) of this section.

(5) When a scheduled or nonscheduled work period employee experiences a schedule change (within or between agencies) which causes an overlap in workweeks and requires work in excess of forty hours in either the old or the new workweek, the employee must receive overtime compensation at least equal to the amount resulting from the following calculation:

(a) Starting at the beginning of the "old" workweek, count all hours actually worked before the end of that workweek, and calculate the straight-time pay and the overtime pay (based on "regular rate" as defined in WAC 356-05-353).

(b) Starting at the conclusion of the "new" workweek, count back to include all hours actually worked since the beginning of that workweek, and calculate the straight time and overtime (based on "regular rate" as defined in WAC 356-05-353).

(c) Pay the larger amount calculated under subsection (3)(a) and (b) of this section. If any other combination of straight-time and time-and-one-half-rate pay required by these rules results in an amount of pay, for either workweek, which is greater than the amount calculated in subsection (1)(c) of this section, then no additional payment is due.

(6) If overtime is incurred as a result of employee movement between state agencies, the overtime will be borne by the receiving agency.

(7) Unless employees have requested a schedule change in writing, schedule changes shall not result in full-time employment being compensated for less than forty hours per week.

#### REPEALER

The following section of the Washington Administrative Code is repealed:

WAC 356-18-010 HOURS OF WORK.

#### WSR 86-06-057 PROPOSED RULES DEPARTMENT OF ECOLOGY

[Filed March 5, 1986]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Department of Ecology intends to adopt, amend, or repeal rules concerning:

Amd WAC 173-19-430 Wahkiakum County.  
Amd WAC 173-19-3701 Anacortes, city of.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on March 12, 1986.

The authority under which these rules are proposed is chapters 43.21A and 34.04 RCW.

The specific statute these rules are intended to implement is RCW 90.58.120 and 90.58.200.

This notice is connected to and continues the matter in Notice No. WSR 86-02-038 filed with the code reviser's office on December 30, 1985.

Dated: March 5, 1986

By: Phillip C. Johnson  
Deputy Director

**WSR 86-06-058**  
**PROPOSED RULES**  
**BUILDING CODE COUNCIL**  
[Filed March 5, 1986]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the State Building Code Council intends to adopt, amend, or repeal rules concerning adoption of amendments to the Washington State Energy Code, chapter 51-12 WAC;

that the agency will at 1:30 p.m., Friday, April 18, 1986, in the Angle Lake Fire Hall, 2929 South 200 Street, Seattle, WA, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on April 18, 1986.

The authority under which these rules are proposed is RCW 19.27A.020.

The specific statute these rules are intended to implement is chapter 19.27A RCW.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before April 17, 1986.

Dated: March 5, 1986

By: Lynn Carmichael  
Chair

**STATEMENT OF PURPOSE**

Title: Chapter 51-12 WAC, amendment of the State Energy Code.

Description of Purpose: Correct nonsubstantive, typographical errors in the Energy Code.

Statutory Authority: RCW 19.27A.020.

Specific Statute Rule is Intended to Implement: Chapter 19.27A RCW.

Summary of Rule: Corrects nonsubstantive, typographical errors in the Energy Code.

Reasons for Supporting Proposed Action: The users of the code need a document which is clear and free from errors.

Agency Personnel Responsible for Drafting, Implementation and Enforcement: Lynn Carmichael, Chair, State Building Code Council, Ninth and Columbia Building, Mailstop GH-51, Olympia, Washington 98504-4151, phone (206) 586-2168.

Name of the Organization Proposing the Rule: State Building Code Council.

Agency Comments or Recommendations Regarding Statutory Language, Implementation, Enforcement, Fiscal Matters: Necessary to provide users with error-free information.

Whether Rule is Necessary as a Result of Federal Law or Federal or State Court Action: Not applicable.

Small Business Economic Statement: Not applicable; correcting typographical errors.

AMENDATORY SECTION (Amending Order 85-14, filed 11/26/85)

WAC 51-12-102 SECTION 102. SCOPE.

This Code sets forth minimum requirements for the design of new buildings and structures that provide facilities or shelter for public assembly, educational, business, mercantile, institutional, storage and residential occupancies, as well as those portions of factory and industrial occupancies designed primarily for human occupancy by regulating their exterior envelopes and the selection of their HVAC, service water heating, electrical distribution and illuminating systems and equipment for effective use of energy.

Buildings shall be designed to comply with the requirements of either Chapter 4, 5, or 6 of this Code.

(a) Exempt Buildings. Buildings and structures or portions thereof meeting any of the following criteria shall be exempt from the building envelope requirements of Sections 402 to 405 inclusive, and Sections 601 and 605, but shall comply with all other requirements for building mechanical systems, service water heating and lighting systems.

1. Buildings and structures or portions thereof whose peak design rate of energy usage is less than three and four tenths (3.4) Btu/h per square foot or one point zero (1.0) watt per square foot of floor area for all purposes.

2. Buildings and structures or portions thereof which are neither heated nor cooled by a depletable energy source, including buildings heated with wood with installed back-up or supplemental heating utilizing a depletable energy source provided that: the depletable energy use complies with the requirements of exemption (1).

(b) Application to Existing Buildings.

1. Additions to Existing Buildings. Additions to existing buildings or structures may be made to such buildings or structures without making the entire building or structure comply, provided that the new additions shall conform to the provisions of this Code.

2. Historic Buildings. The Building Official may modify the specific requirements of this Code for historic buildings and require in lieu thereof alternate requirements which will result in a reasonable degree of energy efficiency. This modification may be allowed for those buildings which have been specifically designated as historically significant by the state or local governing body, or listed in "The National Register of Historic Places" or which have been determined to be eligible for listing.

3. Alterations and Repairs. Initial tenant alterations shall comply with the new construction requirements of this Code. Other alterations and repairs may be made to existing buildings without making the entire building comply with all of the requirements of this Code for new buildings, provided the following requirements are met:

A. Building Envelope. The result of the alterations or repairs (1) improves the energy efficiency of the building and (2) complies with the overall average thermal transmittance values of the gross area of the elements of the exterior building envelope in Table 4-2, 4-3, or 4-4 of Chapter 4 or the nominal R values in Tables 6-1 or 6-5 and U values in Table 6-2 or glazing requirements in Table 6-5 of Chapter 6. Where the structural elements of the altered portions of

roof/ceiling, wall or floor are not being replaced, these elements shall be deemed to comply with this Code if all existing framing cavities which are exposed during construction are filled to the full depth with batt insulation or insulation having an equivalent nominal R value while, for roof/ceilings, maintaining the required space for ventilation. Existing roof/ceilings, walls and floors without framing cavities need not be insulated.

- B. **Building Mechanical Systems.** Those parts of systems which are altered or replaced shall comply with this Code. Heating equipment efficiencies for low-rise residential occupancy buildings shall comply with the minimum efficiency requirements of Table 6-4.
- C. **Service Water Heating.** Those parts of systems which are altered or replaced shall comply with Section 420.
- D. **Lighting.** Those parts of systems which are altered or replaced in buildings initially constructed subject to the requirements of this Code shall comply with Section 425. Other remodels or replacements of lighting systems which are part of a substantial remodel shall comply with Section 425. In addition, other remodels or replacements which affect the lighting system of an entire floor shall comply with the lighting power budgets specified in Table No. 4-18.

The Building Official may approve designs of alterations or repairs which do not fully conform with all of the requirements of this Code ~~((where))~~ when in his/her opinion full conformance is physically impossible and/or economically impractical and: (1) the alteration or repair improves the energy efficiency of the building; or (2) the alteration or repair is energy efficient and is necessary for the health, safety, and welfare of the general public.

**AMENDATORY SECTION** (Amending Order 85-14, filed 11/26/85)

**WAC 51-12-404 SECTION 404. THERMAL PERFORMANCE CRITERIA FOR ALL OTHER OCCUPANCIES.**

~~((a))~~ Criteria.

~~((+))~~

(a) The overall average thermal transmittance value ( $U_o$ ) of the gross area of elements of the exterior building envelope of all buildings other than low-rise residential buildings shall not exceed the values given in Tables 4-3 and 4-4. Equations 1 and 2 shall be used to determine acceptable combinations of building components and thermal properties to meet this requirement for heating.  $U$  values for windows used to calculate total wall  $U_o$  shall be determined in accordance with accepted engineering practice.  $U_o$  and  $U_w$  are specified in units of

$$\frac{\text{Btu}}{\text{hr. sq. ft. } ^\circ\text{F}}$$

~~((z))~~

(b) Floors over unheated spaces shall not exceed the  $U_o$  value given in Table 4-3 and 4-4.

~~((z))~~

(c) **Slab on Grade Floors:** For slab on grade floors the thermal resistance of the insulation around the perimeter of the floor shall not be less than the value given in Table 4-3 and 4-4.

Insulation installed inside the foundation shall extend downward from the top of the slab for a minimum distance of 24 inches, or downward to the bottom of the slab; then horizontally beneath the slab for a minimum total distance of 24 inches. Insulation installed outside the foundation shall extend downward 12 inches below grade or frostline or to the top of the footing.

~~((+))~~

(d) **Alternative Wall Allowance for Low-rise Nonresidential Occupancies.**

~~((+))~~

1. For nonresidential occupancy buildings, three stories or less, the maximum allowed value for average thermal transmittance ( $U_o$ ) of the exterior walls may be increased to the values given in Table 4-4 provided that at least one of the following criteria is also met:

~~((r))~~

A. Mechanical supply of outside air and mechanical exhaust of building air shall be automatically shut off and the duct closed for at least eight hours per day during hours of non-occupancy, or

~~((r))~~

B. The primary source of heating for the building shall be one or more heat pumps meeting the provisions of Section 411(b) or gas or oil combustion heating equipment with a minimum combustion efficiency of 85 percent for central heating plants and 80 percent for room and space heaters. This efficiency shall be determined in accordance with the provisions of Section 411(c).

Provided further: that if both criteria are met, the maximum allowed value for average thermal transmittance ( $U_o$ ) of the exterior walls used in Table 4-4 may be increased by 0.05 in determining compliance with the provisions of the code.

~~((B-))~~

2. For walls with a wall weight of at least 30 lbs. per sq. ft. (provided that walls constructed of hollow masonry units have cores filled with either grout, concrete, or with an insulating material with thermal resistance per inch (R) of at least 2.25 sq. ft./hr.-°F/Btu) the calculated thermal resistance of the wall sections measured face to face on wall units which are exposed to inside air temperatures, not including the thermal resistance of air films or additional exterior wall elements, may be increased by 25 percent in determining compliance with the provisions of the code provided that:

Heating and cooling set-point temperatures in the conditioned spaces or zones of the building shall be separated by at least 5°F. The temperature control shall be designed to prevent new energy from being used to heat the space above the heating set-point temperature or cool the space below the cooling set-point temperature.

**EQUATION 1**

$$U = \frac{1}{r_o + R_1 + R_2 \dots r_i}$$

Where:

- $U$  = the thermal transmittance of the assembly
- $r_o$  = outside air film resistance,
  - $r_o$  = .17 for all exterior surfaces in winter
  - $r_o$  = .25 for all exterior surfaces in summer
- $r_i$  = inside air film resistance,
  - $r_i$  = .61 for interior horizontal surfaces, heat flow up
  - $r_i$  = .92 for interior horizontal surfaces, heat flow down
  - $r_i$  = .68 for interior vertical surfaces
- $R$  =  $\frac{1}{C} = \frac{X}{K}$  = measure of the resistance to the passage of heat for each

- element
- C = conductance, the heat flow through a specific material of specific thickness
- K = insulation value of a material
- X = the thickness of the material

EQUATION 2

$$U_o = \frac{U_w A_w + U_g A_g + U_d A_d + \dots}{A}$$

Where:

- U<sub>o</sub> = the average or combined transmittance of the gross exterior wall, floor or roof/ceiling assembly area (except slabs on grade).
- A = the gross exterior wall, floor or roof/ceiling assembly area.
- U<sub>w</sub> = the thermal transmittance of the components of the opaque wall, floor or roof/ceiling assembly area.
- A<sub>w</sub> = opaque wall, floor or roof/ceiling assembly area.
- U<sub>g</sub> = the thermal transmittance of the glazing (window or skylight) area.
- A<sub>g</sub> = glazing area.
- U<sub>d</sub> = the thermal transmittance of the door, or similar opening.
- A<sub>d</sub> = door area.

NOTE: Where more than one type of wall, window, roof/ceiling, door and skylight is used, the U and A terms for those items shall be expended into sub-elements as:

$$U_{w1}A_{w1} + U_{w2}A_{w2} + U_{w3}A_{w3} + \dots \text{etc.}$$

**AMENDATORY SECTION** (Amending Order 85-14, filed 11/26/85)

**WAC 51-12-411 SECTION 411. HVAC EQUIPMENT PERFORMANCE REQUIREMENTS.**

- (a) The requirement of this section applies to equipment and component performance for heating, ventilating and air-conditioning systems. Where equipment efficiency levels are specified, approved data furnished by the equipment supplier or certified under a nationally recognized certification program or rating procedure shall be used to satisfy these requirements. Equipment efficiencies shall be based on the standard rating conditions shown in Tables 4-9, 4-10 and 4-11.
- (b) HVAC-System Heating Equipment Heat Pumps—Heating Mode: Heat pumps whose energy input is entirely electric shall have a Coefficient of Performance (COP) heating, as defined herein) not less than the values shown in Table 4-12.
1. These requirements apply to, but are not limited to, unitary heat pumps (air source and water source) in the heating mode and to heat pumps in the packaged terminal air-conditioner and room air-conditioner forms in the heating mode. Field assembled unitary heat pumps, consisting of one or more components, shall comply with this section.
  2. Coefficient of Performance (COP) Heating: The ratio of the rate of net heat output to the rate of total energy input, expressed in consistent units and under designated rating conditions.  
The rate of net heat output shall be defined as the change in the total heat content of the air entering and leaving the equipment (not including supplementary heat).  
Total energy input shall be determined by combining

the energy inputs to all elements, except supplementary heaters, of the heat pump, including, but not limited to, compressor(s), pump(s), supply-air fan(s), return-air fan(s), outdoor-air fan(s), cooling-tower fan(s), and the HVAC-system equipment control circuit.

3. Supplementary Heater: The heat pump shall be installed with a control to prevent supplementary heater operation when the heating load can be met by the heat pump alone. Supplementary heater operation is permitted during transient periods, such as start-ups, following room thermostat set-point advance, and during defrost, when the outdoor air temperature is below 55°F.

A two-stage thermostat, which controls the supplementary heat on its second stage, with outdoor air control, shall be accepted as meeting this requirement. The cut-on temperature for the compression heating shall be higher than the cut-on temperature for the supplementary heat, and the cut-off temperature for the compression heating shall be higher than the cut-off temperature for the supplementary heat. Supplementary heat may be derived from any source of electric resistance heating or combustion heating.

- (c) HVAC-System-Combustion Heating Equipment: All commercial gas and oil-fired central heating plants shall show a minimum combustion efficiency of not less than those shown in Table 4-5.  
All residential gas, oil, and propane central heating systems must have a minimum AFUE of .74. All other residential heating equipment fueled by gas, oil, or propane must be equipped with an intermittent ignition device.
- (d) Mechanical Ventilation. Each mechanical ventilation system (supply and/or exhaust) shall be equipped with a readily accessible or automatic means for either shut-off or volume reduction and shut-off when ventilation is not required.
- (e) Packaged and unitary HVAC-system equipment, electrically operated cooling mode. HVAC-system equipment as listed below whose energy input in the cooling mode is entirely electric, shall show a Coefficient of Performance (COP) cooling as defined herein not less than values shown in Table 4-13.
  1. These requirements apply to, but are not limited to unitary cooling equipment (air-cooled, water-cooled and evaporatively-cooled); the cooling mode of unitary and packaged heat pumps (air source and water source); packaged terminal air-conditioners; and room air-conditioners.  
EXCEPTION: These requirements do not apply to equipment used for refrigerated food or florists' and nurseries' coolers.
  2. Coefficient of Performance (COP) Cooling: The ratio of the rate of net heat removal to the rate of total energy input, expressed in consistent units and under designated rating conditions.  
The rate of net heat removal shall be defined as the change in the total heat contents of the air entering and leaving the equipment (without reheat).  
Total energy input shall be determined by combining the energy inputs to all elements of the equipment, including but not limited to compressor(s), pump(s), supply-air fan(s), return-air fan(s), condenser-air fan(s), cooling-tower fan(s), circulating water pump(s), and the HVAC-system equipment control circuit.
- (f) Applied HVAC-system components, electrically operated cooling-mode. HVAC-system components, as listed in Table 4-14 whose energy input is entirely electric, shall show a Coefficient of Performance (COP) cooling, as defined herein, and not less than the values shown in Table 4-14.
  1. Coefficient of Performance (COP) Cooling. The ratio of the rate of net heat removal to the rate of total energy input, expressed in consistent units and under designated rating conditions.



- 2. The rate of net heat removal is defined as the difference in total heat contents of the water or refrigerant entering and leaving the component.
- 3. Total energy input shall be determined by combining the energy inputs to all elements and accessories of the component, including but not limited to, compressor(s), internal circulating pump(s), condenser-air fan(s), evaporative-condenser cooling water pump(s), purge, and the HVAC-system component control circuit.
- (g) HVAC-system equipment—heat operated cooling mode. Efficiency limitation equipment: Heat operated cooling equipment shall show a (COP) cooling not less than the values shown in Table 4-15. These requirements apply to, but are not limited to, absorption equipment, engine driven equipment, and turbine driven equipment.
- (h) Fireplaces. Fireplaces shall be provided with:
  - 1. Tightly fitting flue dampers, operated with a readily accessible manual or approved automatic control.  
EXCEPTION: Fireplaces with gas logs installed in accordance with UMC 803 shall be equipped with tightly fitting glass or metal doors.
  - 2. An outside source for combustion air. The duct shall be at least six square inches in area, and shall be provided with a readily operable damper.

**AMENDATORY SECTION** (Amending Order 85-14, filed 11/26/85)

**WAC 51-12-426 SECTION 426. LIGHTING POWER BUDGET.**

A lighting power budget is the upper limit of the power to be available to provide the lighting needs in accordance with the criteria and calculation procedure specified herein.

The lighting power budget for a building shall be the sum of the power limits computed for all lighted interior and exterior spaces and shall be determined in accordance with the procedures specified in this section.

EXCEPTION: One- and two-family detached dwellings and the dwelling portion of multifamily buildings are exempt from the requirements of Section 426.

- (a) Budget Development. The installed lighting wattage for the building project shall not exceed the budget level calculated in this section. The budget wattage level shall be the sum of the interior budget calculated and the exterior budget. Lighting wattage includes lamp and ballast wattage.
- (b) Building Interiors. The interior lighting budget shall be calculated by multiplying the gross conditioned floor area, in square feet, by the appropriate unit power budget, in watts per square foot, specified in Table No. 4-18. For special conditions when approved by the Building Official, calculation based on Illuminating Engineering Society Unit Power Density or similar nationally recognized standards may be used. The lighting power budget shall be based on the primary occupancy for which the space within the building is intended. If multiple occupancies are intended, the lighting power budget for each type of occupancy shall be separately calculated and summed to obtain the lighting budget for the interior spaces of the building. If a common circulation area serves multiple occupancies or multiple retail spaces, the lighting power budget for the common circulation area shall be the weighted average of the lighting power budgets for all other areas on that floor. In cases where a lighting plan for only a portion of a building is submitted, the interior lighting budget shall be based on the gross floor area covered by the plan.

**EXCEPTIONS:**

- 1. Where the following automatic lighting controls are installed, for calculations used to determine code compliance, the installed lighting wattage may be reduced by the following percentages:
  - A. For occupant-sensing devices, energy savings of 30 percent shall be allowed for any

- single space up to 400 square feet and enclosed by ceiling height partitions; classrooms, conference rooms, computer rooms, storage areas, corridors, or waiting rooms.
- B. For daylighting controls, energy savings of 30 percent for continuous dimming and 20 percent for stepped controls shall be allowed for any daylit space.
- C. For lumen maintenance controls, energy savings of 10 percent shall be allowed for any space.
- D. For daylighting controls with occupant-sensing devices, energy savings of 44 percent shall be allowed for any single space up to 400 square feet within daylit spaces, and enclosed by ceiling height partitions.
- E. For occupant-sensing devices with lumen maintenance controls, energy savings of 37 percent shall be allowed for any single space up to 400 square feet and enclosed by ceiling height partitions.
- 2. Lighting for the following applications shall be exempted from inclusion in the calculation of lighting power budgets:
  - A. Stage lighting, entertainment, or audiovisual presentations where the lighting is an essential technical element for the function performed.
  - B. Lighting for medical and dental tasks.
  - C. Lighting in areas specifically designed for visually handicapped people.
  - D. For restaurant occupancies, lighting for kitchens and food preparation areas.

(c) Building Exteriors.

The exterior lighting budget shall be calculated by multiplying the building perimeter in feet by 7.5 watts per foot. Lighting for parking structures shall be calculated at 0.3 watts per gross square foot of parking area. An allowance for outdoor surface parking and circulation lighting may be added at 0.05 watts per square foot of area. Lighting for signs that are not an integral part of the building shall be exempted from inclusion in these calculations.

**TABLE 4-1**  
Classification of Building Occupancies

	All Group R Occupancy Space	Other than Group R Occupancy Space
Three conditioned stories and less	Table 4-2	Table 4-3
More than three conditioned stories	Table 4-4	Table 4-4

**TABLE 4-2**  
Low-rise Residential Buildings  
Maximum Allowed U<sub>o</sub> Values  
and Minimum Allowed R Values

Heat Type	Climatic Zone	Roofs	Cathedral	Walls	Slab <sup>1</sup>	Installed R Value
		Ceilings	Ceilings	(Includes Glazing)	Floors	
		U <sub>o</sub>	U <sub>o</sub>	U <sub>o</sub>	U <sub>o</sub>	
Electric Resistance	I	0.026	0.035	0.144	0.055	8
Other	I	0.035	0.035	0.203	0.055	8
Electric Resistance	II	0.026	0.035	0.144	0.043	10
Other	II	0.035	0.035	0.203	0.055	10



<sup>1</sup>Insulation shall be water-resistant material manufactured for this use.

**TABLE 4-3**  
Nonresidential Occupancies  
Buildings 3 Stories or Less  
Maximum Allowed U<sub>o</sub> Values and  
Minimum Allowed R Values

Zone	Ceilings	Walls (Includes Glazing)	Floors	Slab <sup>1</sup> on Grade	Installed R Value
I	0.035	0.25	0.05		8
II	0.035	0.20	0.05		10

<sup>1</sup>Insulation shall be water-resistant material manufactured for this use.

**TABLE 4-4**  
All Occupancies  
Buildings over 3 Stories  
Maximum Allowed U<sub>o</sub> Values and  
Minimum Allowed R Values

Zone	Ceilings	Walls (Includes Glazing)	Floors	Slab <sup>1</sup> on Grade	Installed R Value
I	0.08	0.30	0.08		8
II	0.06	0.25	0.08		10

<sup>1</sup>Insulation shall be water-resistant material manufactured for this use.

**TABLE 4-5**  
Nonresidential HVAC System Heating Equipment—  
Gas- and Oil-Fired  
Minimum Steady State Combustion Efficiency

Types of Equipment	Percent	
	Percent <sup>1</sup>	Percent <sup>2</sup>
Forced-air furnaces and low-pressure steam or hot-water boilers	74	75
Gravity central furnaces	69	-
All other vented heating equipment	69	-

<sup>1</sup>Combustion efficiency for furnaces of capacities of 225,000 Btu/h and less and boilers of capacities of 300,000 Btu/h and less shall be tested in accordance with the applicable U.S. Department of Energy furnace test procedures.

<sup>2</sup>Combustion efficiency of commercial/industrial furnaces and boilers is defined as 100 percent minus stack losses in percent of heat input. Stack losses are:

Loss due to sensible heat in dry flue gas.

Loss due to incomplete combustion.  
Loss due to sensible and latent heat in moisture formed by combustion of hydrogen in the fuel.

**TABLE 4-6**  
(Reserved)

**TABLE 4-7**  
(Reserved)

**TABLE 4-8**  
Allowable Air Infiltration Rates

Windows (cfm per lineal foot of operable sash crack)	Residential Doors (cfm per sq. ft. of door area)		Commercial Doors (cfm per lin. ft. of crack)
	sliding glass	entrance	swinging, sliding, revolving
0.5	0.5	1.00	11.0

**TABLE 4-9**  
HVAC System Heating Equipment (Heat Pumps)  
Standard Rating Conditions

Conditions	Air Source	Type		Water Source
		Air Source	Water Source	
Air entering equipment	°F	70 db	70 db	70 db
Outdoor unit ambient	°F	47 db/ 43 wb	17 db/ 15 wb	—
Entering water temperature	°F	—	—	60
Water flow rate		—	—	as used in cooling mode

**TABLE 4-10**  
HVAC System Equipment  
Standard Rating Conditions — Cooling

		Temperatures			
		DB	WB	Inlet	Outlet
Air Entering Equipment	°F	80	67	—	—
Condenser Ambient (Air Cooled)	°F	95	75	—	—
Condenser Water (Water Cooled)	°F	—	—	85	95

Standard ratings are at sea level.

Note: db = dry bulb  
wb = wet bulb

TABLE 4-11  
Applied HVAC System Components  
Standard Rating Conditions — Cooling

Item		Centrifugal or Self-Contained Reciprocating Water-Chiller	Condenserless Reciprocating Water-Chiller
Leaving chilled Water temperature	°F	44	44
Entering chilled Water temperature	°F	54	54
Leaving condenser Water temperature	°F	95	—
Entering water temp.	°F	85	—
Fouling factor, water Non-ferrous tubes	*	0.0005	0.0005
Steel tubes	*	0.0010	0.0010
Fouling factor, Refrigerant	*	0.0000	0.0000
((Condenser ambient Air or evap. cooled	°F	95 db/75 wb	—
Compressor Water cooled saturated (or evap. cooled)	°F	—	105
Discharge Air cooled temp.))	°F	—	120
Condenser ambient Air or evap. cooled	°F	95 dB/75 wb	—
Compressor Water cooled Saturated (or evap. cooled)	°F	—	105
Discharge Air cooled Temperature	°F	—	120

Standard ratings are at sea level.

\* h ft<sup>2</sup> F/Btu.

TABLE 4-12  
HVAC-System Heating Equipment (Heat Pumps)  
Minimum COP & HSPF for Heat Pumps, Heating Mode

Source and Outdoor Temperature(°F)	Minimum COP	Minimum HSPF
Air source — 47 dB/43 WB	2.7	
Air source — 17 dB/15 WB	1.8	
Air source		6.35
Water source — 60 entering	3.0	
Ground source	3.0	

TABLE 4-13  
Minimum EER and COP—Cooling for  
Electrically Driven HVAC System Equipment—Cooling<sup>1</sup>

Standard Rating Capacity	Air Cooled		Evaporative or Water Cooled	
	EER	COP	EER	COP
Under 65,000 Btu/hr (19,050 watts)	7.8	2.28	8.8	2.58
65,000 Btu/hr (19,060 watts) and over	8.2	2.4	9.2	2.69

<sup>1</sup>The U.S. Department of Energy has established required test procedures for single-phase, air-cooled, residential central air conditioners under 19 KW (65,000 Btu/h) capacity, which have been incorporated into ARI Standard 210-79. EER and COP values in Table 4-13 are based on Test A of DOE Test Procedures.

TABLE 4-14  
Minimum EER and COP for Electrically Driven HVAC-System Components<sup>1</sup>

Water Chilling Packages					
Component	Type	Air	Condensing Means		Evap. COP
		EER	COPEER	COPEER	
Condenser included	Centrifugal or rotary	8.00	2.34	13.80	4.04
Condenser included	Reciprocating	8.40	2.46	12.00	3.51
Condenserless	Reciprocating	9.90	2.90	12.00	3.51
Compressor & condenser units 65,000 Btu/hr (19,050 watts) and over <sup>2</sup>	Positive displacement	9.50	2.78	12.50	3.66

Hydronic Heat Pumps

Component	Type	EER	COP
Water source under 65,000 Btu/h (19,000 watts)	Centrifugal or rotary	9.00	2.64
Water source 65,000 Btu/h (19,000 watts) and over	Centrifugal or rotary	9.40	2.75

<sup>1</sup>When tested at the standard rating conditions specified in Table No. 4-9, 4-10, and 4-11.

<sup>2</sup>Ratings in accordance with Standard for Positive Displacement Refrigerant Compressor and Condensing Units, ARI Standard 520-74 as applicable. COP based on condensing unit standard rating capacity and energy input to the unit, all at sea level.

TABLE 4-15  
HVAC-System Heat-Operated Cooling Equipment

$$\text{Minimum COP} = \frac{\text{Net Cooling Output}}{\text{Total Heat Input (Electrical Auxiliary Inputs Excluded)}}$$

Heat Source	Minimum COP
Direct fired (gas, oil)	0.48
Indirect fired (steam, hot water)	0.68

TABLE 4-16  
Insulation of Ducts

Duct Location	Insulation Types Mechanically Cooled	Climate Zone	Insulation Types Heating Only
On roof or on exterior of building	C, V <sup>2</sup> and W D, V <sup>2</sup> and W	I II	C and W D and W
Attics, garages and crawl spaces, in walls <sup>1</sup> , within floor-ceiling spaces <sup>1</sup>	B and V <sup>2</sup> C and V <sup>2</sup>	I II	B C

Duct Location	Insulation Types Mechanically Cooled	Climate Zone	Insulation Types Heating Only
	None Required		None Required
Within the conditioned space or in basements	None Required		None Required
Cement slab or within ground	A		B

Note: Where ducts are used for both heating and cooling, the minimum insulation shall be as required for the most restrictive condition.

- <sup>1</sup> Insulation may be omitted on that portion of a duct which is located within a wall or floor-ceiling space where both sides of this space are exposed to conditioned air and where this space is not ventilated or otherwise exposed to unconditioned air.
- <sup>2</sup> Vapor barriers shall be installed on conditioned air supply ducts in geographic areas where the average of the July, August, and September mean dewpoint temperature exceeds 60°F.

**INSULATION TYPES:**

- A. 0.5-inch 1.5 to 2 lb/cu. ft. duct liner, mineral or glass fiber blanket or equivalent to provide an installed thermal resistance of at least R-2
- B. 2-inch 0.60 lb/cu. ft. mineral or glass fiber blanket  
1.5-inch 1.5 to 2 lb/cu. ft. duct liner, mineral or glass fiber blanket  
1.5-inch 3 to 7 lb/cu. ft. mineral or glass fiber board or equivalent to provide an installed thermal resistance of at least R-6
- C. 3-inch 0.60 lb/cu. ft. mineral or glass fiber blanket  
2-inch 1.5 to 2 lb/cu. ft. duct liner, mineral or glass fiber blanket  
2-inch 3 to 7 lb/cu. ft. mineral or glass fiber board or equivalent to provide an installed thermal resistance of at least R-8
- D. 4-inch 0.60 lb/cu. ft. mineral or glass fiber blanket  
3-inch 1.5 to 2 lb/cu. ft. duct liner, mineral or glass fiber blanket  
3-inch 3 to 7 lb/cu. ft. mineral or glass fiber board or equivalent to provide an installed thermal resistance of at least R-12
- V. Vapor barrier, with perm rating not greater than 0.5 perm, all joints sealed.
- W. Approved weatherproof barrier.

**TABLE 4-17**  
Minimum Pipe Insulation

Piping System Types	Fluid temperature range, °F	Run-outs up to 2" <sup>1</sup>	Insulation Thickness In Inches for Pipe Sizes <sup>2</sup>				
			1" and less	1.25" to 2"	2.5" to 4"	5" to 6"	8" and larger
<b>HEATING AND HOT WATER SYSTEMS</b>							
Steam and hot water							
High pressure/temperature	306-450	1.5	2.5	2.5	3.0	3.5	3.5
Med. pressure/temperature	251-305	1.5	2.0	2.5	2.5	3.0	3.0
Low pressure/temperature	201-250	1.0	1.5	1.5	2.0	2.0	2.0
Low temperature	100-200	.5	1.0	1.0	1.5	1.5	1.5
Steam condensate							

Piping System Types	Fluid temperature range, °F	Run-outs up to 2" <sup>1</sup>	Insulation Thickness In Inches for Pipe Sizes <sup>2</sup>				
			1" and less	1.25" to 2"	2.5" to 4"	5" to 6"	8" and larger
(for feed water)	Any	1.0	1.0	1.5	2.0	2.0	2.0
<b>COOLING SYSTEMS</b>							
Chilled water	40-55	.5	.5	.75	1.0	1.0	1.0
Refrigerant, or brine	Below 40	1.0	1.0	1.5	1.5	1.5	1.5

<sup>1</sup>Runouts not exceeding 12 feet in length to individual terminal units.

<sup>2</sup>For piping exposed to outdoor air, increase thickness by .5 inch.

**TABLE 4-18**  
Interior Lighting Power Budget<sup>1</sup>

Group	Occupancy Description	Lighting Power Budget <sup>2</sup> (W/sq ft)
A	Assembly w/stage	1.1
	Stage lighting	Exempt
	Assembly w/o stage: other than B and E	1.1
B	Gasoline service station	1.7
	Storage garages	0.3
	Office buildings	1.7
	Wholesale stores	2.0
	Police and fire stations	1.7
	Retail Stores:	
	less than 6000 s.f.	4.0
	6000 to 20,000 s.f.	3.0
	over 20,000 s.f.	2.0
	Drinking and dining establishments	1.85
	Food preparation task light	Exempt
	Aircraft hangars - storage	0.7
	Process plants <sup>3</sup>	1.0
	Factories and work shops <sup>3</sup>	1.7
	Storage structures	0.7
E	Schools and daycare centers	1.7
	Audio-visual presentation lighting	Exempt
H	Storage structures	0.7
	Handling areas	1.7
	Paint shops	2.5
	Auto repair shops	1.7
	Aircraft repair hangars	1.7
I	Institutions	1.7
	Administrative support areas	1.7
	Diagnostic, treatment, food service task lighting	Exempt
R	Dwelling units	Exempt
	Food preparation task lighting	Exempt

<sup>1</sup>Watts/sq. ft. of room may be increased by two percent per foot of height above 20 feet.

<sup>2</sup>Emergency exit lighting is exempt from interior lighting budget.

<sup>3</sup>Lighting that is part of machines or equipment is exempt from this budget.

**AMENDATORY SECTION** (Amending Order 85-14, filed 11/26/85)

**WAC 51-12-601 SECTION 601. LOW-RISE RESIDENTIAL BUILDING ENVELOPE REQUIREMENTS.**

For all components, except for walls, the R values specified in Table 6-1 are for installed insulation material only. R values for construction are defined as any combination of rigid-sheathing, loose fill, or batt insulation that achieves the prescribed R value. Where insulation is installed in a continuous manner and is not interrupted by occasional framing members, its R value may be increased by 20% in determining compliance with the requirements of this table. This allowance does not apply to insulation of slab on grade or walls.

- (a) Walls. The total assembly of opaque exterior wall sections, walls in finished basements, and the interior walls exposed to unheated spaces shall have a thermal resistance R value not less than the values specified in Table 6-1. Total wall assembly R values include values for insulation, sheathing, gypsum-board, air-films, concrete, etc. The following walls shall be considered to meet the R-19 total assembly criteria without additional documentation:
1. 2" x 6" with installed R-19 batt.
  2. 2" x 4" with an installed R-13 batt and R-5 insulating sheathing.
  3. 2" x 4" with an installed R-11 batt and R-5.4 insulating sheathing.
- EXCEPTION: Concrete or masonry foundation walls of unfinished basements that have one foot or less of the wall above grade need not be insulated until finished, provided that:
- A. Any frame walls comply with the requirements of Table 6-1;
  - B. The rim-joists are properly insulated;
  - C. All walls that are more than an average of one foot above grade are insulated to meet the requirements of Table 6-1.
- (b) Roof/ceiling. The roof/ceiling assembly shall have a thermal resistance R value not less than the value specified for the indicated type of construction in Table 6-1.
- EXCEPTION: Insulation levels in the case of single rafter or joist vaulted ceilings. These types of ceilings may be insulated to a level of R-30, regardless of space heat type.
- (c) Thermal Design Standards for Floors.
1. Slab on Grade Floors. For slab on grade floors, the thermal resistance of the insulation around the perimeter of the floor shall not be less than the value given in Table 6-1. Insulation installed inside the foundation shall extend downward from the top of the slab for a minimum distance of 24 inches; or downward to the bottom of the slab, then horizontally beneath the slab for a minimum total distance of 24 inches. Insulation installed outside the foundation shall extend downward a minimum of 6 inches below grade but not less than to the frostline and need not extend deeper than to the top of the footing.
  2. Floor Sections. Floor sections over unheated spaces, such as unheated basements, unheated garages or ventilated crawl spaces, shall be constructed to comply with the required values as specified in Table 6-1.
- EXCEPTION: Insulation may be omitted from floor areas over heated basements, heated garages, or under floor areas used as HVAC plenums or where operable foundation vents are used and when foundation walls are insulated. When foundation walls are insulated in accordance with Section 601(a), the insulation shall be attached in a permanent manner.
- (d) Thermal Design Standards for Openings.
1. At a minimum, all windows must be double glazed, and are classed according to U values as shown on Table 6-2. Glazing requirements are listed in Table 6-4.
  2. At a minimum, all skylights must be double glazed. The area of Class 90 skylights and Class 90 exterior windows sloped more than 30° from the vertical shall be doubled and this area included in the percentage of the total glazing area as allowed for in Table 6-4. Class 75 or Class 60 glazing in skylights or Class 75 or Class 60 windows sloped more than 30° from the vertical need not be doubled.
  3. Single glazing for ornamental, security or architectural purposes shall have its area doubled and shall be included in the percentage of the total glazing area as allowed for in Table 6-4. The maximum area (before doubling) allowed for the total of all single glazing is 1% of the floor area.
- (e) Air Leakage.
1. Windows and Doors. All windows within a wall and doors shall conform to the air infiltration requirements specified in Section 405. Site built windows shall be constructed to minimize leakage.
- EXCEPTION: Openings required to be protected by fire resistive assemblies are exempt from this section.
2. Exterior joints around windows and door frames, openings between walls and foundations, between walls and roof and between wall panels; openings at penetrations of utility services through walls, floors and roofs; and all other such openings in the building envelope shall be sealed, caulked, gasketed, or weatherstripped to limit air leakage.
- (f) Moisture Control. Vapor retarders shall be installed on the warm side (in winter) of insulation as specified in the following cases:
1. Walls separating conditioned space from unconditioned space shall have a vapor retarder installed when thermal insulation is installed. The vapor retarder shall have a one perm dry cup rating or less. Inset stapled batts with a facing with a perm rating less than one may be installed if staples are placed not more than (8) inches on center and gaps between the facing and the framing do not exceed (1/16) of an inch.
  2. Roof/ceilings:
    - A. Roof/ceiling assemblies where the ventilation space above the insulation is less than an average of twelve (12) inches shall be provided with a vapor retarder having a dry cup perm rating of 1.0 or less.
    - B. Vapor retarders shall not be required in roof/ceiling assemblies where the ventilation space above the insulation averages twelve (12) inches or greater.
    - C. Vapor retarders shall not be required where all of the insulation is installed between the roof membrane and the structural roof deck.
    - D. Vapor retarders with a 1.0 or less dry cup perm rating shall be installed in roof/ceiling assemblies where the insulation is comprised of insulation between the roofing membrane and the structural roof decking and insulation below the structural roof decking.
  3. Ground Cover. A ground cover of 4 mil (0.004 inch thick) polyethylene or approved equal shall be laid over the ground within crawl spaces. The ground cover shall be overlapped twelve (12) inches minimum at joints and shall extend over the top of the footing.
- EXCEPTION: The ground cover may be omitted in unheated crawl spaces if the crawl space has a concrete slab floor with a minimum thickness of 3-1/2 inches.
- (g) General Requirements for Loose Fill Insulation. Blown or poured loose fill insulation may be used in attic spaces where the slope of the ceiling is not more than 3 feet in 12 feet and there is at least 30 inches of clear distance from the top of the bottom chord of the truss or ceiling joist to the underside of the roof sheathing at the roof ridge. When eave vents are installed, baffling of the vent openings shall be provided so as to deflect the incoming air above the surface of the insulation.
- (h) Space Heat Type. The following four categories comprise all space heating types:
1. Electric Resistance. Space heating systems which include baseboard units, radiant units, and forced air units as either the primary or secondary heating system.
- EXCEPTIONS: Electric resistance elements which are integral to either heat pump or passive solar heating systems (as defined below), or when the total electric heat capacity in each individual dwelling unit does not exceed the greater of: 1) 1,000 watts per dwelling, or; 2) 1.0 watt per square foot of the gross floor area.

2. Electric, Passive Solar. Electric resistance space heating systems which utilize solar energy to provide a portion of the building's heating load. A Passive Solar System is required to have at least ten (10) percent of the building's gross floor area in glazing that meets the specifications of Section 601(i).
  3. Other. Includes all gas, wood (not meeting the provisions of Section 102 (a)2), oil, propane, and electric heat pump space heating systems, unless electric resistance is used as a secondary heating system. (See EXCEPTIONS, Electric Resistance, Section 601 (h) 1. above.) Nonelectric heat pump heating systems are also included in this category.
  4. Other, Passive Solar. Other types of space heating systems which utilize solar energy to provide a portion of the building's heating load. A Passive Solar System is required to have at least ten (10) percent of the building's gross floor area in glazing that meets the specifications of Section 601(i).
- (i) Passive Solar Glazing. Glazing areas are required to meet the following criteria in order to be considered Passive Solar Glazing.
1. Glazing areas are required to meet the "Electric, Passive Solar" and "Other, Passive Solar" glazing requirements of Table 6-4.
  2. The south glazing shall be oriented within 45 degrees of true south.
  3. The glazing shall be mounted at least 60 degrees up from the horizontal.
  4. The glazing shall have a transmission coefficient greater than or equal to 0.80 for visible light or greater than or equal to 0.73 for total solar radiation.
  5. Documentation shall be provided in the form of a sun chart, a photograph, or approved evidence, demonstrating that the glazing area shall not be shaded for at least 4 hours between 8 a.m. and 4 p.m. standard time on January 21 and March 21.
  6. The building shall contain a heat capacity equal to a four inch concrete slab. The heat capacity shall be equivalent to at least 20 Btu/degree F-ft<sup>2</sup> for each square foot of south glazing when the south glazing area is between 10% and 14% of the building's gross floor area, and at least 45 Btu/degree F-ft<sup>2</sup> for each square foot of south glazing when the south area glazing exceeds 14 percent of gross floor area. In buildings with south glazing area between 10% and 14% of gross floor area, the heat capacity provided by a four inch concrete slab shall be deemed sufficient. This heat storage capacity shall be located inside the insulated shell of the structure and not covered with insulation materials, such as carpet, which yield an R value of 1.0 or greater. If the storage medium is not within the space containing the south glazing, an approved natural or mechanical means of transferring the heat to the heat storage medium shall be provided. Heat storage capacity shall be calculated using the below equation and/or accepted analytical methods:
- HS = D x SH x V  
Where:  
HS = Heat Storage. The heat storage capacity available inside the insulated space.  
V = Volume of heat storage components.  
D = Density of material inside the insulated shell of the building to a depth yielding a thermal resistance of R-1, except in the case of slab floors where only the slab itself is credited. Mass located in conditioned or unconditioned basements without solar glazing shall not be counted (lbs/cu ft).
- SH = Specific heat of the material (Btu/lb/°F).
- (j) Ventilation: Enclosed joist or rafter spaces formed where ceilings are applied directly to the under side of roof joists or rafters must have joists or rafters of sufficient size to provide a minimum of one inch clear vented air space above

the insulation (see also Section 3205 (c) of UBC). Ceiling insulation may be tapered or compressed at the perimeter to permit proper venting.

AMENDATORY SECTION (Amending Order 85-14, filed 11/26/85)

WAC 51-12-602 SECTION 602. LOW-RISE RESIDENTIAL BUILDING MECHANICAL SYSTEMS.

All HVAC devices, components and their elements shall conform to the requirements of this section.

(a) Heating and Mechanical Cooling Devices.

1. All heating and mechanical cooling devices shall meet the required efficiency factor specified herein or in Tables 4-12, 4-13, 4-14, and 4-15, 6-3, and 6-4, for the specific type of device.
2. Combustion Heating Equipment. All gas and oil-fired heating equipment shall meet the minimum combustion efficiencies as specified in Table 6-4.
3. Fireplaces shall be provided with:
  - A. Tightly fitting flue dampers, operated with a readily accessible manual or approved automatic control.
 

EXCEPTION: Fireplaces with gas logs installed in accordance with UMC 803 shall be equipped with tightly fitting glass or metal doors.
  - B. An outside source for combustion air. The duct shall be at least six square inches in area, and shall be provided with a readily operable damper.

4. Calculation of Heating and Cooling Loads. Heating and cooling design loads for the purpose of sizing HVAC systems are required and shall be calculated in accordance with accepted engineering practice. The design parameters specified in Chapter 3 shall apply for all computations. HVAC equipment for low-rise residential buildings shall be sized no greater than 150 percent of the design load as calculated above.

EXCEPTION: The following exemption from the sizing limit shall be allowed, however, in all cases heating and/or cooling design load calculations shall be submitted. For equipment which provides both heating and cooling in one package unit, including heat pumps with electric heating and cooling and gas-pack units with gas heating and electric cooling, compliance need only be demonstrated for either the space heating or space cooling system size.

(b) Temperature Control.

Each heating system shall be provided with at least one thermostat for the regulation of temperature. Each thermostat shall be capable of being set as follows:

Where used to control heating only—55-75°;

Where used to control cooling only—70-85°;

Where used to control both heating and cooling, it shall conform to the requirements of Section 415.

(c) Zoning for Temperature Control.

1. Group R-3 Occupancy

At least one thermostat for regulation of space temperature shall be provided for each separate HVAC system. In addition, a readily accessible manual or automatic means shall be provided to partially restrict or shut off the heating or cooling input to each zone or floor.

EXCEPTION: Nonconditioned basements and garages.

2. Group R-1 Occupancy.

For multifamily dwellings, each individual dwelling unit shall be considered separately and shall meet the requirements of Section 602. Spaces other than living units shall meet the requirements of section 415 (c) ((+)) 3.

3. Control Setback and Shutoff: Group R-1 and R-3. The thermostat required in (a) and (b) or an alternate means such as a switch or clock, shall provide a readily accessible, manual or automatic means for reducing the energy required for heating and cooling

- during periods of nonuse or reduced need such as, but not limited to, unoccupied periods and sleeping hours. Lowering thermostat set points to reduce energy consumption of heating systems shall not cause energy to be expended to reach the reduced setting.
4. Duct Insulation.  
All ducts, plenums and enclosures installed in or on buildings shall be thermally insulated and constructed in accordance with Section 416.
  5. Pipe Insulation.  
All piping installed to serve buildings or within buildings shall be thermally insulated in accordance with Table 4-17.
- EXCEPTION: For service water heating systems, see Section 603.

**AMENDATORY SECTION** (Amending Order 85-14, filed 11/26/85)

WAC 51-12-608 SECTION 608. ELECTRICAL POWER AND LIGHTING REQUIREMENTS FOR OTHER THAN LOW-RISE RESIDENTIAL BUILDINGS.  
All electrical power and lighting systems shall comply with the requirements of Sections 424 to 426, inclusive.

**TABLE 6-1**  
Low-rise Residential Buildings  
Minimum (average) Allowed R Values<sup>1</sup>

Space Heat Type	Climatic		Roof			Slab on <sup>3</sup> Grade
	Zone	Ceilings <sup>2</sup>	Decks	Walls	Floors	
Electric Resistance	I	38	38	19	19	8
Electric, Passive Solar	I	30	30	19	19	8
Other	I	30	30	19	19	8
Other, Passive Solar	I	30	30	19	19	8
Electric Resistance	II	38	38	19	25	10
Electric, Passive Solar	II	30	30	19	19	10
Other	II	30	30	19	19	10
Other, Passive Solar	II	30	30	19	19	10

<sup>1</sup>R values, except for walls, are for installed insulation material only.  
<sup>2</sup>R-30 in single rafter, joist vaulted ceilings.  
<sup>3</sup>Insulation shall be water-resistant material manufactured for this use.

**TABLE 6-2**  
Low-rise Residential Buildings  
Classes of Glazing

Class	U-Value	Window Thermal Testing Requirement <sup>1</sup>
90	.90	Untested
90	Greater than .75	Tested
75	.61 to .75	Tested
60	Less than .61	Tested

<sup>1</sup>See DEFINITIONS, Section 223. WINDOW THERMAL TESTING.

**TABLE 6-3**  
Low-rise Residential Buildings  
Heat Pump Minimum Efficiencies

Source and Outdoor Temperature (°F)	Class 1		Class 2	
	COP	HSPF	COP	HSPF
Air Source - 47 dB/43 WB ((Air Source - 17 dB/43 WB))	2.7		2.5	
Air source - 17 dB/15 WB Air Source	1.8	6.35	1.5	5.60
Water Source - 60 entering	3.0		2.5	
Ground Source	3.0		3.0	

**TABLE 6-4**  
Low-rise Residential Buildings  
Glazing and Furnace  
Efficiency Requirements

Space Heat Type	Climate Zone	Maximum Percentage of Floor Area in Glazing	Glazing Class	Heat Pump Class	
				AFUE*	Class
Electric Resistance	I	21%	60	n/a	n/a
Electric, Passive Solar	I	21%	60	n/a	n/a
Other	I	21%	75	.65	2
Other	I	21%	90	.74	1
Other, Passive Solar	I	21%	90	.65	2
Electric Resistance	II	17%	60	n/a	n/a
Electric, Passive Solar	II	17%	60	n/a	n/a
Other	II	17%	75	.65	2
Other	II	17%	90	.74	1
Other, Passive Solar	II	17%	90	.65	2

\*AFUE applies only to central heating equipment. All other types of heating equipment fueled by gas, oil, or propane must be equipped with an intermittent ignition device in order to use Class ((+)) 90 glazing.

**TABLE NO. 6-5**  
All Other than Low-rise Residential Buildings  
Component Requirements

Component	Zone I	Zone II
Space Conditioning System Type	Any	Any
Opaque Envelope Minimum Nominal R Value		
Roof/Ceilings	R-30	R-30
Exterior Walls	R-11	R-11
Floors over Unconditioned Space	R-11	R-11
Below Grade Walls <sup>1</sup>	R-4	R-5
Slab on Grade Floors <sup>1</sup>	R-8	R-10
Glazing Type	Double	Double
Maximum Total Area (Percent of Gross Exterior Wall)	32%	22%

<sup>1</sup>Insulation shall be water-resistant material manufactured for this use.

**WSR 86-06-059**  
**EMERGENCY RULES**  
**BUILDING CODE COUNCIL**  
 [Order 86-01—Filed March 5, 1986]

Be it resolved by the State Building Code Council, acting at the St. Placid Conference Center, Olympia, Washington, that it does adopt the annexed rules relating to adoption of amendments to the Washington State Energy Code, chapter 51-12 WAC.

We, the State Building Code Council, find that an emergency exists and that this order is necessary for the preservation of the public health, safety, or general welfare and that observance of the requirements of notice and opportunity to present views on the proposed action would be contrary to public interest. A statement of the facts constituting the emergency is correcting typographical errors in the State Energy Code, chapter 51-12 WAC.

These rules are therefore adopted as emergency rules to take effect upon filing with the code reviser.

This rule is promulgated pursuant to chapter 19.27A RCW and is intended to administratively implement that statute.

This rule is promulgated pursuant to RCW 19.27A-.020 which directs that the State Building Code Council has authority to implement the provisions of chapter 19.27A RCW.

The undersigned hereby declares that the agency has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW), and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.

APPROVED AND ADOPTED February 21, 1986.

By Lynn Carmichael  
 Chair

**AMENDATORY SECTION** (Amending Order 85-14, filed 11/26/85)

**WAC 51-12-102 SECTION 102. SCOPE.**

*This Code sets forth minimum requirements for the design of new buildings and structures that provide facilities or shelter for public assembly, educational, business, mercantile, institutional, storage and residential occupancies, as well as those portions of factory and industrial occupancies designed primarily for human occupancy by regulating their exterior envelopes and the selection of their HVAC, service water heating, electrical distribution and illuminating systems and equipment for effective use of energy.*

*Buildings shall be designed to comply with the requirements of either Chapter 4, 5, or 6 of this Code.*

- (a) *Exempt Buildings. Buildings and structures or portions thereof meeting any of the following criteria shall be exempt from the building envelope requirements of Sections 402 to 405 inclusive, and Sections 601 and 605, but shall comply with all other requirements for building mechanical systems, service water heating and lighting systems.*

1. *Buildings and structures or portions thereof whose peak design rate of energy usage is less than three and four tenths (3.4) Btu/h per square foot or one point zero (1.0) watt per square foot of floor area for all purposes.*
  2. *Buildings and structures or portions thereof which are neither heated nor cooled by a depletable energy source, including buildings heated with wood with installed back-up or supplemental heating utilizing a depletable energy source provided that: the depletable energy use complies with the requirements of exemption (1).*
- (b) *Application to Existing Buildings.*
1. *Additions to Existing Buildings. Additions to existing buildings or structures may be made to such buildings or structures without making the entire building or structure comply, provided that the new additions shall conform to the provisions of this Code.*
  2. *Historic Buildings. The Building Official may modify the specific requirements of this Code for historic buildings and require in lieu thereof alternate requirements which will result in a reasonable degree of energy efficiency. This modification may be allowed for those buildings which have been specifically designated as historically significant by the state or local governing body, or listed in "The National Register of Historic Places" or which have been determined to be eligible for listing.*
  3. *Alterations and Repairs. Initial tenant alterations shall comply with the new construction requirements of this Code. Other alterations and repairs may be made to existing buildings without making the entire building comply with all of the requirements of this Code for new buildings, provided the following requirements are met:*
    - A. *Building Envelope. The result of the alterations or repairs (1) improves the energy efficiency of the building and (2) complies with the overall average thermal transmittance values of the gross area of the elements of the exterior building envelope in Table 4-2, 4-3, or 4-4 of Chapter 4 or the nominal R values in Tables 6-1 or 6-5 and U values in Table 6-2 or glazing requirements in Table 6-5 of Chapter 6. Where the structural elements of the altered portions of roof/ceiling, wall or*

floor are not being replaced, these elements shall be deemed to comply with this Code if all existing framing cavities which are exposed during construction are filled to the full depth with batt insulation or insulation having an equivalent nominal R value while, for roof/ceilings, maintaining the required space for ventilation. Existing roof/ceilings, walls and floors without framing cavities need not be insulated.

- B. **Building Mechanical Systems.** Those parts of systems which are altered or replaced shall comply with this Code. Heating equipment efficiencies for low-rise residential occupancy buildings shall comply with the minimum efficiency requirements of Table 6-4.
- C. **Service Water Heating.** Those parts of systems which are altered or replaced shall comply with Section 420.
- D. **Lighting.** Those parts of systems which are altered or replaced in buildings initially constructed subject to the requirements of this Code shall comply with Section 425. Other remodels or replacements of lighting systems which are part of a substantial remodel shall comply with Section 425. In addition, other remodels or replacements which affect the lighting system of an entire floor shall comply with the lighting power budgets specified in Table No. 4-18.

The Building Official may approve designs of alterations or repairs which do not fully conform with all of the requirements of this Code ~~(where)~~ when in his/her opinion full conformance is physically impossible and/or economically impractical and: (1) the alteration or repair improves the energy efficiency of the building; or (2) the alteration or repair is energy efficient and is necessary for the health, safety, and welfare of the general public.

**AMENDATORY SECTION** (Amending Order 85-14, filed 11/26/85)

**WAC 51-12-404 SECTION 404. THERMAL PERFORMANCE CRITERIA FOR ALL OTHER OCCUPANCIES.**

~~(f)~~ Criteria.

~~(f)~~

- ~~(a)~~ The overall average thermal transmittance value ( $U_o$ ) of the gross area of elements of the exterior building envelope of all buildings other than low-rise residential buildings shall not exceed the values given in Tables 4-3 and 4-4. Equations 1 and 2 shall be used to determine acceptable combinations of building components and thermal properties to meet this requirement for heating. U values for windows used to calculate total wall  $U_o$  shall be determined in accordance with accepted engineering practice.  $U_o$  and  $U_w$  are specified in units of

$$\frac{\text{Btu}}{\text{hr. sq. ft. } ^\circ\text{F}}$$

~~(g)~~

- ~~(b)~~ Floors over unheated spaces shall not exceed the  $U_o$  value given in Table 4-3 and 4-4.

~~(h)~~

- ~~(c)~~ **Slab on Grade Floors:** For slab on grade floors the thermal resistance of the insulation around the perimeter of the floor shall not be less than the value given in Table 4-3 and 4-4. Insulation installed inside the foundation shall extend downward from the top of the slab for a minimum distance of 24 inches, or downward to the bottom of the slab, then horizontally beneath the slab for a minimum total distance of 24 inches. Insulation installed outside the foundation shall extend downward 12 inches below grade or frostline or to the top of the footing.

~~(i)~~

- ~~(d)~~ **Alternative Wall Allowance for Low-rise Nonresidential Occupancies.**

~~(A)~~

- 1. For nonresidential occupancy buildings, three stories or less, the maximum allowed value for average thermal transmittance ( $U_o$ ) of the exterior walls may be increased to the values given in Table 4-4 provided that at least one of the following criteria is also met:

~~(i)~~

- A. Mechanical supply of outside air and mechanical exhaust of building air shall be automatically shut off and the duct closed for at least eight hours per day during hours of non-occupancy, or

~~(ii)~~



**B.** The primary source of heating for the building shall be one or more heat pumps meeting the provisions of Section 411(b) or gas or oil combustion heating equipment with a minimum combustion efficiency of 85 percent for central heating plants and 80 percent for room and space heaters. This efficiency shall be determined in accordance with the provisions of Section 411(c). Provided further: that if both criteria are met, the maximum allowed value for average thermal transmittance ( $U_o$ ) of the exterior walls used in Table 4-4 may be increased by 0.05 in determining compliance with the provisions of the code.

~~(B.)~~

**2.** For walls with a wall weight of at least 30 lbs. per sq. ft. (provided that walls constructed of hollow masonry units have cores filled with either grout, concrete, or with an insulating material with thermal resistance per inch ( $R$ ) of at least 2.25 sq. ft./hr.-°F/Btu) the calculated thermal resistance of the wall sections measured face to face on wall units which are exposed to inside air temperatures, not including the thermal resistance of air films or additional exterior wall elements, may be increased by 25 percent in determining compliance with the provisions of the code provided that: Heating and cooling set-point temperatures in the conditioned spaces or zones of the building shall be separated by at least 5°F. The temperature control shall be designed to prevent new energy from being used to heat the space above the heating set-point temperature or cool the space below the cooling set-point temperature.

**EQUATION 1**

$$U = \frac{1}{r_o + R_1 + R_2 \dots r_i}$$

Where:

$U$  = the thermal transmittance of the assembly

- $r_o$  = outside air film resistance,
  - $r_o$  = .17 for all exterior surfaces in winter
  - $r_o$  = .25 for all exterior surfaces in summer
- $r_i$  = inside air film resistance,
  - $r_i$  = .61 for interior horizontal surfaces, heat flow up
  - $r_i$  = .92 for interior horizontal surfaces, heat flow down
  - $r_i$  = .68 for interior vertical surfaces
- $R = \frac{1}{C} = \frac{X}{K}$  = measure of the resistance to the passage of heat for each element
- $C$  = conductance, the heat flow through a specific material of specific thickness
- $K$  = insulation value of a material
- $X$  = the thickness of the material

**EQUATION 2**

$$U_o = \frac{U_w A_w + U_g A_g + U_d A_d \dots}{A}$$

Where:

- $U_o$  = the average or combined transmittance of the gross exterior wall, floor or roof/ceiling assembly area (except slabs on grade).
- $A$  = the gross exterior wall, floor or roof/ceiling assembly area.
- $U_w$  = the thermal transmittance of the components of the opaque wall, floor or roof/ceiling assembly area.
- $A_w$  = opaque wall, floor or roof/ceiling assembly area.
- $U_g$  = the thermal transmittance of the glazing (window or skylight) area.
- $A_g$  = glazing area.
- $U_d$  = the thermal transmittance of the door, or similar opening.
- $A_d$  = door area.

**NOTE:** Where more than one type of wall, window, roof/ceiling, door and skylight is used, the  $U$  and  $A$  terms for those items shall be expended into sub-elements as:

$$U_{w1} A_{w1} + U_{w2} A_{w2} + U_{w3} A_{w3} + \dots \text{etc.}$$

AMENDATORY SECTION (Amending Order 85-14, filed 11/26/85)

WAC 51-12-411 SECTION 411. HVAC EQUIPMENT PERFORMANCE REQUIREMENTS.

- (a) The requirement of this section applies to equipment and component performance for heating, ventilating and air-conditioning systems. Where equipment efficiency levels are specified, approved data furnished by the equipment supplier or certified under a nationally recognized certification program or rating procedure shall be used to satisfy these requirements. Equipment efficiencies shall be based on the standard rating conditions shown in Tables 4-9, 4-10 and 4-11.
- (b) HVAC-System Heating Equipment Heat Pumps—Heating Mode: Heat pumps whose energy input is entirely electric shall have a Coefficient of Performance (COP heating, as defined herein) not less than the values shown in Table 4-12.
1. These requirements apply to, but are not limited to, unitary heat pumps (air source and water source) in the heating mode and to heat pumps in the packaged terminal air-conditioner and room air-conditioner forms in the heating mode. Field assembled unitary heat pumps, consisting of one or more components, shall comply with this section.
  2. Coefficient of Performance (COP) Heating: The ratio of the rate of net heat output to the rate of total energy input, expressed in consistent units and under designated rating conditions.  
The rate of net heat output shall be defined as the change in the total heat content of the air entering and leaving the equipment (not including supplementary heat).  
Total energy input shall be determined by combining the energy inputs to all elements, except supplementary heaters, of the heat pump, including, but not limited to, compressor(s), pump(s), supply-air fan(s), return-air fan(s), outdoor-air fan(s), cooling-tower fan(s), and the HVAC-system equipment control circuit.
  3. Supplementary Heater: The heat pump shall be installed with a control to prevent supplementary heater operation when the heating load can be met by the heat pump alone. Supplementary heater operation is permitted during transient periods, such as start-ups, following room thermostat set-point advance, and during defrost, when the outdoor air temperature is

below 55°F.

A two-stage thermostat, which controls the supplementary heat on its second stage, with outdoor air control, shall be accepted as meeting this requirement. The cut-on temperature for the compression heating shall be higher than the cut-on temperature for the supplementary heat, and the cut-off temperature for the compression heating shall be higher than the cut-off temperature for the supplementary heat. Supplementary heat may be derived from any source of electric resistance heating or combustion heating.

- (c) HVAC-System-Combustion Heating Equipment: All commercial gas and oil-fired central heating plants shall show a minimum combustion efficiency of not less than those shown in Table 4-5.  
All residential gas, oil, and propane central heating systems must have a minimum AFUE of .74. All other residential heating equipment fueled by gas, oil, or propane must be equipped with an intermittent ignition device.
- (d) Mechanical Ventilation. Each mechanical ventilation system (supply and/or exhaust) shall be equipped with a readily accessible or automatic means for either shut-off or volume reduction and shut-off when ventilation is not required.
- (e) Packaged and unitary HVAC-system equipment, electrically operated cooling mode. HVAC-system equipment as listed below whose energy input in the cooling mode is entirely electric, shall show a Coefficient of Performance (COP) cooling as defined herein not less than values shown in Table 4-13.
1. These requirements apply to, but are not limited to unitary cooling equipment (air-cooled, water-cooled and evaporatively-cooled); the cooling mode of unitary and packaged heat pumps (air source and water source); packaged terminal air-conditioners; and room air-conditioners.  
EXCEPTION: These requirements do not apply to equipment used for refrigerated food or florists' and nurseries' coolers.
  2. Coefficient of Performance (COP) Cooling: The ratio of the rate of net heat removal to the rate of total energy input, expressed in consistent units and under designated rating conditions.  
The rate of net heat removal shall be defined as the change in the total heat contents of the air entering and leaving the equipment (without reheat).

Total energy input shall be determined by combining the energy inputs to all elements of the equipment, including but not limited to compressor(s), pump(s), supply-air fan(s), return-air fan(s), condenser-air fan(s), cooling-tower fan(s), circulating water pump(s), and the HVAC-system equipment control circuit.

- (f) Applied HVAC-system components, electrically operated cooling-mode. HVAC-system components, as listed in Table 4-14 whose energy input is entirely electric, shall show a Coefficient of Performance (COP) cooling, as defined herein, and not less than the values shown in Table 4-14.
1. Coefficient of Performance (COP) Cooling. The ratio of the rate of net heat removal to the rate of total energy input, expressed in consistent units and under designated rating conditions.
  2. The rate of net heat removal is defined as the difference in total heat contents of the water or refrigerant entering and leaving the component.
  3. Total energy input shall be determined by combining the energy inputs to all elements and accessories of the component, including but not limited to, compressor(s), internal circulating pump(s), condenser-air fan(s), evaporative-condenser cooling water pump(s), purge, and the HVAC-system component control circuit.
- (g) HVAC-system equipment—heat operated cooling mode. Efficiency limitation equipment: Heat operated cooling equipment shall show a (COP) cooling not less than the values shown in Table 4-15. These requirements apply to, but are not limited to, absorption equipment, engine driven equipment, and turbine driven equipment.
- (h) Fireplaces. Fireplaces shall be provided with:
1. Tightly fitting flue dampers, operated with a readily accessible manual or approved automatic control.  
EXCEPTION: Fireplaces with gas logs installed in accordance with UMC 803 shall be equipped with tightly fitting glass or metal doors.
  2. An outside source for combustion air. The duct shall be at least six square inches in area, and shall be provided with a readily operable damper.

A lighting power budget is the upper limit of the power to be available to provide the lighting needs in accordance with the criteria and calculation procedure specified herein.

The lighting power budget for a building shall be the sum of the power limits computed for all lighted interior and exterior spaces and shall be determined in accordance with the procedures specified in this section.

EXCEPTION: One- and two-family detached dwellings and the dwelling portion of multifamily buildings are exempt from the requirements of Section 426.

(a) Budget Development.

The installed lighting wattage for the building project shall not exceed the budget level calculated in this section. The budget wattage level shall be the sum of the interior budget calculated and the exterior budget. Lighting wattage includes lamp and ballast wattage.

(b) Building Interiors.

The interior lighting budget shall be calculated by multiplying the gross conditioned floor area, in square feet, by the appropriate unit power budget, in watts per square foot, specified in Table No. 4-18.

For special conditions when approved by the Building Official, calculation based on Illuminating Engineering Society Unit Power Density or similar nationally recognized standards may be used.

The lighting power budget shall be based on the primary occupancy for which the space within the building is intended. If multiple occupancies are intended, the lighting power budget for each type of occupancy shall be separately calculated and summed to obtain the lighting budget for the interior spaces of the building. If a common circulation area serves multiple occupancies or multiple retail spaces, the lighting power budget for the common circulation area shall be the weighted average of the lighting power budgets for all other areas on that floor. In cases where a lighting plan for only a portion of a building is submitted, the interior lighting budget shall be based on the gross floor area covered by the plan.

EXCEPTIONS:

1. Where the following automatic lighting controls are installed, for calculations used to determine code compliance, the installed lighting wattage may be reduced by the following percentages:
  - A. For occupant-sensing devices, energy savings of 30 percent shall be allowed for any single space up to 400 square feet and enclosed by ceiling height partitions; classrooms, conference rooms, computer rooms,

**AMENDATORY SECTION** (Amending Order 85-14, filed 11/26/85)

WAC 51-12-426 SECTION 426. LIGHTING POWER BUDGET.

storage areas, corridors, or waiting rooms.

- B. For daylighting controls, energy savings of 30 percent for continuous dimming and 20 percent for stepped controls shall be allowed for any daylight space.
- C. For lumen maintenance controls, energy savings of 10 percent shall be allowed for any space.
- D. For daylighting controls with occupant-sensing devices, energy savings of 44 percent shall be allowed for any single space up to 400 square feet within daylight spaces, and enclosed by ceiling height partitions.
- E. For occupant-sensing devices with lumen maintenance controls, energy savings of 37 percent shall be allowed for any single space up to 400 square feet and enclosed by ceiling height partitions.

2. Lighting for the following applications shall be exempted from inclusion in the calculation of lighting power budgets:

- A. Stage lighting, entertainment, or audiovisual presentations where the lighting is an essential technical element for the function performed.
- B. Lighting for medical and dental tasks.
- C. Lighting in areas specifically designed for visually handicapped people.
- D. For restaurant occupancies, lighting for kitchens and food preparation areas.

(c) **Building Exteriors.**

The exterior lighting budget shall be calculated by multiplying the building perimeter in feet by 7.5 watts per foot. Lighting for parking structures shall be calculated at 0.3 watts per gross square foot of parking area. An allowance for outdoor surface parking and circulation lighting may be added at 0.05 watts per square foot of area. Lighting for signs that are not an integral part of the building shall be exempted from inclusion in these calculations.

**TABLE 4-1**  
Classification of Building Occupancies

	All Group R Occupancy Space	Other than Group R Occupancy Space
Three conditioned stories and less	Table 4-2	Table 4-3
More than three conditioned stories	Table 4-4	Table 4-4

**TABLE 4-2**  
Low-rise Residential Buildings  
Maximum Allowed  $U_o$  Values  
and Minimum Allowed R Values

Heat Type	Climatic Zone	Roofs Ceilings	Cathedral Ceilings	Walls (Includes Glazing)	Floors	Slab <sup>1</sup> on Grade
						Installed R Value
Electric Resistance I	I	$U_o$ 0.026	$U_o$ 0.035	$U_o$ 0.144	$U_o$ 0.055	8
Other I	I	0.035	0.035	0.203	0.055	8
Electric Resistance II	II	0.026	0.035	0.144	0.043	10
Other II	II	0.035	0.035	0.203	0.055	10

<sup>1</sup>Insulation shall be water-resistant material manufactured for this use.

**TABLE 4-3**  
Nonresidential Occupancies  
Buildings 3 Stories or Less  
Maximum Allowed  $U_o$  Values and  
Minimum Allowed R Values

Zone	Ceilings	Walls (Includes Glazing)	Floors	Slab <sup>1</sup> on Grade
				Installed R Value
I	$U_o$ 0.035	$U_o$ 0.25	$U_o$ 0.05	8
II	0.035	0.20	0.05	10

<sup>1</sup>Insulation shall be water-resistant material manufactured for this use.

**TABLE 4-4**  
All Occupancies  
Buildings over 3 Stories  
Maximum Allowed  $U_o$  Values and  
Minimum Allowed R Values

Zone	Ceilings	Walls (Includes Glazing)	Slab <sup>1</sup> Floors on Grade	
			$U_a$	Installed R Value
I	0.08	0.30	0.08	8
II	0.06	0.25	0.08	10

<sup>1</sup>Insulation shall be water-resistant material manufactured for this use.

**TABLE 4-5**  
Nonresidential HVAC System Heating Equipment—  
Gas- and Oil-Fired  
Minimum Steady State Combustion Efficiency

Types of Equipment	Furnaces of Capacity of 225,000 Btu/h and Less Boilers of Capacities of 300,000 Btu/h and Less		All Other Commercial/ Industrial Furnaces and Boilers
	Percent <sup>1</sup>	Percent <sup>2</sup>	
Forced-air furnaces and low-pressure steam or hot-water boilers	74	75	
Gravity central furnaces	69	—	
All other vented heating equipment	69	—	

<sup>1</sup>Combustion efficiency for furnaces of capacities of 225,000 Btu/h and less and boilers of capacities of 300,000 Btu/h and less shall be tested in accordance with the applicable U.S. Department of Energy furnace test procedures.

<sup>2</sup>Combustion efficiency of commercial/industrial furnaces and boilers is defined as 100 percent minus stack losses in percent of heat input. Stack losses are:

- Loss due to sensible heat in dry flue gas.
- Loss due to incomplete combustion.
- Loss due to sensible and latent heat in moisture formed by combustion of hydrogen in the fuel.

**TABLE 4-6**  
(Reserved)

**TABLE 4-7**  
(Reserved)

**TABLE 4-8**  
Allowable Air Infiltration Rates

Windows	Residential Doors		Commercial Doors
(cfm per lineal foot of operable sash crack	cfm per sq. ft. of door area		cfm per lin. ft. of crack
	sliding glass	entrance	swinging, sliding, revolving
0.5	0.5	1.00	11.0

**TABLE 4-9**  
HVAC System Heating Equipment (Heat Pumps)  
Standard Rating Conditions

Conditions	°F	Type		
		Air Source	Water Source	Water Source
Air entering equipment	70 db	70 db	70 db	70 db
Outdoor unit ambient	47 db/ 43 wb	17 db/ 15 wb	—	—
Entering water temperature	—	—	—	60
Water flow rate	—	—	—	as used in cooling mode

**TABLE 4-10**  
HVAC System Equipment  
Standard Rating Conditions — Cooling

	°F	Temperatures			
		DB	WB	Inlet	Outlet
Air Entering Equipment	80	67	—	—	
Condenser Ambient (Air Cooled)	95	75	—	—	
Condenser Water (Water Cooled)	—	—	85	95	

Standard ratings are at sea level.

Note: db = dry bulb  
wb = wet bulb

**TABLE 4-11**  
Applied HVAC System Components  
Standard Rating Conditions — Cooling

Item		Centrifugal or	Condenserless
		Self-Contained Reciprocating Water-Chiller	Reciprocating Water-Chiller
Leaving chilled			
Water temperature	°F	44	44
Entering chilled			
Water temperature	°F	54	54
Leaving condenser			
Water temperature	°F	95	—
Entering water temp.	°F	85	—
Fouling factor, water			
Non-ferrous tubes	*	0.0005	0.0005
Steel tubes	*	0.0010	0.0010
Fouling factor, Refrigerant	*	0.0000	0.0000
((Condenser ambient Air or evap. cooled			
	°F	95 db/75 wb	—
<hr/>			
Compressor			
Water-cooled			
saturated (or evap. cooled)	°F	—	105
Discharge			
Air cooled	°F	—	120
(temp.)			
Condenser ambient			
Air or evap. cooled	°F	95 dB/75 wb	—
<hr/>			
Compressor			
Water cooled			
Saturated (or evap. cooled)	°F	—	105
Discharge			
Temperature	°F	—	120
<hr/>			

Standard ratings are at sea level.  
\* h ft<sup>2</sup> F/Btu.

**TABLE 4-12**  
HVAC-System Heating Equipment (Heat Pumps)  
Minimum COP & HSPF for Heat Pumps, Heating  
Mode

Source and Outdoor Temperature(°F)	Minimum COP	Minimum HSPF
Air source — 47 dB/43 WB	2.7	
Air source — 17 dB/15 WB	1.8	
Air source		6.35
Water source — 60 entering	3.0	
Ground source	3.0	

**TABLE 4-13**  
Minimum EER and COP—Cooling for  
Electrically Driven HVAC System Equipment—Cooling<sup>1</sup>

Standard Rating Capacity	Air Cooled		Evaporative or Water Cooled	
	EER	COP	EER	COP
Under 65,000 Btu/hr (19,050 watts)	7.8	2.28	8.8	2.58

Standard Rating Capacity	Air Cooled		Evaporative or Water Cooled	
	EER	COP	EER	COP
65,000 Btu/hr (19,060 watts) and over	8.2	2.4	9.2	2.69

<sup>1</sup>The U.S. Department of Energy has established required test procedures for single-phase, air-cooled, residential central air conditioners under 19 KW (65,000 Btu/h) capacity, which have been incorporated into ARI Standard 210-79. EER and COP values in Table 4-13 are based on Test A of DOE Test Procedures.

**TABLE 4-14**  
Minimum EER and COP for Electrically  
Driven HVAC-System Components<sup>1</sup>

Component	Type	Condensing Means			
		Air	Water	Water	Evap.
		EER	COPEER	COPEER	COP
Condenser included	Centrifugal or rotary	8.00	2.34	13.80	4.04
Condenser included	Reciprocating	8.40	2.46	12.00	3.51
Condenserless	Reciprocating	9.90	2.90	12.00	3.51
Compressor & condenser units 65,000 Btu/hr (19,050 watts) and over <sup>2</sup>					
	Positive displacement	9.50	2.78	12.50	3.66 12.50 3.66

**Hydronic Heat Pumps**

Component	Type	EER	COP
Water source under 65,000 Btu/h (19,000 watts)	Centrifugal or rotary	9.00	2.64
Water source 65,000 Btu/h (19,000 watts) and over	Centrifugal or rotary	9.40	2.75

<sup>1</sup>When tested at the standard rating conditions specified in Table No. 4-9, 4-10, and 4-11.

<sup>2</sup>Ratings in accordance with Standard for Positive Displacement Refrigerant Compressor and Condensing Units, ARI Standard 520-74 as applicable. COP based on condensing unit standard rating capacity and energy input to the unit, all at sea level.

**TABLE 4-15**  
**HVAC-System Heat-Operated Cooling Equipment**

Minimum COP =  $\frac{\text{Net Cooling Output}}{\text{Total Heat Input (Electrical Auxiliary Inputs Excluded)}}$

Heat Source	Minimum COP
Direct fired (gas, oil)	0.48
Indirect fired (steam, hot water)	0.68

**TABLE 4-16**  
**Insulation of Ducts**

Duct Location	Insulation Types		
	Mechanically Cooled	Climate Zone	Insulation Types Heating Only
On roof or on exterior of building	C, V <sup>2</sup> and W D, V <sup>2</sup> and W	I II	C and W D and W
Attics, garages and crawl spaces, in walls <sup>1</sup> , within floor-ceiling spaces <sup>1</sup>	B and V <sup>2</sup> C and V <sup>2</sup>	I II	B C
Within the conditioned space or in basements	None Required		None Required
Cement slab or within ground	A		B

Note: Where ducts are used for both heating and cooling, the minimum insulation shall be as required for the most restrictive condition.

<sup>1</sup> Insulation may be omitted on that portion of a duct which is located within a wall or floor-ceiling space where both sides of this space are exposed to conditioned air and where this space is not ventilated or otherwise exposed to unconditioned air.

<sup>2</sup> Vapor barriers shall be installed on conditioned air supply ducts in geographic areas where the average of the July, August, and September mean dewpoint temperature exceeds 60°F.

**INSULATION TYPES:**

- A. 0.5-inch 1.5 to 2 lb/cu. ft. duct liner, mineral or glass fiber blanket or equivalent to provide an installed thermal resistance of at least R-2
- B. 2-inch 0.60 lb/cu. ft. mineral or glass fiber blanket  
1.5-inch 1.5 to 2 lb/cu. ft. duct liner, mineral or glass fiber blanket  
1.5-inch 3 to 7 lb/cu. ft. mineral or glass fiber board or equivalent to provide an installed thermal resistance of at least R-6

- C. 3-inch 0.60 lb/cu. ft. mineral or glass fiber blanket  
2-inch 1.5 to 2 lb/cu. ft. duct liner, mineral or glass fiber blanket  
2-inch 3 to 7 lb/cu. ft. mineral or glass fiber board or equivalent to provide an installed thermal resistance of at least R-8
- D. 4-inch 0.60 lb/cu. ft. mineral or glass fiber blanket  
3-inch 1.5 to 2 lb/cu. ft. duct liner, mineral or glass fiber blanket  
3-inch 3 to 7 lb/cu. ft. mineral or glass fiber board or equivalent to provide an installed thermal resistance of at least R-12
- V. Vapor barrier, with perm rating not greater than 0.5 perm, all joints sealed.
- W. Approved weatherproof barrier.

**TABLE 4-17**  
**Minimum Pipe Insulation**

Piping System Types	Fluid temperature range, °F	Run-outs up to 2" <sup>1</sup>	Insulation Thickness I <sub>n</sub> Inches for Pipe Sizes <sup>2</sup>				
			1" and less	1.25" to 2"	2.5" to 4"	5" to 6"	8" and larger
<b>HEATING AND HOT WATER SYSTEMS</b>							
Steam and hot water							
High pressure/temperature	306-450	1.5	2.5	2.5	3.0	3.5	3.5
Med. pressure/temperature	251-305	1.5	2.0	2.5	2.5	3.0	3.0
Low pressure/temperature	201-250	1.0	1.5	1.5	2.0	2.0	2.0
Low temperature	100-200	.5	1.0	1.0	1.5	1.5	1.5
Steam condensate (for feed water)	Any	1.0	1.0	1.5	2.0	2.0	2.0
<b>COOLING SYSTEMS</b>							
Chilled water	40-55	.5	.5	.75	1.0	1.0	1.0
Refrigerant, or brine	Below 40	1.0	1.0	1.5	1.5	1.5	1.5

<sup>1</sup> Runouts not exceeding 12 feet in length to individual terminal units.

<sup>2</sup> For piping exposed to outdoor air, increase thickness by .5 inch.

TABLE 4-18  
Interior Lighting Power Budget<sup>1</sup>

Group	Occupancy Description	Lighting Power Budget <sup>2</sup> (W/sq ft)
A	Assembly w/stage	1.1
	Stage lighting	Exempt
	Assembly w/o stage: other than B and E	1.1
B	Gasoline service station	1.7
	Storage garages	0.3
	Office buildings	1.7
	Wholesale stores	2.0
	Police and fire stations	1.7
	Retail Stores:	
	less than 6000 s.f.	4.0
	6000 to 20,000 s.f.	3.0
	over 20,000 s.f.	2.0
	Drinking and dining establishments	1.85
	Food preparation task light	Exempt
	Aircraft hangars - storage	0.7
	Process plants <sup>3</sup>	1.0
	Factories and work shops <sup>3</sup>	1.7
	Storage structures	0.7
E	Schools and daycare centers	1.7
	Audio-visual presentation lighting	Exempt
H	Storage structures	0.7
	Handling areas	1.7
	Paint shops	2.5
	Auto repair shops	1.7
	Aircraft repair hangars	1.7
I	Institutions	1.7
	Administrative support areas	1.7
	Diagnostic, treatment, food service task lighting	Exempt
R	Dwelling units	Exempt
	Food preparation task lighting	Exempt

<sup>1</sup>Watts/sq. ft. of room may be increased by two percent per foot of height above 20 feet.

<sup>2</sup>Emergency exit lighting is exempt from interior lighting budget.

<sup>3</sup>Lighting that is part of machines or equipment is exempt from this budget.

**AMENDATORY SECTION (Amending Order 85-14, filed 11/26/85)**

**WAC 51-12-601 SECTION 601. LOW-RISE RESIDENTIAL BUILDING ENVELOPE REQUIREMENTS.**

For all components, except for walls, the R values specified in Table 6-1 are for installed insulation material only. R values for construction are defined as any combination of rigid-sheathing, loose fill, or batt insulation that achieves the prescribed R value. Where insulation is installed in a continuous manner and is not interrupted by occasional framing members, its R value may be increased by 20% in determining compliance with the requirements of this table. This allowance does not apply to insulation of slab on grade or walls.

- (a) Walls. The total assembly of opaque exterior wall sections, walls in finished basements, and the interior walls exposed to unheated spaces shall have a thermal resistance R value not less than the values specified in Table 6-1. Total wall assembly R values include values for insulation, sheathing, gypsum-board, air-films, concrete, etc. The

following walls shall be considered to meet the R-19 total assembly criteria without additional documentation:

1. 2" x 6" with installed R-19 batt.
2. 2" x 4" with an installed R-13 batt and R-5 insulating sheathing.
3. 2" x 4" with an installed R-11 batt and R-5.4 insulating sheathing.

**EXCEPTION:** Concrete or masonry foundation walls of unfinished basements that have one foot or less of the wall above grade need not be insulated until finished, provided that:

- A. Any frame walls comply with the requirements of Table 6-1;
- B. The rim-joists are properly insulated;
- C. All walls that are more than an average of one foot above grade are insulated to meet the requirements of Table 6-1.

- (b) Roof/ceiling. The roof/ceiling assembly shall have a thermal resistance R value not less than the value specified for the indicated type of construction in Table 6-1.

**EXCEPTION:** Insulation levels in the case of single rafter or joist vaulted ceilings. These types of ceilings may be insulated to a level of R-30, regardless of space heat type.

- (c) Thermal Design Standards for Floors.
  1. Slab on Grade Floors. For slab on grade floors, the thermal resistance of the insulation around the perimeter of the floor shall not be less than the value given in Table 6-1.

Insulation installed inside the foundation shall extend downward from the top of the slab for a minimum distance of 24 inches; or downward to the bottom of the slab, then horizontally beneath the slab for a minimum total distance of 24 inches. Insulation installed outside the foundation shall extend downward a minimum of 6 inches below grade but not less than to the frostline and need not extend deeper than to the top of the footing.

2. Floor Sections. Floor sections over unheated spaces, such as unheated basements, unheated garages or ventilated crawl spaces, shall be constructed to comply with the required values as specified in Table 6-1.

**EXCEPTION:** Insulation may be omitted from floor areas over heated basements, heated garages, or under floor areas used as HVAC plenums or where operable foundation vents are used and when foundation walls are insulated. When foundation walls are insulated in accordance with



Section 601(a), the insulation shall be attached in a permanent manner.

(d) Thermal Design Standards for Openings.

1. At a minimum, all windows must be double glazed, and are classed according to U values as shown on Table 6-2. Glazing requirements are listed in Table 6-4.
2. At a minimum, all skylights must be double glazed. The area of Class 90 skylights and Class 90 exterior windows sloped more than 30° from the vertical shall be doubled and this area included in the percentage of the total glazing area as allowed for in Table 6-4. Class 75 or Class 60 glazing in skylights or Class 75 or Class 60 windows sloped more than 30° from the vertical need not be doubled.
3. Single glazing for ornamental, security or architectural purposes shall have its area doubled and shall be included in the percentage of the total glazing area as allowed for in Table 6-4. The maximum area (before doubling) allowed for the total of all single glazing is 1% of the floor area.

(e) Air Leakage.

1. Windows and Doors. All windows within a wall and doors shall conform to the air infiltration requirements specified in Section 405. Site built windows shall be constructed to minimize leakage.

**EXCEPTION:** Openings required to be protected by fire resistive assemblies are exempt from this section.

2. Exterior joints around windows and door frames, openings between walls and foundations, between walls and roof and between wall panels; openings at penetrations of utility services through walls, floors and roofs; and all other such openings in the building envelope shall be sealed, caulked, gasketed, or weatherstripped to limit air leakage.

(f) Moisture Control. Vapor retarders shall be installed on the warm side (in winter) of insulation as specified in the following cases:

1. Walls separating conditioned space from unconditioned space shall have a vapor retarder installed when thermal insulation is installed. The vapor retarder shall have a one perm dry cup rating or less. Inset stapled batts with a facing with a perm rating less than one may be installed if staples are placed not more than (8) inches on center and gaps between the facing

and the framing do not exceed (1/16) of an inch.

2. Roof/ceilings:

- A. Roof/ceiling assemblies where the ventilation space above the insulation is less than an average of twelve (12) inches shall be provided with a vapor retarder having a dry cup perm rating of 1.0 or less.
- B. Vapor retarders shall not be required in roof/ceiling assemblies where the ventilation space above the insulation averages twelve (12) inches or greater.
- C. Vapor retarders shall not be required where all of the insulation is installed between the roof membrane and the structural roof deck.
- D. Vapor retarders with a 1.0 or less dry cup perm rating shall be installed in roof/ceiling assemblies where the insulation is comprised of insulation between the roofing membrane and the structural roof decking and insulation below the structural roof decking.

3. Ground Cover.

A ground cover of 4 mil (0.004 inch thick) polyethylene or approved equal shall be laid over the ground within crawl spaces. The ground cover shall be overlapped twelve (12) inches minimum at joints and shall extend over the top of the footing.

**EXCEPTION:** The ground cover may be omitted in unheated crawl spaces if the crawl space has a concrete slab floor with a minimum thickness of 3-1/2 inches.

- (g) General Requirements for Loose Fill Insulation. Blown or poured loose fill insulation may be used in attic spaces where the slope of the ceiling is not more than 3 feet in 12 feet and there is at least 30 inches of clear distance from the top of the bottom chord of the truss or ceiling joist to the underside of the roof sheathing at the roof ridge. When eave vents are installed, baffling of the vent openings shall be provided so as to deflect the incoming air above the surface of the insulation.

(h) Space Heat Type. The following four categories comprise all space heating types:

1. Electric Resistance. Space heating systems which include baseboard units, radiant units, and forced air units as either the primary or secondary heating system.

**EXCEPTIONS:** Electric resistance elements which are integral to

either heat pump or passive solar heating systems (as defined below), or when the total electric heat capacity in each individual dwelling unit does not exceed the greater of: 1) 1,000 watts per dwelling, or, 2) 1.0 watt per square foot of the gross floor area.

- 2. **Electric, Passive Solar.** Electric resistance space heating systems which utilize solar energy to provide a portion of the building's heating load. A Passive Solar System is required to have at least ten (10) percent of the building's gross floor area in glazing that meets the specifications of Section 601(i).
  - 3. **Other.** Includes all gas, wood (not meeting the provisions of Section 102 (a)2), oil, propane, and electric heat pump space heating systems, unless electric resistance is used as a secondary heating system. (See EXCEPTIONS, Electric Resistance, Section 601 (h) 1. above.) Nonelectric heat pump heating systems are also included in this category.
  - 4. **Other, Passive Solar.** Other types of space heating systems which utilize solar energy to provide a portion of the building's heating load. A Passive Solar System is required to have at least ten (10) percent of the building's gross floor area in glazing that meets the specifications of Section 601(i).
- (i) **Passive Solar Glazing.** Glazing areas are required to meet the following criteria in order to be considered Passive Solar Glazing.
- 1. Glazing areas are required to meet the "Electric, Passive Solar" and "Other, Passive Solar" glazing requirements of Table 6-4.
  - 2. The south glazing shall be oriented within 45 degrees of true south.
  - 3. The glazing shall be mounted at least 60 degrees up from the horizontal.
  - 4. The glazing shall have a transmission coefficient greater than or equal to 0.80 for visible light or greater than or equal to 0.73 for total solar radiation.
  - 5. Documentation shall be provided in the form of a sun chart, a photograph, or approved evidence, demonstrating that the glazing area shall not be shaded for at least 4 hours between 8 a.m. and 4 p.m. standard time on January 21 and March 21.
  - 6. The building shall contain a heat capacity equal to a four inch concrete slab. The heat capacity shall be equivalent to at least 20 Btu/degree F-ft<sup>2</sup> for each square foot of south glazing

when the south glazing area is between 10% and 14% of the building's gross floor area, and at least 45 Btu/degree F-ft<sup>2</sup> for each square foot of south glazing when the south area glazing exceeds 14 percent of gross floor area. In buildings with south glazing area between 10% and 14% of gross floor area, the heat capacity provided by a four inch concrete slab shall be deemed sufficient. This heat storage capacity shall be located inside the insulated shell of the structure and not covered with insulation materials, such as carpet, which yield an R value of 1.0 or greater. If the storage medium is not within the space containing the south glazing, an approved natural or mechanical means of transferring the heat to the heat storage medium shall be provided. Heat storage capacity shall be calculated using the below equation and/or accepted analytical methods:

HS = D x SH x V

Where:

HS = Heat Storage. The heat storage capacity available inside the insulated space.

V = Volume of heat storage components.

D = Density of material inside the insulated shell of the building to a depth yielding a thermal resistance of R-1, except in the case of slab floors where only the slab itself is credited. Mass located in conditioned or unconditioned basements without solar glazing shall not be counted (lbs/cu ft).

SH = Specific heat of the material (Btu/lb/°F).

- (j) **Ventilation:** Enclosed joist or rafter spaces formed where ceilings are applied directly to the under side of roof joists or rafters must have joists or rafters of sufficient size to provide a minimum of one inch clear vented air space above the insulation (see also Section 3205 (c) of UBC). Ceiling insulation may be tapered or compressed at the perimeter to permit proper venting.

AMENDATORY SECTION (Amending Order 85-14, filed 11/26/85)

WAC 51-12-602 SECTION 602. LOW-RISE RESIDENTIAL BUILDING MECHANICAL SYSTEMS.

All HVAC devices, components and their elements shall conform to the requirements of this section.

(a) Heating and Mechanical Cooling Devices.

1. All heating and mechanical cooling devices shall meet the required efficiency factor specified herein or in Tables 4-12, 4-13, 4-14, and 4-15, 6-3, and 6-4, for the specific type of device.
2. Combustion Heating Equipment. All gas and oil-fired heating equipment shall meet the minimum combustion efficiencies as specified in Table 6-4.
3. Fireplaces shall be provided with:
  - A. Tightly fitting flue dampers, operated with a readily accessible manual or approved automatic control.
4. Calculation of Heating and Cooling Loads. Heating and cooling design loads for the purpose of sizing HVAC systems are required and shall be calculated in accordance with accepted engineering practice. The design parameters specified in Chapter 3 shall apply for all computations.

HVAC equipment for low-rise residential buildings shall be sized no greater than 150 percent of the design load as calculated above.

**EXCEPTION:** The following exemption from the sizing limit shall be allowed, however, in all cases heating and/or cooling design load calculations shall be submitted. For equipment which provides both heating and cooling in one package unit, including heat pumps with electric heating and cooling and gas-pack units with gas heating and electric cooling, compliance need only be demonstrated for either the space heating or space cooling system size.

(b) Temperature Control.

Each heating system shall be provided with at least one thermostat for the regulation of temperature. Each thermostat shall be capable of being set as follows:

Where used to control heating only—55–75°;

Where used to control cooling only—70–

85°;

Where used to control both heating and cooling, it shall conform to the requirements of Section 415.

(c) Zoning for Temperature Control.

1. Group R-3 Occupancy  
At least one thermostat for regulation of space temperature shall be provided for each separate HVAC system. In addition, a readily accessible manual or automatic means shall be provided to partially restrict or shut off the heating or cooling input to each zone or floor.

**EXCEPTION:** Nonconditioned basements and garages.

2. Group R-1 Occupancy.  
For multifamily dwellings, each individual dwelling unit shall be considered separately and shall meet the requirements of Section 602. Spaces other than living units shall meet the requirements of section 415 (c) ((±))

3. Control Setback and Shutoff: Group R-1 and R-3.

The thermostat required in (a) and (b) or an alternate means such as a switch or clock, shall provide a readily accessible, manual or automatic means for reducing the energy required for heating and cooling during periods of nonuse or reduced need such as, but not limited to, unoccupied periods and sleeping hours. Lowering thermostat set points to reduce energy consumption of heating systems shall not cause energy to be expended to reach the reduced setting.

4. Duct Insulation.  
All ducts, plenums and enclosures installed in or on buildings shall be thermally insulated and constructed in accordance with Section 416.

5. Pipe Insulation.  
All piping installed to serve buildings or within buildings shall be thermally insulated in accordance with Table 4-17.

**EXCEPTION:** For service water heating systems, see Section 603.

**AMENDATORY SECTION** (Amending Order 85-14, filed 11/26/85)

**WAC 51-12-608 SECTION 608. ELECTRICAL POWER AND LIGHTING REQUIREMENTS FOR OTHER THAN LOW-RISE RESIDENTIAL BUILDINGS.**

All electrical power and lighting systems shall comply with the requirements of Sections 424 to 426, inclusive.

TABLE 6-1

Low-rise Residential Buildings  
Minimum (average) Allowed R Values<sup>1</sup>

Space Heat Type	Climatic Zone	Roof			Slab on <sup>3</sup> Grade	
		Ceilings <sup>2</sup>	Decks	Walls		
Electric Resistance	I	38	38	19	19	8
Electric, Passive Solar	I	30	30	19	19	8
Other	I	30	30	19	19	8
Other, Passive Solar	I	30	30	19	19	8
Electric Resistance	II	38	38	19	25	10
Electric, Passive Solar	II	30	30	19	19	10
Other	II	30	30	19	19	10
Other, Passive Solar	II	30	30	19	19	10

<sup>1</sup>R values, except for walls, are for installed insulation material only.  
<sup>2</sup>R-30 in single rafter, joist vaulted ceilings.  
<sup>3</sup>Insulation shall be water-resistant material manufactured for this use.

TABLE 6-2

Low-rise Residential Buildings  
Classes of Glazing

Class	U-Value	Window Thermal Testing Requirement <sup>1</sup>
90	.90	Untested
90	Greater than .75	Tested
75	.61 to .75	Tested
60	Less than .61	Tested

<sup>1</sup>See DEFINITIONS, Section 223. WINDOW THERMAL TESTING.

TABLE 6-3

Low-rise Residential Buildings  
Heat Pump Minimum Efficiencies

Source and Outdoor Temperature (°F)	Class 1		Class 2	
	COP	HSPF	COP	HSPF
Air Source - 47 dB/43 WB (Air Source - 17 dB/43 WB)	2.7		2.5	
Air source - 17 dB/15 WB	1.8		1.5	
Air Source		6.35		5.60
Water Source - 60 entering	3.0		2.5	
Ground Source	3.0		3.0	

TABLE 6-4

Low-rise Residential Buildings  
Glazing and Furnace  
Efficiency Requirements

Space Heat Type	Climate Zone	Maximum Percentage of Floor Area in Glazing	Glazing Class		Heat Pump Class
			AFUE*	Class	
Electric Resistance	I	21%	60	n/a	n/a
Electric, Passive Solar	I	21%	60	n/a	n/a
Other	I	21%	75	.65	2
Other	I	21%	90	.74	1
Other, Passive Solar	I	21%	90	.65	2
Electric Resistance	II	17%	60	n/a	n/a
Electric, Passive Solar	II	17%	60	n/a	n/a
Other	II	17%	75	.65	2
Other	II	17%	90	.74	1
Other, Passive Solar	II	17%	90	.65	2

\*AFUE applies only to central heating equipment. All other types of heating equipment fueled by gas, oil, or propane must be equipped with an intermittent ignition device in order to use Class ((+)) 90 glazing.

TABLE NO. 6-5

All Other than Low-rise Residential Buildings  
Component Requirements

Component	Zone I	Zone II
Space Conditioning System Type	Any	Any
Opaque Envelope Minimum Nominal R Value		
Roof/Ceilings	R-30	R-30
Exterior Walls	R-11	R-11
Floors over Unconditioned Space	R-11	R-11
Below Grade Walls <sup>1</sup>	R-4	R-5
Slab on Grade Floors <sup>1</sup>	R-8	R-10
Glazing Type	Double	Double
Maximum Total Area (Percent of Gross Exterior Wall)	32%	22%

<sup>1</sup>Insulation shall be water-resistant material manufactured for this use.

**WSR 86-06-060**  
**PROPOSED RULES**  
**DEPARTMENT OF ECOLOGY**  
 [Filed March 5, 1986]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Department of Ecology intends to adopt, amend, or repeal rules concerning Clallam County, WAC 173-19-130;

that the agency will at 2:00 p.m., Thursday, April 17, 1986, in the Parks Board Meeting Room, Clallam County Courthouse, 223 East 4th, Port Angeles, WA, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on Friday, May 9, 1986.

The authority under which these rules are proposed is chapters 43.21A and 34.04 RCW.

The specific statute these rules are intended to implement is RCW 90.58.120 and 90.58.200.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before May 2, 1986.

Dated: March 5, 1986

By: Phillip C. Johnson  
 Deputy Director

**STATEMENT OF PURPOSE**

Title: Amending WAC 173-19-130, Clallam County.

Description of Purpose: Adoption of a revised shoreline master program into state master program, (chapter 173-19 WAC).

Statutory Authority: RCW 90.58.120 and 90.58.200.

Summary of Rule: The amendments adopt revisions to the shoreline programs for Clallam County.

Reasons Supporting Proposed Action: Shoreline master programs and revisions thereto are developed by local governments and submitted to the department for approval. The programs do not become effective until adopted by the department in accordance with the Administrative Procedure Act.

Agency Personnel Responsible for Drafting, Implementation and Enforcement: Lisa Randlette, (206) 459-6762, WDOE, Mailstop PV-11, Olympia, WA 98504.

Person or Organization Proposing Rule, and Whether Public, Private, or Governmental: Department of Ecology, state government.

Agency Comments or Recommendation Regarding Statutory Language, Implementation, Enforcement, Fiscal Matters: [No information supplied by agency.]

Whether Rule is Necessary as a Result of Federal Law or Federal or State Court Action: No.

Small Business Economic Impact Statement: On file at the Department of Ecology.

AMENDATORY SECTION (Amending Order DE 85-13, filed 6/5/85 [1/31/86])

WAC 173-19-130 CLALLAM COUNTY. Clallam County master program approved August 5, 1976. Revision approved November 16, 1976. Revision approved August 10, 1979. Revision approved January 4, 1983. Revision approved March 27, 1984. Revision approved January 27, 1986. Revision approved May 9, 1986.

Reviser's note: The bracketed material preceding the section above was supplied by the code reviser's office.

**WSR 86-06-061**  
**PROPOSED RULES**  
**DEPARTMENT OF ECOLOGY**  
 [Filed March 5, 1986]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Department of Ecology intends to adopt, amend, or repeal rules concerning:

Amd WAC 173-19-3903 Edmonds, city of.  
 Amd WAC 173-19-2512 City of Kirkland;

that the agency will at 10:00 a.m., Monday, April 14, 1986, in the Abbott Raphael Hall, Department of Ecology, Headquarters Office, St. Martin's College Campus, Lacey, Washington, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on Friday, May 9, 1986.

The authority under which these rules are proposed is chapters 43.21A and 34.04 RCW.

The specific statute these rules are intended to implement is RCW 90.58.120 and 90.58.200.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before Friday, May 2, 1986.

Dated: March 5, 1986

By: Phillip C. Johnson  
 Deputy Director

**STATEMENT OF PURPOSE**

Title: Amending WAC 173-19-2512, city of Kirkland; and 173-19-3903, city of Edmonds.

Description of Purpose: Adoption of a revised shoreline master program into state master program, (chapter 173-19 WAC).

Statutory Authority: RCW 90.58.120 and 90.58.200.

Summary of Rule: The amendment adopts a revision to the shoreline programs for the city of Kirkland and the city of Edmonds.

Reasons Supporting Proposed Action: Shoreline master programs and revisions thereto are developed by local governments and submitted to the department for approval. The programs do not become effective until adopted by the department in accordance with the Administrative Procedure Act.

Agency Personnel Responsible for Drafting, Implementation and Enforcement: Lisa Randlette, (206) 459-6762, WDOE, Mailstop PV-11, Olympia, WA 98504.

Person or Organization Proposing Rule, and Whether Public, Private, or Governmental: Department of Ecology, state government.

Agency Comments or Recommendation Regarding Statutory Language, Implementation, Enforcement, Fiscal Matters: None.

Whether Rule is Necessary as a Result of Federal Law or Federal or State Court Action: No.

Small Business Economic Impact Statement: On file at the Department of Ecology.

AMENDATORY SECTION (Amending Order 85-05, filed 4/15/85)

WAC 173-19-3903 EDMONDS, CITY OF. City of Edmonds master program approved January 23, 1976. Revision approved March 5, 1979. Revision approved May 6, 1980. Revision approved April 30, 1984. Revision approved May 9, 1986.

AMENDATORY SECTION (Amending Order DE 79-34, filed 1/30/80)

WAC 173-19-2512 KIRKLAND, CITY OF. City of Kirkland master program approved August 27, 1974. Revision approved May 9, 1986.

**Table of WAC Sections Affected**

**KEY TO TABLE**

**Symbols:**

- AMD = Amendment of existing section
- NEW = New section not previously codified
- OBJEC = Notice of objection by Joint Administrative Rules Review Committee
- RE-AD = Readoption of existing section
- REP = Repeal of existing section
- REAFF = Order assuming and reaffirming rules
- REMOV = Removal of rule pursuant to RCW 34.04.050(5)
- RESCIND = Rescind previous emergency rule
- REVIEW = Review of previously adopted rule
- STMT = Statement regarding previously adopted rule

**Suffixes:**

- P = Proposed action
- C = Continuance of previous proposal
- E = Emergency action
- W = Withdrawal of proposed action
- No suffix means permanent action

This table covers the current calendar year through this issue of the Register and should be used to locate rules amended, adopted, or repealed subsequent to the publication date of the latest WAC or Supplement.

WAC # shows the section number under which an agency rule is or will be codified in the Washington Administrative Code.

WSR # shows the issue of the Washington State Register where the document may be found; the last three digits show the sequence of the document within the issue.

WAC #		WSR #	WAC #		WSR #	WAC #		WSR #
16-86-092	AMD-E	86-04-050	67-35-150	AMD-P	86-04-063	136-150-010	AMD	86-06-005
16-86-092	AMD-P	86-04-051	67-35-230	AMD-P	86-04-063	136-150-020	AMD	86-06-005
16-108-010	AMD	86-04-027	114-12-115	NEW-P	86-03-082	136-150-024	NEW	86-06-005
16-400-010	AMD-P	86-04-029	114-12-115	NEW	86-06-043	136-150-040	AMD	86-06-005
16-400-010	AMD-E	86-06-038	114-12-155	NEW-P	86-03-082	136-160-060	AMD	86-06-005
16-400-040	AMD-P	86-04-029	114-12-155	NEW	86-06-043	137-54-030	AMD-P	86-04-015
16-400-040	AMD-E	86-06-038	114-12-165	NEW-P	86-03-082	137-56-010	AMD	86-06-012
16-400-050	AMD-P	86-04-029	114-12-165	NEW	86-06-043	137-56-015	NEW-E	86-03-058
16-400-050	AMD-E	86-06-038	118-06-010	REP-P	86-06-037	137-56-015	NEW-P	86-03-059
16-400-100	AMD-P	86-04-029	118-06-020	REP-P	86-06-037	137-56-015	NEW	86-06-039
16-400-100	AMD-E	86-06-038	118-06-030	REP-P	86-06-037	137-56-095	NEW	86-06-012
16-400-210	AMD-P	86-04-029	118-06-040	REP-P	86-06-037	137-56-100	AMD	86-06-012
16-400-210	AMD-E	86-06-038	118-06-050	REP-P	86-06-037	137-56-110	NEW	86-06-012
16-425-001	REP-P	86-04-070	118-06-060	REP-P	86-06-037	137-56-160	AMD	86-06-012
16-425-010	REP-P	86-04-070	118-06-070	REP-P	86-06-037	137-56-170	AMD	86-06-012
16-425-015	REP-P	86-04-070	118-06-080	REP-P	86-06-037	137-56-180	AMD	86-06-012
16-462-001	REP-P	86-04-070	118-07-010	REP-P	86-06-037	137-56-190	AMD	86-06-012
16-462-010	AMD-P	86-04-070	118-07-020	REP-P	86-06-037	137-56-200	AMD	86-06-012
16-462-015	AMD-P	86-04-070	118-07-030	REP-P	86-06-037	137-56-210	AMD	86-06-012
16-462-020	AMD-P	86-04-070	118-07-040	REP-P	86-06-037	137-56-220	AMD	86-06-012
16-462-025	AMD-P	86-04-070	118-07-050	REP-P	86-06-037	137-56-230	AMD	86-06-012
16-462-030	AMD-P	86-04-070	118-07-060	REP-P	86-06-037	137-56-240	AMD	86-06-012
16-462-035	AMD-P	86-04-070	118-08-010	REP-P	86-06-037	137-56-250	AMD	86-06-012
16-462-050	NEW-P	86-04-070	118-08-020	REP-P	86-06-037	137-56-280	NEW	86-06-012
16-462-055	NEW-P	86-04-070	118-08-030	REP-P	86-06-037	173-14-030	AMD-P	86-05-052
16-470-010	AMD-P	86-03-075	118-08-040	REP-P	86-06-037	173-14-040	AMD-P	86-05-052
16-470-020	AMD-P	86-03-075	118-08-050	REP-P	86-06-037	173-14-055	NEW-P	86-05-052
16-470-100	AMD-P	86-03-075	118-08-060	REP-P	86-06-037	173-14-060	AMD-P	86-05-052
16-470-200	AMD-P	86-03-075	118-08-070	REP-P	86-06-037	173-14-064	AMD-P	86-05-052
16-470-300	AMD-P	86-03-075	118-30-010	NEW-P	86-06-037	173-14-090	AMD-P	86-05-052
16-524-040	AMD-P	86-06-045	118-30-020	NEW-P	86-06-037	173-14-130	AMD-P	86-05-052
16-561-010	AMD-P	86-06-046	118-30-030	NEW-P	86-06-037	173-14-140	AMD-P	86-05-052
16-561-020	AMD-P	86-06-046	118-30-040	NEW-P	86-06-037	173-14-150	AMD-P	86-05-052
16-561-040	AMD-P	86-06-046	118-30-050	NEW-P	86-06-037	173-14-180	AMD-P	86-05-052
16-561-041	AMD-P	86-06-046	118-30-060	NEW-P	86-06-037	173-19-020	AMD-P	86-05-052
16-654-050	NEW	86-04-026	118-30-070	NEW-P	86-06-037	173-19-044	AMD-P	86-05-052
16-654-060	NEW	86-04-026	118-30-080	NEW-P	86-06-037	173-19-050	AMD-P	86-05-052
16-750-010	AMD-P	86-04-062	131-08-010	NEW	86-05-004	173-19-060	AMD-P	86-05-052
51-12-102	AMD-P	86-06-058	132J-136-020	REP-P	86-06-044	173-19-061	NEW-P	86-05-052
51-12-102	AMD-E	86-06-059	132J-136-025	REP-P	86-06-044	173-19-062	AMD-P	86-05-052
51-12-404	AMD-P	86-06-058	132J-136-030	REP-P	86-06-044	173-19-064	AMD-P	86-05-052
51-12-404	AMD-E	86-06-059	132J-136-040	REP-P	86-06-044	173-19-130	AMD	86-04-040
51-12-411	AMD-P	86-06-058	132J-136-050	REP-P	86-06-044	173-19-130	AMD-P	86-06-060
51-12-411	AMD-E	86-06-059	132Q-01-005	NEW	86-04-010	173-19-2512	AMD-P	86-06-061
51-12-426	AMD-P	86-06-058	132Q-01-010	NEW	86-04-010	173-19-3701	AMD-C	86-06-057
51-12-426	AMD-E	86-06-059	132Q-01-020	NEW	86-04-010	173-19-3903	AMD-P	86-06-061
51-12-601	AMD-P	86-06-058	132Q-01-030	NEW	86-04-010	173-19-430	AMD-C	86-06-057
51-12-601	AMD-E	86-06-059	132Q-01-040	NEW	86-04-010	173-22-030	AMD-P	86-05-052
51-12-602	AMD-P	86-06-058	132Q-01-050	NEW	86-04-010	173-22-040	AMD-P	86-05-052
51-12-602	AMD-E	86-06-059	136-130-030	AMD	86-06-005	173-22-050	AMD-P	86-05-052
51-12-608	AMD-P	86-06-058	136-130-050	AMD	86-06-005	173-22-052	NEW-P	86-05-052
51-12-608	AMD-E	86-06-059	136-130-070	AMD	86-06-005	173-22-055	AMD-P	86-05-052

Table of WAC Sections Affected

WAC #	WSR #	WAC #	WSR #	WAC #	WSR #			
173-22-060	AMD-P	86-05-052	173-301-126	REP	86-03-034	173-480-020	NEW-P	86-04-092
173-22-0602	NEW-P	86-05-052	173-301-140	REP	86-03-034	173-480-030	NEW-P	86-04-092
173-22-0604	NEW-P	86-05-052	173-301-141	REP	86-03-034	173-480-040	NEW-P	86-04-092
173-22-0606	NEW-P	86-05-052	173-301-142	REP	86-03-034	173-480-050	NEW-P	86-04-092
173-22-0608	NEW-P	86-05-052	173-301-143	REP	86-03-034	173-480-060	NEW-P	86-04-092
173-22-0610	NEW-P	86-05-052	173-301-150	REP	86-03-034	173-480-070	NEW-P	86-04-092
173-22-0612	NEW-P	86-05-052	173-301-151	REP	86-03-034	173-480-080	NEW-P	86-04-092
173-22-0614	NEW-P	86-05-052	173-301-152	REP	86-03-034	173-516-010	NEW-W	86-05-019
173-22-0616	NEW-P	86-05-052	173-301-153	REP	86-03-034	173-516-020	NEW-W	86-05-019
173-22-0618	NEW-P	86-05-052	173-301-154	REP	86-03-034	173-516-030	NEW-W	86-05-019
173-22-0620	NEW-P	86-05-052	173-301-155	REP	86-03-034	173-516-040	NEW-W	86-05-019
173-22-0622	NEW-P	86-05-052	173-301-156	REP	86-03-034	173-516-050	NEW-W	86-05-019
173-22-0624	NEW-P	86-05-052	173-301-157	REP	86-03-034	173-516-060	NEW-W	86-05-019
173-22-0626	NEW-P	86-05-052	173-301-158	REP	86-03-034	173-516-070	NEW-W	86-05-019
173-22-0628	NEW-P	86-05-052	173-301-159	REP	86-03-034	173-516-080	NEW-W	86-05-019
173-22-0630	NEW-P	86-05-052	173-301-160	REP	86-03-034	173-516-090	NEW-W	86-05-019
173-22-0632	NEW-P	86-05-052	173-301-161	REP	86-03-034	173-516-100	NEW-W	86-05-019
173-22-0634	NEW-P	86-05-052	173-301-162	REP	86-03-034	180-25-043	NEW	86-04-065
173-22-0636	NEW-P	86-05-052	173-301-163	REP	86-03-034	180-25-050	AMD	86-04-066
173-22-0638	NEW-P	86-05-052	173-301-164	REP	86-03-034	180-26-057	NEW	86-04-065
173-22-0640	NEW-P	86-05-052	173-301-180	REP	86-03-034	180-27-105	AMD	86-04-067
173-22-0642	NEW-P	86-05-052	173-301-181	REP	86-03-034	180-29-1075	NEW	86-04-065
173-22-0644	NEW-P	86-05-052	173-301-182	REP	86-03-034	180-79-013	AMD-P	86-05-046
173-22-0646	NEW-P	86-05-052	173-301-183	REP	86-03-034	182-12-160	AMD-C	86-05-020
173-22-0648	NEW-P	86-05-052	173-301-184	REP	86-03-034	182-12-160	AMD	86-06-003
173-22-0650	NEW-P	86-05-052	173-301-185	REP	86-03-034	192-40-010	NEW-P	86-05-022
173-22-0652	NEW-P	86-05-052	173-301-186	REP	86-03-034	192-40-020	NEW-P	86-05-022
173-22-0654	NEW-P	86-05-052	173-301-187	REP	86-03-034	192-40-030	NEW-P	86-05-022
173-22-0656	NEW-P	86-05-052	173-301-188	REP	86-03-034	192-40-040	NEW-P	86-05-022
173-22-0658	NEW-P	86-05-052	173-301-189	REP	86-03-034	192-40-050	NEW-P	86-05-022
173-22-0660	NEW-P	86-05-052	173-301-190	REP	86-03-034	192-40-060	NEW-P	86-05-022
173-22-0662	NEW-P	86-05-052	173-301-191	REP	86-03-034	192-40-070	NEW-P	86-05-022
173-22-0664	NEW-P	86-05-052	173-301-192	REP	86-03-034	192-40-080	NEW-P	86-05-022
173-22-0666	NEW-P	86-05-052	173-301-193	REP	86-03-034	192-40-090	NEW-P	86-05-022
173-22-0668	NEW-P	86-05-052	173-301-194	REP	86-03-034	192-40-100	NEW-P	86-05-022
173-22-0670	NEW-P	86-05-052	173-301-195	REP	86-03-034	192-40-110	NEW-P	86-05-022
173-22-0672	NEW-P	86-05-052	173-301-196	REP	86-03-034	192-40-120	NEW-P	86-05-022
173-22-0674	NEW-P	86-05-052	173-301-197	REP	86-03-034	220-32-021	AMD-P	86-05-040
173-22-0676	NEW-P	86-05-052	173-301-300	REP	86-03-034	220-32-02200P	NEW-E	86-04-017
173-22-0678	NEW-P	86-05-052	173-301-301	REP	86-03-034	220-32-03000Y	NEW-E	86-06-013
173-134A-080	AMD	86-04-057	173-301-302	REP	86-03-034	220-32-042	REP-P	86-05-040
173-134A-085	NEW	86-04-057	173-301-303	REP	86-03-034	220-48-01500T	NEW-E	86-03-044
173-216-010	AMD	86-06-040	173-301-304	REP	86-03-034	220-48-01500T	REP-E	86-05-012
173-216-020	AMD	86-06-040	173-301-305	REP	86-03-034	220-48-01500U	NEW-E	86-05-012
173-216-030	AMD	86-06-040	173-301-306	REP	86-03-034	220-48-01500U	REP-E	86-06-025
173-216-050	AMD	86-06-040	173-301-307	REP	86-03-034	220-48-01500V	NEW-E	86-06-025
173-216-060	AMD	86-06-040	173-301-308	REP	86-03-034	220-52-069	AMD-P	86-05-002
173-216-070	AMD	86-06-040	173-301-309	REP	86-03-034	220-56-100	AMD-C	86-03-089
173-216-110	AMD	86-06-040	173-301-310	REP	86-03-034	220-56-150	AMD-C	86-03-089
173-216-130	AMD	86-06-040	173-301-320	REP	86-03-034	220-56-180	AMD-C	86-03-089
173-216-150	NEW	86-06-040	173-301-350	REP	86-03-034	220-56-18000T	NEW-E	86-06-031
173-220-040	AMD	86-06-040	173-301-351	REP	86-03-034	220-56-190	AMD-C	86-03-089
173-220-045	AMD	86-06-040	173-301-352	REP	86-03-034	220-56-195	AMD-C	86-03-089
173-220-060	AMD	86-06-040	173-301-353	REP	86-03-034	220-56-205	AMD-C	86-03-089
173-220-150	AMD	86-06-040	173-301-354	REP	86-03-034	220-56-240	AMD-C	86-03-089
173-222-010	NEW	86-06-040	173-301-355	REP	86-03-034	220-56-295	AMD-C	86-03-089
173-222-015	NEW	86-06-040	173-301-356	REP	86-03-034	220-56-305	AMD-C	86-03-089
173-222-020	NEW	86-06-040	173-301-357	REP	86-03-034	220-56-310	AMD-C	86-03-089
173-222-030	NEW	86-06-040	173-301-358	REP	86-03-034	220-56-312	NEW-C	86-03-089
173-222-040	NEW	86-06-040	173-301-359	REP	86-03-034	220-56-325	AMD-C	86-03-089
173-222-050	NEW	86-06-040	173-301-400	REP	86-03-034	220-56-330	AMD-C	86-03-089
173-222-060	NEW	86-06-040	173-301-401	REP	86-03-034	220-56-335	AMD-C	86-03-089
173-222-070	NEW	86-06-040	173-301-402	REP	86-03-034	220-56-340	AMD-C	86-03-089
173-222-080	NEW	86-06-040	173-301-450	REP	86-03-034	220-56-350	AMD-C	86-03-089
173-222-090	NEW	86-06-040	173-301-451	REP	86-03-034	220-56-35000B	NEW-E	86-06-026
173-222-100	NEW	86-06-040	173-301-452	REP	86-03-034	220-56-36000L	NEW-E	86-05-024
173-222-110	NEW	86-06-040	173-301-453	REP	86-03-034	220-56-365	AMD-C	86-03-089
173-301-100	REP	86-03-034	173-301-454	REP	86-03-034	220-56-380	AMD-C	86-03-089
173-301-101	REP	86-03-034	173-301-455	REP	86-03-034	220-56-382	AMD-C	86-03-089
173-301-105	REP	86-03-034	173-301-456	REP	86-03-034	220-56-400	AMD-C	86-03-089
173-301-110	REP	86-03-034	173-301-457	REP	86-03-034	220-57-001	AMD-C	86-03-089
173-301-120	REP	86-03-034	173-301-500	REP	86-03-034	220-57-138	AMD-C	86-03-089
173-301-121	REP	86-03-034	173-301-610	REP	86-03-034	220-57-140	AMD-C	86-03-089
173-301-122	REP	86-03-034	173-301-611	REP	86-03-034	220-57-160	AMD-C	86-03-089
173-301-123	REP	86-03-034	173-301-625	REP	86-03-034	220-57-175	AMD-C	86-03-089
173-301-124	REP	86-03-034	173-301-626	REP	86-03-034	220-57-200	AMD-C	86-03-089
173-301-125	REP	86-03-034	173-480-010	NEW-P	86-04-092	220-57-220	AMD-C	86-03-089



Table of WAC Sections Affected

WAC #	WSR #	WAC #	WSR #	WAC #	WSR #			
220-57-235	AMD-C	86-03-089	248-19-220	AMD	86-06-030	251-01-165	NEW-P	86-06-052
220-57-260	AMD-C	86-03-089	248-19-230	AMD	86-06-030	251-01-170	NEW-P	86-06-052
220-57-270	AMD-C	86-03-089	248-19-240	AMD	86-06-030	251-01-175	NEW-P	86-06-052
220-57-290	AMD-C	86-03-089	248-19-260	AMD	86-06-030	251-01-180	NEW-P	86-06-052
220-57-319	AMD-C	86-03-089	248-19-270	AMD	86-06-030	251-01-185	NEW-P	86-06-052
220-57-335	AMD-C	86-03-089	248-19-280	AMD	86-06-030	251-01-190	NEW-P	86-06-052
220-57-350	AMD-C	86-03-089	248-19-290	REP	86-06-030	251-01-195	NEW-P	86-06-052
220-57-435	AMD-C	86-03-089	248-19-295	NEW	86-06-030	251-01-200	NEW-P	86-06-052
220-57-450	AMD-C	86-03-089	248-19-300	AMD	86-06-030	251-01-205	NEW-P	86-06-052
220-57-455	AMD-C	86-03-089	248-19-310	AMD	86-06-030	251-01-210	NEW-P	86-06-052
220-57A-001	NEW-C	86-03-089	248-19-320	AMD	86-06-030	251-01-215	NEW-P	86-06-052
220-57A-012	AMD-C	86-03-089	248-19-325	REP	86-06-030	251-01-220	NEW-P	86-06-052
220-57A-015	AMD-C	86-03-089	248-19-326	NEW	86-06-030	251-01-225	NEW-P	86-06-052
220-57A-017	AMD-C	86-03-089	248-19-327	NEW	86-06-030	251-01-230	NEW-P	86-06-052
220-57A-035	AMD-C	86-03-089	248-19-330	AMD	86-06-030	251-01-235	NEW-P	86-06-052
220-57A-037	AMD-C	86-03-089	248-19-340	AMD	86-06-030	251-01-240	NEW-P	86-06-052
220-57A-040	AMD-C	86-03-089	248-19-350	AMD	86-06-030	251-01-245	NEW-P	86-06-052
220-57A-045	AMD-C	86-03-089	248-19-400	AMD	86-06-030	251-01-250	NEW-P	86-06-052
220-57A-080	AMD-C	86-03-089	248-19-403	AMD	86-06-030	251-01-255	NEW-P	86-06-052
220-57A-110	AMD-C	86-03-089	248-19-405	AMD	86-06-030	251-01-260	NEW-P	86-06-052
220-57A-112	AMD-C	86-03-089	248-19-410	AMD	86-06-030	251-01-265	NEW-P	86-06-052
220-57A-120	AMD-C	86-03-089	248-19-415	AMD	86-06-030	251-01-270	NEW-P	86-06-052
220-57A-140	AMD-C	86-03-089	248-19-420	AMD	86-06-030	251-01-275	NEW-P	86-06-052
220-57A-152	AMD-C	86-03-089	248-19-430	AMD	86-06-030	251-01-280	NEW-P	86-06-052
220-57A-183	NEW-C	86-03-089	248-19-440	NEW	86-06-030	251-01-285	NEW-P	86-06-052
220-57A-185	AMD-P	86-05-039	248-19-450	AMD	86-06-030	251-01-290	NEW-P	86-06-052
220-57A-190	AMD-P	86-05-039	248-19-460	AMD	86-06-030	251-01-295	NEW-P	86-06-052
230-08-080	AMD-P	86-05-044	248-19-470	AMD	86-06-030	251-01-300	NEW-P	86-06-052
230-20-010	AMD-P	86-05-044	248-19-475	AMD	86-06-030	251-01-305	NEW-P	86-06-052
230-20-100	AMD-P	86-05-044	248-19-480	AMD	86-06-030	251-01-310	NEW-P	86-06-052
230-20-240	AMD-P	86-05-044	248-21-002	AMD-P	86-03-070	251-01-315	NEW-P	86-06-052
230-20-246	AMD-P	86-05-044	248-29-001	AMD	86-04-031	251-01-320	NEW-P	86-06-052
230-46-010	AMD-P	86-03-035	248-29-010	AMD	86-04-031	251-01-325	NEW-P	86-06-052
230-46-020	AMD-P	86-03-035	248-29-020	AMD	86-04-031	251-01-330	NEW-P	86-06-052
230-46-030	REP-P	86-03-035	248-29-030	AMD	86-04-031	251-01-335	NEW-P	86-06-052
230-46-040	REP-P	86-03-035	248-29-040	AMD	86-04-031	251-01-340	NEW-P	86-06-052
230-46-050	REP-P	86-03-035	248-29-050	AMD	86-04-031	251-01-345	NEW-P	86-06-052
230-46-060	REP-P	86-03-035	248-29-060	AMD	86-04-031	251-01-350	NEW-P	86-06-052
230-46-100	NEW-P	86-05-045	248-29-070	AMD	86-04-031	251-01-355	NEW-P	86-06-052
230-46-100	NEW-P	86-06-001	248-29-080	AMD	86-04-031	251-01-360	NEW-P	86-06-052
230-46-110	NEW-P	86-05-045	248-29-090	AMD	86-04-031	251-01-365	NEW-P	86-06-052
230-46-120	NEW-P	86-05-045	248-100-175	REP	86-05-013	251-01-370	NEW-P	86-06-052
230-46-140	NEW-P	86-05-045	248-140-010	AMD-P	86-03-070	251-01-375	NEW-P	86-06-052
232-12-04506	NEW-E	86-03-017	248-140-140	AMD-P	86-03-070	251-01-380	NEW-P	86-06-052
232-12-04507	NEW-E	86-04-021	248-140-150	AMD-P	86-03-070	251-01-385	NEW-P	86-06-052
232-12-091	AMD-P	86-05-047	248-140-220	AMD-P	86-03-070	251-01-390	NEW-P	86-06-052
232-12-189	AMD	86-03-054	250-40-050	AMD-E	86-04-038	251-01-395	NEW-P	86-06-052
232-12-241	AMD	86-03-055	251-01-005	NEW-P	86-06-052	251-01-400	NEW-P	86-06-052
232-12-804	AMD	86-03-052	251-01-010	NEW-P	86-06-052	251-01-405	NEW-P	86-06-052
232-12-806	REP	86-03-053	251-01-015	NEW-P	86-06-052	251-01-410	NEW-P	86-06-052
232-12-807	NEW	86-03-053	251-01-020	NEW-P	86-06-052	251-01-415	NEW-P	86-06-052
232-12-809	AMD-P	86-05-049	251-01-025	NEW-P	86-06-052	251-01-420	NEW-P	86-06-052
232-28-211	NEW-P	86-05-050	251-01-030	NEW-P	86-06-052	251-01-425	NEW-P	86-06-052
232-28-211	NEW-W	86-06-027	251-01-035	NEW-P	86-06-052	251-01-430	NEW-P	86-06-052
232-28-61423	NEW-E	86-05-051	251-01-040	NEW-P	86-06-052	251-01-435	NEW-P	86-06-052
232-28-61502	NEW-E	86-03-002	251-01-045	NEW-P	86-06-052	251-01-440	NEW-P	86-06-052
232-28-61506	NEW-E	86-03-018	251-01-050	NEW-P	86-06-052	251-01-445	NEW-P	86-06-052
232-28-61508	NEW-E	86-06-029	251-01-055	NEW-P	86-06-052	251-01-450	NEW-P	86-06-052
232-28-707	REP	86-06-028	251-01-060	NEW-P	86-06-052	251-01-455	NEW-P	86-06-052
232-28-708	NEW	86-06-028	251-01-065	NEW-P	86-06-052	251-01-460	NEW-P	86-06-052
232-28-807	REP-P	86-05-048	251-01-070	NEW-P	86-06-052	251-04-020	AMD	86-03-081
232-28-808	NEW-P	86-05-048	251-01-075	NEW-P	86-06-052	251-04-020	AMD-P	86-04-076
240-10-010	AMD-P	86-05-023	251-01-080	NEW-P	86-06-052	251-04-020	AMD	86-06-034
240-10-030	AMD-P	86-05-023	251-01-085	NEW-P	86-06-052	251-04-020	REP-P	86-06-052
240-10-040	AMD-P	86-05-023	251-01-100	NEW-P	86-06-052	251-04-050	AMD-P	86-06-052
240-10-055	NEW-P	86-05-023	251-01-105	NEW-P	86-06-052	251-10-105	NEW	86-06-033
248-16-900	AMD-P	86-03-070	251-01-110	NEW-P	86-06-052	251-10-110	AMD-C	86-04-011
248-16-999	AMD-P	86-03-070	251-01-115	NEW-P	86-06-052	251-10-110	AMD	86-06-033
248-18-001	AMD-P	86-03-070	251-01-120	NEW-P	86-06-052	251-10-111	NEW	86-06-033
248-18-010	AMD-P	86-03-070	251-01-125	NEW-P	86-06-052	251-14-050	AMD-P	86-04-077
248-18-040	AMD-P	86-05-005	251-01-130	NEW-P	86-06-052	251-14-050	AMD-P	86-04-078
248-18-245	AMD-P	86-03-070	251-01-135	NEW-P	86-06-052	251-14-060	AMD-P	86-04-078
248-18-515	AMD-P	86-03-070	251-01-140	NEW-P	86-06-052	251-18-035	AMD	86-06-034
248-18-718	AMD-P	86-03-070	251-01-145	NEW-P	86-06-052	251-18-041	AMD	86-03-081
248-18-999	AMD-P	86-03-070	251-01-150	NEW-P	86-06-052	251-18-060	AMD	86-06-034
248-19-200	REP	86-06-030	251-01-155	NEW-P	86-06-052	251-18-180	AMD	86-03-081
248-19-210	AMD	86-06-030	251-01-160	NEW-P	86-06-052	251-18-240	AMD	86-06-034

Table of WAC Sections Affected

WAC #	WSR #	WAC #	WSR #	WAC #	WSR #			
251-18-250	REP	86-06-034	296-20-020	AMD	86-06-032	296-21-040	AMD-C	86-03-050
251-18-390	REP	86-06-034	296-20-02001	AMD-C	86-03-050	296-21-040	AMD-C	86-04-036
251-22-040	AMD-P	86-04-079	296-20-02001	AMD-C	86-04-036	296-21-040	AMD	86-06-032
251-23-010	NEW	86-06-034	296-20-023	NEW-C	86-03-050	296-21-043	AMD-C	86-03-050
251-23-020	NEW	86-06-034	296-20-023	NEW-C	86-04-036	296-21-045	AMD-C	86-04-036
251-23-030	NEW	86-06-034	296-20-023	NEW	86-06-032	296-21-045	AMD	86-06-032
251-23-040	NEW	86-06-034	296-20-025	AMD-C	86-03-050	296-21-046	AMD-C	86-03-050
251-23-050	NEW	86-06-034	296-20-025	AMD-C	86-04-036	296-21-046	AMD-C	86-04-036
251-23-060	NEW	86-06-034	296-20-025	AMD	86-06-032	296-21-046	AMD	86-06-032
260-12-160	AMD-P	86-04-042	296-20-030	AMD-C	86-03-050	296-21-050	AMD-C	86-03-050
260-16-040	AMD-P	86-04-042	296-20-030	AMD-C	86-04-036	296-21-050	AMD-C	86-04-036
260-16-050	NEW-P	86-04-042	296-20-030	AMD	86-06-032	296-21-050	AMD	86-06-032
260-36-020	AMD-P	86-04-042	296-20-03001	AMD-C	86-03-050	296-21-0502	AMD-C	86-03-050
260-36-020	AMD-E	86-05-017	296-20-03001	AMD-C	86-04-036	296-21-0502	AMD-C	86-04-036
260-36-030	AMD-P	86-04-042	296-20-03001	AMD	86-06-032	296-21-0502	AMD	86-06-032
260-36-030	AMD-E	86-05-017	296-20-03002	AMD-C	86-03-050	296-21-062	AMD-C	86-03-050
260-36-040	AMD-P	86-04-042	296-20-03002	AMD-C	86-04-036	296-21-062	AMD-C	86-04-036
260-36-040	AMD-E	86-05-017	296-20-03002	AMD	86-06-032	296-21-062	AMD	86-06-032
260-36-080	AMD-P	86-04-042	296-20-03003	AMD-C	86-03-050	296-21-066	AMD-C	86-03-050
260-36-080	AMD-E	86-05-017	296-20-03003	AMD-C	86-04-036	296-21-066	AMD-C	86-04-036
260-40-100	AMD-P	86-04-042	296-20-03003	AMD	86-06-032	296-21-066	AMD	86-06-032
260-40-100	AMD-E	86-05-017	296-20-035	AMD-C	86-03-050	296-21-070	AMD-C	86-03-050
260-48-035	NEW-P	86-04-042	296-20-035	AMD-C	86-04-036	296-21-070	AMD-C	86-04-036
260-48-035	NEW-E	86-05-017	296-20-035	AMD	86-06-032	296-21-070	AMD	86-06-032
260-70-010	AMD-P	86-04-042	296-20-045	AMD-C	86-03-050	296-21-075	AMD-C	86-03-050
263-12-007	AMD	86-03-021	296-20-045	AMD-C	86-04-036	296-21-075	AMD-C	86-04-036
263-12-015	AMD	86-03-021	296-20-051	AMD-C	86-03-050	296-21-075	AMD	86-06-032
263-12-016	AMD	86-03-021	296-20-051	AMD-C	86-04-036	296-21-080	AMD-C	86-03-050
263-12-017	NEW	86-03-021	296-20-051	AMD	86-06-032	296-21-080	AMD-C	86-04-036
263-12-018	AMD	86-03-021	296-20-06101	AMD-C	86-03-050	296-21-080	AMD	86-06-032
263-12-019	NEW	86-03-021	296-20-06101	AMD-C	86-04-036	296-21-085	AMD-C	86-03-050
263-12-050	AMD	86-03-021	296-20-06101	AMD	86-06-032	296-21-085	AMD-C	86-04-036
263-12-056	AMD	86-03-021	296-20-065	AMD-C	86-03-050	296-21-085	AMD	86-06-032
263-12-060	AMD	86-03-021	296-20-065	AMD-C	86-04-036	296-21-086	AMD-C	86-03-050
263-12-098	NEW-C	86-03-023	296-20-065	AMD	86-06-032	296-21-086	AMD-C	86-04-036
263-12-098	NEW-W	86-05-007	296-20-071	AMD-C	86-03-050	296-21-086	AMD	86-06-032
263-12-125	AMD	86-03-021	296-20-071	AMD-C	86-04-036	296-21-090	AMD-C	86-03-050
263-12-145	AMD	86-03-021	296-20-071	AMD	86-06-032	296-21-090	AMD-C	86-04-036
263-12-145	AMD-E	86-03-022	296-20-075	AMD-C	86-03-050	296-21-090	AMD	86-06-032
263-12-150	AMD	86-03-021	296-20-075	AMD-C	86-04-036	296-21-095	AMD-C	86-03-050
263-12-150	AMD-E	86-03-022	296-20-075	AMD	86-06-032	296-21-095	AMD-C	86-04-036
263-12-170	AMD	86-03-021	296-20-100	AMD-C	86-03-050	296-21-095	AMD	86-06-032
263-12-180	AMD	86-03-021	296-20-100	AMD-C	86-04-036	296-21-125	AMD-C	86-03-050
263-12-190	AMD	86-03-021	296-20-100	AMD	86-06-032	296-21-125	AMD-C	86-04-036
263-16-005	REP	86-03-021	296-20-110	AMD-C	86-03-050	296-21-125	AMD	86-06-032
263-16-010	REP	86-03-021	296-20-110	AMD-C	86-04-036	296-21-128	AMD-C	86-03-050
263-16-020	REP	86-03-021	296-20-110	AMD	86-06-032	296-21-128	AMD-C	86-04-036
263-16-030	REP	86-03-021	296-20-1102	AMD-C	86-03-050	296-21-128	AMD	86-06-032
263-16-040	REP	86-03-021	296-20-1102	AMD-C	86-04-036	296-22-010	AMD-C	86-03-050
263-16-050	REP	86-03-021	296-20-1102	AMD	86-06-032	296-22-010	AMD-C	86-04-036
263-16-060	REP	86-03-021	296-20-121	AMD-C	86-03-050	296-22-010	AMD	86-06-032
263-16-070	REP	86-03-021	296-20-121	AMD-C	86-04-036	296-22-017	AMD-C	86-03-050
263-16-080	REP	86-03-021	296-20-121	AMD	86-06-032	296-22-017	AMD-C	86-04-036
263-16-090	REP	86-03-021	296-20-125	AMD-C	86-03-050	296-22-017	AMD	86-06-032
275-26-020	AMD-E	86-04-074	296-20-125	AMD-C	86-04-036	296-22-020	AMD-C	86-03-050
275-26-020	AMD-P	86-04-075	296-20-125	AMD	86-06-032	296-22-020	AMD-C	86-04-036
289-15-225	AMD-P	86-05-038	296-20-170	AMD-C	86-03-050	296-22-020	AMD	86-06-032
296-17	AMD-C	86-03-062	296-20-170	AMD-C	86-04-036	296-22-021	AMD-C	86-03-050
296-17-904	AMD	86-06-018	296-20-170	AMD	86-06-032	296-22-021	AMD-C	86-04-036
296-17-911	AMD	86-06-018	296-20-17001	AMD-C	86-03-050	296-22-021	AMD	86-06-032
296-17-914	AMD	86-06-018	296-20-17001	AMD-C	86-04-036	296-22-022	AMD-C	86-03-050
296-17-916	AMD	86-06-018	296-20-17001	AMD	86-06-032	296-22-022	AMD-C	86-04-036
296-17-917	AMD	86-06-018	296-20-17002	AMD-C	86-03-050	296-22-022	AMD	86-06-032
296-17-919	AMD	86-06-018	296-20-17002	AMD-C	86-04-036	296-22-023	AMD-C	86-03-050
296-17-91901	AMD	86-06-018	296-20-17002	AMD	86-06-032	296-22-023	AMD-C	86-04-036
296-17-91902	AMD	86-06-018	296-21-011	AMD-C	86-03-050	296-22-023	AMD	86-06-032
296-17-91903	NEW	86-06-018	296-21-011	AMD-C	86-04-036	296-22-024	AMD-C	86-03-050
296-17-91904	NEW	86-06-018	296-21-011	AMD	86-06-032	296-22-024	AMD-C	86-04-036
296-17-91905	NEW	86-06-018	296-21-013	AMD-C	86-03-050	296-22-024	AMD	86-06-032
296-20-010	AMD-C	86-03-050	296-21-013	AMD-C	86-04-036	296-22-025	AMD-C	86-03-050
296-20-010	AMD-C	86-04-036	296-21-013	AMD	86-06-032	296-22-025	AMD-C	86-04-036
296-20-010	AMD	86-06-032	296-21-027	AMD-C	86-03-050	296-22-025	AMD	86-06-032
296-20-015	AMD-C	86-03-050	296-21-027	AMD-C	86-04-036	296-22-026	AMD-C	86-03-050
296-20-015	AMD-C	86-04-036	296-21-027	AMD	86-06-032	296-22-026	AMD-C	86-04-036
296-20-015	AMD	86-06-032	296-21-030	AMD-C	86-03-050	296-22-026	AMD	86-06-032
296-20-020	AMD-C	86-03-050	296-21-030	AMD-C	86-04-036	296-22-027	AMD-C	86-03-050
296-20-020	AMD-C	86-04-036	296-21-030	AMD	86-06-032	296-22-027	AMD-C	86-04-036



**Table of WAC Sections Affected**

WAC #		WSR #	WAC #		WSR #	WAC #		WSR #
296-22-435	AMD	86-06-032	296-23-125	AMD-C	86-04-036	296-23-50006	AMD-C	86-04-036
296-22-440	AMD-C	86-03-050	296-23-125	AMD	86-06-032	296-23-50006	AMD	86-06-032
296-22-440	AMD-C	86-04-036	296-23-201	AMD-C	86-03-050	296-23-50008	AMD-C	86-03-050
296-22-440	AMD	86-06-032	296-23-201	AMD-C	86-04-036	296-23-50008	AMD-C	86-04-036
296-22-445	AMD-C	86-03-050	296-23-201	AMD	86-06-032	296-23-50008	AMD	86-06-032
296-22-445	AMD-C	86-04-036	296-23-204	AMD-C	86-03-050	296-23-50009	AMD-C	86-03-050
296-22-445	AMD	86-06-032	296-23-204	AMD-C	86-04-036	296-23-50009	AMD-C	86-04-036
296-22-450	AMD-C	86-03-050	296-23-204	AMD	86-06-032	296-23-50009	AMD	86-06-032
296-22-450	AMD-C	86-04-036	296-23-208	AMD-C	86-03-050	296-23-50012	AMD-C	86-03-050
296-22-450	AMD	86-06-032	296-23-208	AMD-C	86-04-036	296-23-50012	AMD-C	86-04-036
296-22-455	AMD-C	86-03-050	296-23-208	AMD	86-06-032	296-23-50012	AMD	86-06-032
296-22-455	AMD-C	86-04-036	296-23-212	AMD-C	86-03-050	296-23-50013	AMD-C	86-03-050
296-22-455	AMD	86-06-032	296-23-212	AMD-C	86-04-036	296-23-50013	AMD-C	86-04-036
296-22-465	AMD-C	86-03-050	296-23-212	AMD	86-06-032	296-23-50013	AMD	86-06-032
296-22-465	AMD-C	86-04-036	296-23-216	AMD-C	86-03-050	296-23-50014	AMD-C	86-03-050
296-22-465	AMD	86-06-032	296-23-216	AMD-C	86-04-036	296-23-50014	AMD-C	86-04-036
296-22-470	AMD-C	86-03-050	296-23-216	AMD	86-06-032	296-23-50014	AMD	86-06-032
296-22-470	AMD-C	86-04-036	296-23-221	AMD-C	86-03-050	296-23-50016	NEW-C	86-03-050
296-22-470	AMD	86-06-032	296-23-221	AMD-C	86-04-036	296-23-50016	NEW-C	86-04-036
296-22-475	AMD-C	86-03-050	296-23-221	AMD	86-06-032	296-23-50016	NEW	86-06-032
296-22-475	AMD-C	86-04-036	296-23-224	AMD-C	86-03-050	296-23-710	AMD-C	86-03-050
296-22-475	AMD	86-06-032	296-23-224	AMD-C	86-04-036	296-23-710	AMD-C	86-04-036
296-23-01006	AMD-C	86-03-050	296-23-224	AMD	86-06-032	296-23-710	AMD	86-06-032
296-23-01006	AMD-C	86-04-036	296-23-228	AMD-C	86-03-050	296-23-720	AMD-C	86-03-050
296-23-01006	AMD	86-06-032	296-23-228	AMD-C	86-04-036	296-23-720	AMD-C	86-04-036
296-23-015	AMD-C	86-03-050	296-23-228	AMD	86-06-032	296-23-720	AMD	86-06-032
296-23-015	AMD-C	86-04-036	296-23-232	AMD-C	86-03-050	296-23-725	AMD-C	86-03-050
296-23-015	AMD	86-06-032	296-23-232	AMD-C	86-04-036	296-23-725	AMD-C	86-04-036
296-23-020	AMD-C	86-03-050	296-23-232	AMD	86-06-032	296-23-725	AMD	86-06-032
296-23-020	AMD-C	86-04-036	296-23-301	AMD-C	86-03-050	296-23-910	AMD-C	86-03-050
296-23-020	AMD	86-06-032	296-23-301	AMD	86-04-036	296-23-910	AMD-C	86-04-036
296-23-025	AMD-C	86-03-050	296-23-421	AMD-C	86-03-050	296-23-910	AMD	86-06-032
296-23-025	AMD-C	86-04-036	296-23-421	AMD-C	86-04-036	296-23-940	REP-C	86-03-050
296-23-025	AMD	86-06-032	296-23-421	AMD	86-06-032	296-23-940	REP-C	86-04-036
296-23-030	AMD-C	86-03-050	296-23-430	AMD-C	86-03-050	296-23-940	REP	86-06-032
296-23-030	AMD-C	86-04-036	296-23-430	AMD-C	86-04-036	296-23-9401	REP-C	86-03-050
296-23-030	AMD	86-06-032	296-23-430	AMD	86-06-032	296-23-9401	REP-C	86-04-036
296-23-035	AMD-C	86-03-050	296-23-440	AMD-C	86-03-050	296-23-9401	REP	86-06-032
296-23-035	AMD-C	86-04-036	296-23-440	AMD-C	86-04-036	296-23-9402	REP-C	86-03-050
296-23-035	AMD	86-06-032	296-23-440	AMD	86-06-032	296-23-9402	REP-C	86-04-036
296-23-040	AMD-C	86-03-050	296-23-450	AMD-C	86-03-050	296-23-9402	REP	86-06-032
296-23-040	AMD-C	86-04-036	296-23-450	AMD-C	86-04-036	296-23-9403	REP-C	86-03-050
296-23-040	AMD	86-06-032	296-23-450	AMD	86-06-032	296-23-9403	REP-C	86-04-036
296-23-045	AMD-C	86-03-050	296-23-460	AMD-C	86-03-050	296-23-9403	REP	86-06-032
296-23-045	AMD-C	86-04-036	296-23-460	AMD-C	86-04-036	296-23-9409	REP-C	86-03-050
296-23-045	AMD	86-06-032	296-23-460	AMD	86-06-032	296-23-9409	REP-C	86-04-036
296-23-050	AMD-C	86-03-050	296-23-470	AMD-C	86-03-050	296-23-9409	REP	86-06-032
296-23-050	AMD-C	86-04-036	296-23-470	AMD-C	86-04-036	296-23-9410	REP-C	86-03-050
296-23-050	AMD	86-06-032	296-23-470	AMD	86-06-032	296-23-9410	REP-C	86-04-036
296-23-055	AMD-C	86-03-050	296-23-480	AMD-C	86-03-050	296-23-9410	REP	86-06-032
296-23-055	AMD-C	86-04-036	296-23-480	AMD-C	86-04-036	296-23-950	NEW-C	86-03-050
296-23-055	AMD	86-06-032	296-23-480	AMD	86-06-032	296-23-950	NEW-C	86-04-036
296-23-065	AMD-C	86-03-050	296-23-485	NEW-C	86-03-050	296-23-950	NEW	86-06-032
296-23-065	AMD-C	86-04-036	296-23-485	NEW-C	86-04-036	296-23-960	NEW-C	86-03-050
296-23-065	AMD	86-06-032	296-23-485	NEW	86-06-032	296-23-960	NEW-C	86-04-036
296-23-079	AMD-C	86-03-050	296-23-490	AMD-C	86-03-050	296-23-960	NEW	86-06-032
296-23-079	AMD-C	86-04-036	296-23-490	AMD-C	86-04-036	296-23-970	NEW-C	86-03-050
296-23-079	AMD	86-06-032	296-23-490	AMD	86-06-032	296-23-970	NEW-C	86-04-036
296-23-07902	AMD-C	86-03-050	296-23-495	AMD-C	86-03-050	296-23-970	NEW	86-06-032
296-23-07902	AMD-C	86-04-036	296-23-495	AMD-C	86-04-036	296-23-980	NEW-C	86-03-050
296-23-07902	AMD	86-06-032	296-23-495	AMD	86-06-032	296-23-980	NEW-C	86-04-036
296-23-07903	AMD-C	86-03-050	296-23-50001	AMD-C	86-03-050	296-23-980	NEW	86-06-032
296-23-07903	AMD-C	86-04-036	296-23-50001	AMD-C	86-04-036	296-24-21705	AMD	86-03-064
296-23-07903	AMD	86-06-032	296-23-50001	AMD	86-06-032	296-24-21707	AMD	86-03-064
296-23-07904	AMD-C	86-03-050	296-23-50002	AMD-C	86-03-050	296-24-21711	AMD	86-03-064
296-23-07904	AMD-C	86-04-036	296-23-50002	AMD-C	86-04-036	296-27-090	AMD	86-03-064
296-23-07904	AMD	86-06-032	296-23-50002	AMD	86-06-032	296-27-15501	NEW	86-03-064
296-23-07905	AMD-C	86-03-050	296-23-50003	AMD-C	86-03-050	296-27-15503	NEW	86-03-064
296-23-07905	AMD-C	86-04-036	296-23-50003	AMD-C	86-04-036	296-27-15505	NEW	86-03-064
296-23-07905	AMD	86-06-032	296-23-50003	AMD	86-06-032	296-27-16009	AMD	86-03-064
296-23-07906	AMD-C	86-03-050	296-23-50004	AMD-C	86-03-050	296-52-010	REP-P	86-05-026
296-23-07906	AMD-C	86-04-036	296-23-50004	AMD-C	86-04-036	296-52-012	REP-P	86-05-026
296-23-07906	AMD	86-06-032	296-23-50004	AMD	86-06-032	296-52-020	REP-P	86-05-026
296-23-07907	AMD-C	86-03-050	296-23-50005	AMD-C	86-03-050	296-52-025	REP-P	86-05-026
296-23-07907	AMD-C	86-04-036	296-23-50005	AMD-C	86-04-036	296-52-027	REP-P	86-05-026
296-23-07907	AMD	86-06-032	296-23-50005	AMD	86-06-032	296-52-030	REP-P	86-05-026
296-23-125	AMD-C	86-03-050	296-23-50006	AMD-C	86-03-050	296-52-040	REP-P	86-05-026



Table of WAC Sections Affected

WAC #	WSR #	WAC #	WSR #	WAC #	WSR #			
296-90-060	REP	86-03-028	296-132-015	REP-P	86-05-027	296-155-203	NEW	86-03-074
296-90-070	REP	86-03-028	296-132-050	REP-P	86-05-027	296-155-20301	NEW-C	86-03-073
296-90-080	REP	86-03-028	296-132-055	REP-P	86-05-027	296-155-20301	NEW	86-03-074
296-90-090	REP	86-03-028	296-132-060	REP-P	86-05-027	296-155-20303	NEW-C	86-03-073
296-92-010	REP	86-03-029	296-132-065	REP-P	86-05-027	296-155-20305	NEW-C	86-03-073
296-92-020	REP	86-03-029	296-132-100	REP-P	86-05-027	296-155-20307	NEW-C	86-03-073
296-92-030	REP	86-03-029	296-132-105	REP-P	86-05-027	296-155-20307	NEW	86-03-074
296-92-040	REP	86-03-029	296-132-110	REP-P	86-05-027	296-155-205	AMD-C	86-03-073
296-92-050	REP	86-03-029	296-132-115	REP-P	86-05-027	296-155-205	AMD	86-03-074
296-92-060	REP	86-03-029	296-132-120	REP-P	86-05-027	296-155-211	NEW-C	86-03-073
296-92-070	REP	86-03-029	296-132-125	REP-P	86-05-027	296-155-211	NEW	86-03-074
296-92-080	REP	86-03-029	296-132-130	REP-P	86-05-027	296-155-212	AMD-C	86-03-073
296-92-090	REP	86-03-029	296-132-135	REP-P	86-05-027	296-155-212	AMD	86-03-074
296-92-100	REP	86-03-029	296-132-140	REP-P	86-05-027	296-155-225	AMD-C	86-03-073
296-92-110	REP	86-03-029	296-132-145	REP-P	86-05-027	296-155-225	AMD	86-03-074
296-93-010	AMD	86-03-030	296-132-150	REP-P	86-05-027	296-155-230	AMD-C	86-03-073
296-93-050	AMD	86-03-030	296-132-151	REP-P	86-05-027	296-155-230	AMD	86-03-074
296-93-060	REP	86-03-030	296-132-152	REP-P	86-05-027	296-155-250	AMD-C	86-03-073
296-93-070	AMD	86-03-030	296-132-155	REP-P	86-05-027	296-155-250	AMD	86-03-074
296-93-110	REP	86-03-030	296-132-160	REP-P	86-05-027	296-155-260	AMD-C	86-03-073
296-93-120	AMD	86-03-030	296-132-200	REP-P	86-05-027	296-155-260	AMD	86-03-074
296-93-130	REP	86-03-030	296-132-205	REP-P	86-05-027	296-155-270	AMD-C	86-03-073
296-93-170	AMD	86-03-030	296-132-210	REP-P	86-05-027	296-155-270	AMD	86-03-074
296-93-180	REP	86-03-030	296-132-215	REP-P	86-05-027	296-155-275	AMD-C	86-03-073
296-93-200	AMD	86-03-030	296-132-220	REP-P	86-05-027	296-155-275	AMD	86-03-074
296-93-210	AMD	86-03-030	296-132-225	REP-P	86-05-027	296-155-300	AMD-C	86-03-073
296-93-220	AMD	86-03-030	296-132-226	REP-P	86-05-027	296-155-300	AMD	86-03-074
296-93-230	AMD	86-03-030	296-132-250	REP-P	86-05-027	296-155-305	AMD-C	86-03-073
296-94-010	NEW	86-03-032	296-132-255	REP-P	86-05-027	296-155-305	AMD	86-03-074
296-94-020	NEW	86-03-032	296-132-260	REP-P	86-05-027	296-155-325	AMD-C	86-03-073
296-94-030	NEW	86-03-032	296-132-265	REP-P	86-05-027	296-155-325	AMD	86-03-074
296-94-040	NEW	86-03-032	296-132-301	REP-P	86-05-027	296-155-330	AMD-C	86-03-073
296-94-050	NEW	86-03-032	296-132-302	REP-P	86-05-027	296-155-330	AMD	86-03-074
296-94-060	NEW	86-03-032	296-132-306	REP-P	86-05-027	296-155-335	AMD-C	86-03-073
296-94-070	NEW	86-03-032	296-132-311	REP-P	86-05-027	296-155-335	AMD	86-03-074
296-94-080	NEW	86-03-032	296-132-316	REP-P	86-05-027	296-155-34911	AMD-C	86-03-073
296-94-090	NEW	86-03-032	296-132-350	REP-P	86-05-027	296-155-34911	AMD	86-03-074
296-94-100	NEW	86-03-032	296-132-360	REP-P	86-05-027	296-155-34912	AMD-C	86-03-073
296-94-110	NEW	86-03-032	296-132-370	REP-P	86-05-027	296-155-34912	AMD	86-03-074
296-94-120	NEW	86-03-032	296-132-380	REP-P	86-05-027	296-155-34913	AMD-C	86-03-073
296-94-130	NEW	86-03-032	296-155-003	AMD-C	86-03-073	296-155-34913	AMD	86-03-074
296-94-140	NEW	86-03-032	296-155-005	AMD-C	86-03-073	296-155-34914	AMD-C	86-03-073
296-94-150	NEW	86-03-032	296-155-005	AMD-C	86-03-073	296-155-34914	AMD	86-03-074
296-94-160	NEW	86-03-032	296-155-005	AMD	86-03-074	296-155-34920	AMD-C	86-03-073
296-94-170	NEW	86-03-032	296-155-009	NEW-C	86-03-073	296-155-34920	AMD	86-03-074
296-94-180	NEW	86-03-032	296-155-009	NEW	86-03-074	296-155-355	AMD-C	86-03-073
296-94-190	NEW	86-03-032	296-155-010	AMD-C	86-03-073	296-155-355	AMD	86-03-074
296-94-200	NEW	86-03-032	296-155-010	AMD	86-03-074	296-155-360	AMD-C	86-03-073
296-94-210	NEW	86-03-032	296-155-012	AMD-C	86-03-073	296-155-360	AMD	86-03-074
296-94-220	NEW	86-03-032	296-155-012	AMD	86-03-074	296-155-363	NEW-C	86-03-073
296-94-230	NEW	86-03-032	296-155-020	AMD-C	86-03-073	296-155-363	NEW	86-03-074
296-94-240	NEW	86-03-032	296-155-020	AMD	86-03-074	296-155-36301	NEW-C	86-03-073
296-94-250	NEW	86-03-032	296-155-035	AMD-C	86-03-073	296-155-36301	NEW	86-03-074
296-100-001	NEW	86-03-031	296-155-035	AMD	86-03-074	296-155-36303	NEW-C	86-03-073
296-100-050	NEW	86-03-031	296-155-100	AMD-C	86-03-073	296-155-36303	NEW	86-03-074
296-100-060	NEW	86-03-031	296-155-100	AMD	86-03-074	296-155-36305	NEW-C	86-03-073
296-104-210	AMD-P	86-04-060	296-155-110	AMD-C	86-03-073	296-155-36305	NEW	86-03-074
296-104-500	AMD	86-04-059	296-155-110	AMD	86-03-074	296-155-36307	NEW-C	86-03-073
296-104-501	NEW	86-04-059	296-155-120	AMD-C	86-03-073	296-155-36307	NEW	86-03-074
296-104-515	AMD	86-04-059	296-155-120	AMD	86-03-074	296-155-36309	NEW-C	86-03-073
296-127-010	AMD	86-03-063	296-155-125	AMD-C	86-03-073	296-155-36309	NEW	86-03-074
296-127-020	AMD	86-03-063	296-155-125	AMD	86-03-074	296-155-36311	NEW-C	86-03-073
296-127-130	NEW	86-03-063	296-155-130	AMD-C	86-03-073	296-155-36311	NEW	86-03-074
296-127-140	NEW	86-03-063	296-155-130	AMD	86-03-074	296-155-36313	NEW-C	86-03-073
296-127-150	NEW	86-03-063	296-155-140	AMD-C	86-03-073	296-155-36313	NEW	86-03-074
296-127-160	NEW	86-03-063	296-155-140	AMD	86-03-074	296-155-36315	NEW-C	86-03-073
296-127-170	NEW	86-03-063	296-155-155	AMD-C	86-03-073	296-155-36315	NEW	86-03-074
296-127-180	NEW	86-03-063	296-155-155	AMD	86-03-074	296-155-36317	NEW-C	86-03-073
296-127-190	NEW	86-03-063	296-155-160	AMD-C	86-03-073	296-155-36317	NEW	86-03-074
296-127-200	NEW	86-03-063	296-155-160	AMD	86-03-074	296-155-36319	NEW-C	86-03-073
296-127-210	NEW	86-03-063	296-155-165	AMD-C	86-03-073	296-155-36319	NEW	86-03-074
296-127-220	NEW	86-03-063	296-155-165	AMD	86-03-074	296-155-36321	NEW-C	86-03-073
296-127-300	NEW	86-03-063	296-155-200	AMD-C	86-03-073	296-155-36321	NEW	86-03-074
296-127-310	NEW	86-03-063	296-155-200	AMD	86-03-074	296-155-365	AMD-C	86-03-073
296-127-320	NEW	86-03-063	296-155-201	AMD-C	86-03-073	296-155-365	AMD	86-03-074
296-132-005	REP-P	86-05-027	296-155-201	AMD	86-03-074	296-155-367	NEW-C	86-03-073
296-132-010	REP-P	86-05-027	296-155-203	NEW-C	86-03-073	296-155-367	NEW	86-03-074

Table of WAC Sections Affected

WAC #	WSR #	WAC #	WSR #	WAC #	WSR #			
296-155-370	AMD-C	86-03-073	296-155-61713	NEW-C	86-03-073	296-350-300	NEW	86-06-002
296-155-370	AMD	86-03-074	296-155-61713	NEW	86-03-074	296-350-400	AMD	86-03-064
296-155-400	AMD-C	86-03-073	296-155-625	AMD-C	86-03-073	304-25-030	AMD-P	86-03-048
296-155-400	AMD	86-03-074	296-155-625	AMD	86-03-074	304-25-560	AMD-P	86-03-048
296-155-405	AMD-C	86-03-073	296-155-650	AMD-C	86-03-073	308-04-010	AMD-P	86-04-090
296-155-405	AMD	86-03-074	296-155-650	AMD	86-03-074	308-12-050	AMD	86-04-088
296-155-407	NEW-C	86-03-073	296-155-655	AMD-C	86-03-073	308-12-081	AMD	86-04-088
296-155-407	NEW	86-03-074	296-155-655	AMD	86-03-074	308-12-135	NEW-P	86-06-053
296-155-425	AMD-C	86-03-073	296-155-65505	NEW-C	86-03-073	308-12-140	NEW	86-04-088
296-155-425	AMD	86-03-074	296-155-65505	NEW	86-03-074	308-12-145	NEW	86-04-088
296-155-430	AMD-C	86-03-073	296-155-66005	AMD-C	86-03-073	308-12-150	NEW	86-04-088
296-155-430	AMD	86-03-074	296-155-660	AMD	86-03-074	308-12-312	AMD-E	86-04-086
296-155-435	AMD-C	86-03-073	296-155-66005	NEW-C	86-03-073	308-25-010	AMD-P	86-05-032
296-155-435	AMD	86-03-074	296-155-66005	NEW	86-03-074	308-25-015	NEW-P	86-05-032
296-155-440	AMD-C	86-03-073	296-155-665	AMD-C	86-03-073	308-25-025	REP-P	86-05-032
296-155-440	AMD	86-03-074	296-155-665	AMD	86-03-074	308-25-030	REP-P	86-05-032
296-155-475	AMD-C	86-03-073	296-155-66501	AMD-C	86-03-073	308-25-035	NEW-P	86-05-032
296-155-475	AMD	86-03-074	296-155-66501	AMD	86-03-074	308-40-102	AMD-P	86-04-089
296-155-480	AMD-C	86-03-073	296-155-66502	AMD-C	86-03-073	308-48-790	NEW	86-05-031
296-155-480	AMD	86-03-074	296-155-680	AMD-C	86-03-073	308-50-230	REP-P	86-05-034
296-155-485	AMD-C	86-03-073	296-155-680	AMD	86-03-074	308-50-330	AMD-P	86-05-034
296-155-485	AMD	86-03-074	296-155-690	AMD-C	86-03-073	308-50-420	NEW-P	86-05-034
296-155-48523	NEW-C	86-03-073	296-155-690	AMD	86-03-074	308-50-430	NEW-P	86-05-034
296-155-48523	NEW	86-03-074	296-155-695	AMD-C	86-03-073	308-52-270	AMD	86-03-056
296-155-48525	NEW-C	86-03-073	296-155-695	AMD	86-03-074	308-61-010	AMD	86-03-011
296-155-48525	NEW	86-03-074	296-155-700	AMD-C	86-03-073	308-61-025	AMD	86-03-011
296-155-48527	NEW-C	86-03-073	296-155-700	AMD	86-03-074	308-61-026	NEW	86-03-011
296-155-48527	NEW	86-03-074	296-155-705	AMD-C	86-03-073	308-61-027	REP	86-03-011
296-155-48529	NEW-C	86-03-073	296-155-705	AMD	86-03-074	308-61-030	AMD	86-03-011
296-155-48529	NEW	86-03-074	296-155-720	AMD-C	86-03-073	308-61-040	AMD	86-03-011
296-155-48531	NEW-C	86-03-073	296-155-720	AMD	86-03-074	308-61-050	AMD	86-03-011
296-155-48531	NEW	86-03-074	296-155-725	AMD-C	86-03-073	308-61-100	REP	86-03-011
296-155-48533	NEW-C	86-03-073	296-155-725	AMD	86-03-074	308-61-105	NEW	86-03-011
296-155-48533	NEW	86-03-074	296-155-730	AMD-C	86-03-073	308-61-108	NEW	86-03-011
296-155-500	AMD-C	86-03-073	296-155-730	AMD	86-03-074	308-61-110	REP	86-03-011
296-155-500	AMD	86-03-074	296-155-750	AMD-C	86-03-073	308-61-115	NEW	86-03-011
296-155-505	AMD-C	86-03-073	296-155-750	AMD	86-03-074	308-61-120	REP	86-03-011
296-155-505	AMD	86-03-074	296-155-760	REP-C	86-03-073	308-61-125	NEW	86-03-011
296-155-50503	NEW-C	86-03-073	296-155-760	REP	86-03-074	308-61-130	REP	86-03-011
296-155-50503	NEW	86-03-074	296-155-765	AMD-C	86-03-073	308-61-135	NEW	86-03-011
296-155-50505	NEW-C	86-03-073	296-155-765	AMD	86-03-074	308-61-140	REP	86-03-011
296-155-50505	NEW	86-03-074	296-155-775	AMD-C	86-03-073	308-61-145	NEW	86-03-011
296-155-510	AMD-C	86-03-073	296-155-775	AMD	86-03-074	308-61-150	REP	86-03-011
296-155-510	AMD	86-03-074	296-155-830	AMD-C	86-03-073	308-61-155	REP	86-03-011
296-155-515	NEW-C	86-03-073	296-155-830	AMD	86-03-074	308-61-158	NEW	86-03-011
296-155-515	NEW	86-03-074	296-155-850	REP-C	86-03-073	308-61-160	REP	86-03-011
296-155-530	AMD-C	86-03-073	296-155-850	REP	86-03-074	308-61-165	REP	86-03-011
296-155-530	AMD	86-03-074	296-155-855	REP-C	86-03-073	308-61-168	NEW	86-03-011
296-155-545	AMD-C	86-03-073	296-155-855	REP	86-03-074	308-61-170	REP	86-03-011
296-155-545	AMD	86-03-074	296-155-860	REP-C	86-03-073	308-61-175	NEW	86-03-011
296-155-570	AMD-C	86-03-073	296-155-860	REP	86-03-074	308-61-180	REP	86-03-011
296-155-570	AMD	86-03-074	296-155-865	REP-C	86-03-073	308-61-185	NEW	86-03-011
296-155-575	AMD-C	86-03-073	296-155-865	REP	86-03-074	308-61-190	NEW	86-03-011
296-155-575	AMD	86-03-074	296-155-870	REP-C	86-03-073	308-79-050	NEW-E	86-03-071
296-155-576	AMD-C	86-03-073	296-155-870	REP	86-03-074	308-79-050	NEW-P	86-06-042
296-155-580	AMD-C	86-03-073	296-155-875	REP-C	86-03-073	308-96A-005	AMD-P	86-03-010
296-155-580	AMD	86-03-074	296-155-875	REP	86-03-074	308-96A-010	AMD-P	86-03-010
296-155-605	AMD-C	86-03-073	296-155-880	REP-C	86-03-073	308-96A-015	AMD-P	86-03-010
296-155-605	AMD	86-03-074	296-155-880	REP	86-03-074	308-96A-020	AMD-P	86-03-010
296-155-610	AMD-C	86-03-073	296-155-885	REP-C	86-03-073	308-96A-030	REP-P	86-03-010
296-155-610	AMD	86-03-074	296-155-885	REP	86-03-074	308-96A-035	AMD-P	86-03-010
296-155-615	AMD-C	86-03-073	296-155-890	REP-C	86-03-073	308-96A-040	AMD-P	86-03-010
296-155-615	AMD	86-03-074	296-155-890	REP	86-03-074	308-96A-050	AMD-P	86-03-010
296-155-617	NEW-C	86-03-073	296-155-895	REP-C	86-03-073	308-96A-055	REP-P	86-03-010
296-155-617	NEW	86-03-074	296-155-895	REP	86-03-074	308-96A-060	REP-P	86-03-010
296-155-61701	NEW-C	86-03-073	296-155-900	REP-C	86-03-073	308-96A-075	AMD-P	86-03-010
296-155-61701	NEW	86-03-074	296-155-900	REP	86-03-074	308-96A-100	AMD-P	86-03-010
296-155-61703	NEW-C	86-03-073	296-155-905	REP-C	86-03-073	308-96A-105	AMD-P	86-03-010
296-155-61703	NEW	86-03-074	296-155-905	REP	86-03-074	308-96A-115	REP-P	86-03-010
296-155-61705	NEW-C	86-03-073	296-155-910	REP-C	86-03-073	308-96A-120	AMD-P	86-03-010
296-155-61705	NEW	86-03-074	296-155-910	REP	86-03-074	308-96A-125	REP-P	86-03-010
296-155-61707	NEW-C	86-03-073	296-155-915	REP-C	86-03-073	308-96A-130	REP-P	86-03-010
296-155-61707	NEW	86-03-074	296-155-915	REP	86-03-074	308-96A-135	AMD-P	86-03-010
296-155-61709	NEW-C	86-03-073	296-155-920	REP-C	86-03-073	308-96A-140	REP-P	86-03-010
296-155-61709	NEW	86-03-074	296-155-920	REP	86-03-074	308-96A-145	AMD-P	86-03-010
296-155-61711	NEW-C	86-03-073	296-155-950	AMD-C	86-03-073	308-96A-155	REP-P	86-03-010
296-155-61711	NEW	86-03-074	296-155-950	AMD	86-03-074	308-96A-160	REP-P	86-03-010



### Table of WAC Sections Affected

WAC #	WSR #	WAC #	WSR #	WAC #	WSR #			
308-96A-165	REP-P	86-03-010	314-52-020	AMD-E	86-04-002	365-120-030	NEW	86-03-008
308-96A-170	REP-P	86-03-010	314-52-114	AMD-P	86-04-084	365-120-040	NEW	86-03-008
308-96A-200	REP-P	86-03-010	315-11-190	NEW-E	86-03-003	365-120-050	NEW	86-03-008
308-96A-205	AMD-P	86-03-010	315-11-190	NEW-P	86-03-079	365-120-060	NEW	86-03-008
308-96A-210	AMD-P	86-03-010	315-11-191	NEW-E	86-03-003	365-130-010	NEW-P	86-04-046
308-96A-215	REP-P	86-03-010	315-11-191	NEW-P	86-03-079	365-130-010	NEW-E	86-04-047
308-96A-220	AMD-P	86-03-010	315-11-191	NEW-E	86-03-080	365-130-010	NEW	86-06-024
308-96A-225	REP-P	86-03-010	315-11-192	NEW-E	86-03-003	365-130-020	NEW-P	86-04-046
308-96A-230	REP-P	86-03-010	315-11-192	NEW-P	86-03-079	365-130-020	NEW-E	86-04-047
308-96A-235	REP-P	86-03-010	315-32-040	AMD-P	86-03-079	365-130-020	NEW	86-06-024
308-96A-240	REP-P	86-03-010	332-12-210	AMD-P	86-04-081	365-130-030	NEW-P	86-04-046
308-96A-260	AMD-P	86-03-010	332-12-260	AMD-P	86-04-081	365-130-030	NEW-E	86-04-047
308-96A-265	REP-P	86-03-010	332-12-262	NEW-P	86-04-081	365-130-030	NEW	86-06-024
308-96A-270	REP-P	86-03-010	332-12-310	AMD-P	86-04-081	365-130-040	NEW-P	86-04-046
308-96A-275	AMD-P	86-03-010	332-12-360	AMD-P	86-04-081	365-130-040	NEW-E	86-04-047
308-96A-280	REP-P	86-03-010	332-12-390	AMD-P	86-04-081	365-130-040	NEW	86-06-024
308-96A-285	REP-P	86-03-010	352-32-010	AMD	86-06-020	365-130-050	NEW-P	86-04-046
308-96A-290	REP-P	86-03-010	352-32-030	AMD	86-06-020	365-130-050	NEW-E	86-04-047
308-96A-295	AMD-P	86-03-010	352-32-040	AMD	86-06-020	365-130-060	NEW-P	86-04-046
308-96A-300	AMD-P	86-03-010	352-32-050	AMD	86-06-020	365-130-060	NEW-E	86-04-047
308-96A-305	REP-P	86-03-010	352-32-053	NEW	86-06-020	383-06	AMD	86-04-039
308-102-090	AMD-P	86-03-083	352-32-056	NEW	86-06-020	383-06-010	AMD	86-04-039
308-102-100	AMD-P	86-03-083	352-32-080	AMD	86-06-020	383-06-020	AMD	86-04-039
308-102-190	AMD-P	86-03-083	352-32-090	AMD	86-06-020	383-06-030	AMD	86-04-039
308-102-200	AMD-P	86-03-083	352-32-120	AMD	86-06-020	383-06-040	AMD	86-04-039
308-102-265	NEW-P	86-03-083	352-32-165	AMD-P	86-04-085	383-06-045	NEW	86-04-039
308-104-012	NEW-P	86-03-083	352-32-210	AMD	86-06-020	383-06-050	AMD	86-04-039
308-104-056	AMD-P	86-03-083	356-05-010	AMD-P	86-06-056	383-06-060	AMD	86-04-039
308-104-058	REP-P	86-03-083	356-05-165	AMD-P	86-06-056	383-06-070	AMD	86-04-039
308-104-080	AMD-P	86-03-083	356-05-190	REP-P	86-06-056	383-06-080	AMD	86-04-039
308-104-090	AMD-P	86-03-083	356-05-210	AMD-P	86-06-056	383-06-090	AMD	86-04-039
308-104-100	AMD-P	86-03-083	356-05-223	NEW-P	86-06-056	383-06-100	AMD	86-04-039
308-104-105	NEW-P	86-03-083	356-05-315	AMD-P	86-06-056	383-06-110	AMD	86-04-039
308-104-105	NEW-E	86-03-084	356-05-332	NEW-P	86-06-056	383-06-120	AMD	86-04-039
308-104-130	AMD-P	86-03-083	356-05-353	NEW-P	86-06-056	383-06-130	AMD	86-04-039
308-104-135	NEW-P	86-03-083	356-05-483	NEW-P	86-06-056	383-06-140	AMD	86-04-039
308-104-160	AMD-P	86-03-083	356-14-240	AMD-P	86-06-056	388-11-030	AMD	86-05-009
308-122-060	NEW	86-04-087	356-14-250	AMD-P	86-06-056	388-11-065	AMD	86-05-009
308-122-215	AMD	86-04-087	356-14-265	NEW-P	86-06-056	388-11-100	AMD	86-05-009
308-122-500	AMD	86-04-087	356-14-270	REP-P	86-06-056	388-11-150	AMD	86-05-009
308-122-505	AMD	86-04-087	356-15-020	AMD-P	86-06-056	388-13-020	AMD	86-05-009
308-122-525	AMD	86-04-087	356-15-030	AMD-P	86-06-056	388-13-070	AMD	86-05-009
308-122-630	NEW	86-04-087	356-15-035	NEW-P	86-06-056	388-14-010	AMD	86-05-009
308-122-640	AMD	86-04-087	356-15-050	AMD-P	86-06-056	388-14-020	AMD	86-05-009
308-122-670	NEW	86-04-087	356-15-060	AMD-E	86-06-016	388-14-205	AMD	86-05-009
308-124A-430	NEW-P	86-04-091	356-15-060	AMD	86-06-017	388-14-270	AMD	86-05-009
308-124A-440	NEW-P	86-04-091	356-15-060	AMD-P	86-06-056	388-14-302	AMD	86-05-009
308-124A-450	NEW-P	86-04-091	356-15-080	AMD-P	86-06-056	388-14-305	AMD	86-05-009
308-124C-020	AMD	86-06-011	356-15-090	AMD-P	86-06-056	388-14-310	AMD	86-05-009
308-124H-035	NEW-P	86-04-091	356-15-100	AMD-E	86-06-016	388-14-320	AMD	86-05-009
308-124H-036	NEW-P	86-04-091	356-15-100	AMD	86-06-017	388-14-325	AMD	86-05-009
308-124H-037	NEW-P	86-04-091	356-18-010	REP-P	86-06-056	388-14-385	AMD	86-05-009
308-124H-040	AMD-P	86-04-091	356-22-080	AMD-P	86-04-043	388-14-400	NEW	86-05-009
308-124H-040	AMD	86-06-011	356-34-085	REP-P	86-04-044	388-14-405	NEW	86-05-009
308-124H-043	NEW	86-06-011	356-34-090	AMD-P	86-04-044	388-14-410	NEW	86-05-009
308-124H-045	AMD	86-06-011	356-34-10501	REP-P	86-04-044	388-14-415	NEW	86-05-009
308-151-110	NEW-P	86-05-033	356-34-110	AMD-P	86-04-044	388-15-170	AMD-E	86-03-077
308-156-075	NEW-P	86-05-033	356-34-113	AMD-P	86-04-044	388-15-170	AMD	86-03-078
308-171-001	AMD-P	86-06-054	356-34-118	AMD-P	86-04-044	388-15-173	REP-E	86-03-077
308-171-100	AMD-P	86-06-054	356-34-120	REP-P	86-04-044	388-15-173	REP	86-03-078
308-171-103	AMD-P	86-06-054	356-34-140	AMD-P	86-04-044	388-15-213	AMD-P	86-05-006
308-171-104	NEW-P	86-06-054	356-34-150	AMD-P	86-04-044	388-28-482	AMD-P	86-04-013
308-171-200	AMD-P	86-06-054	356-34-160	AMD-P	86-04-044	388-33-385	AMD-P	86-05-008
314-12-030	AMD-P	86-04-033	356-34-210	AMD-P	86-04-044	388-38-270	AMD-P	86-03-076
314-12-140	AMD	86-04-003	356-34-220	AMD-P	86-04-044	388-38-280	AMD-P	86-04-073
314-12-140	AMD-P	86-06-021	356-34-230	AMD-P	86-04-044	388-44-010	AMD-P	86-04-014
314-16-040	AMD-P	86-04-082	356-34-250	REP-P	86-04-044	388-44-025	REP-P	86-04-014
314-16-100	REP-P	86-04-049	356-34-260	AMD-P	86-04-044	388-44-035	AMD-P	86-04-014
314-20-100	AMD-P	86-04-084	356-34-270	REP-P	86-04-044	388-44-110	AMD-P	86-04-014
314-20-105	AMD-P	86-04-084	356-34-280	REP-P	86-04-044	388-44-115	AMD-P	86-04-014
314-24-080	AMD-P	86-04-083	356-34-290	REP-P	86-04-044	388-44-125	AMD-P	86-04-014
314-24-190	AMD-P	86-04-084	356-34-300	REP-P	86-04-044	388-44-130	REP-P	86-04-014
314-24-200	AMD-P	86-04-084	356-47	AMD-C	86-03-041	388-44-140	AMD-P	86-04-014
314-28-010	AMD-P	86-04-083	356-47	AMD-C	86-06-015	388-44-145	AMD-P	86-04-014
314-37-020	NEW-P	86-04-048	356-47-120	REP-P	86-06-055	388-44-150	AMD-P	86-04-014
314-40-040	AMD-P	86-04-034	365-120-010	NEW	86-03-008	388-54-601	AMD-P	86-03-006
314-52-020	AMD-P	86-04-001	365-120-020	NEW	86-03-008	388-54-655	AMD-P	86-03-006



Table of WAC Sections Affected

WAC #	WSR #	WAC #	WSR #	WAC #	WSR #			
388-54-677	AMD-P	86-05-028	392-140-076	NEW-E	86-05-037	446-55-040	NEW-P	86-05-015
388-54-677	AMD-E	86-05-030	392-140-077	NEW-P	86-05-036	446-55-050	NEW-P	86-05-015
388-70-013	AMD	86-04-030	392-140-077	NEW-E	86-05-037	446-55-060	NEW-P	86-05-015
388-70-042	AMD	86-04-030	392-140-078	NEW-P	86-05-036	446-55-070	NEW-P	86-05-015
388-70-044	AMD	86-04-030	392-140-078	NEW-E	86-05-037	446-55-080	NEW-P	86-05-015
388-70-048	AMD	86-04-030	392-140-079	NEW-P	86-05-036	446-55-090	NEW-P	86-05-015
388-82-010	AMD-E	86-04-019	392-140-079	NEW-E	86-05-037	446-55-100	NEW-P	86-05-015
388-82-010	AMD-P	86-04-020	392-140-080	NEW-P	86-05-036	446-55-110	NEW-P	86-05-015
388-85-115	AMD-E	86-03-067	392-140-080	NEW-E	86-05-037	446-55-120	NEW-P	86-05-015
388-85-115	AMD-P	86-03-068	392-140-081	NEW-P	86-05-036	446-55-130	NEW-P	86-05-015
388-86-009	NEW	86-03-046	392-140-081	NEW-E	86-05-037	446-55-140	NEW-P	86-05-015
388-86-009	NEW-E	86-04-041	392-140-082	NEW-P	86-05-036	446-55-150	NEW-P	86-05-015
388-86-060	REP-E	86-04-007	392-140-082	NEW-E	86-05-037	446-55-160	NEW-P	86-05-015
388-86-060	REP-P	86-04-008	392-140-083	NEW-P	86-05-036	446-55-165	NEW-P	86-05-015
388-86-100	AMD	86-03-047	392-140-083	NEW-E	86-05-037	446-55-170	NEW-P	86-05-015
388-87-110	NEW	86-03-047	392-171	AMD-C	86-03-060	446-55-180	NEW-P	86-05-015
388-92-015	AMD	86-03-045	392-171-315	AMD	86-06-007	446-55-190	NEW-P	86-05-015
388-95-320	AMD-E	86-04-019	392-171-351	AMD	86-06-007	446-55-200	NEW-P	86-05-015
388-95-320	AMD-P	86-04-020	392-171-358	AMD	86-06-007	446-55-210	NEW-P	86-05-015
388-99-010	AMD-E	86-04-019	392-171-366	AMD	86-06-007	446-55-220	NEW-P	86-05-015
388-99-010	AMD-P	86-04-020	392-171-371	AMD	86-06-007	446-55-230	NEW-P	86-05-015
388-99-020	AMD-E	86-03-066	392-171-512	NEW	86-06-007	446-55-240	NEW-P	86-05-015
388-99-020	AMD-P	86-03-069	392-171-513	NEW	86-06-007	446-55-250	NEW-P	86-05-015
388-100-005	AMD-E	86-04-007	392-171-514	NEW	86-06-007	446-55-260	NEW-P	86-05-015
388-100-005	AMD-P	86-04-008	392-171-516	AMD	86-06-007	446-55-270	NEW-P	86-05-015
390-16-011	AMD	86-04-071	392-171-517	NEW	86-06-007	446-55-280	NEW-P	86-05-015
390-16-031	AMD	86-04-071	392-171-518	NEW	86-06-007	446-60-010	NEW-P	86-05-015
390-16-036	AMD	86-04-071	392-171-519	NEW	86-06-007	446-60-020	NEW-P	86-05-015
390-16-038	AMD	86-04-071	392-171-531	AMD	86-06-007	446-60-030	NEW-P	86-05-015
390-16-039	AMD	86-04-071	392-171-706	AMD	86-06-007	446-60-040	NEW-P	86-05-015
390-16-041	AMD	86-04-071	399-30-040	NEW	86-03-051	446-60-050	NEW-P	86-05-015
390-16-041	AMD-P	86-05-041	400-04-010	NEW	86-04-054	446-60-060	NEW-P	86-05-015
390-16-050	AMD	86-04-071	400-04-020	NEW	86-04-054	446-60-070	NEW-P	86-05-015
390-16-055	AMD	86-04-071	400-04-040	NEW	86-04-054	446-60-080	NEW-P	86-05-015
390-16-060	AMD	86-04-071	400-04-504	NEW	86-04-054	446-60-090	NEW-P	86-05-015
390-16-061	REP	86-04-071	400-04-510	NEW	86-04-054	448-12-210	AMD	86-05-003
390-16-105	AMD	86-04-071	400-04-680	NEW	86-04-054	448-12-220	AMD	86-05-003
390-16-110	REP	86-04-071	400-04-902	NEW	86-04-054	448-12-230	AMD	86-05-003
390-16-111	AMD	86-04-071	400-04-910	NEW	86-04-054	448-12-240	AMD	86-05-003
390-16-115	AMD	86-04-071	400-04-995	NEW	86-04-054	448-12-250	AMD	86-05-003
390-16-120	AMD	86-04-071	400-06-010	NEW	86-04-055	448-12-270	AMD	86-05-003
390-16-125	AMD	86-04-071	400-06-020	NEW	86-04-055	448-12-280	AMD	86-05-003
390-16-150	AMD	86-04-071	400-06-030	NEW	86-04-055	448-12-300	AMD	86-05-003
390-16-155	AMD	86-04-071	400-06-050	NEW	86-04-055	448-12-310	REP	86-05-003
390-16-206	AMD-C	86-04-052	400-06-060	NEW	86-04-055	448-12-320	AMD	86-05-003
390-16-206	AMD-C	86-06-049	400-06-070	NEW	86-04-055	448-12-330	AMD	86-05-003
390-16-207	AMD	86-04-071	400-06-090	NEW	86-04-055	448-12-340	AMD	86-05-003
390-16-220	REP	86-04-071	400-06-100	NEW	86-04-055	458-20-102	AMD-P	86-03-043
390-16-221	NEW	86-04-071	400-06-110	NEW	86-04-055	458-20-102	AMD-P	86-06-047
390-16-225	REP	86-04-071	400-06-120	NEW	86-04-055	458-20-107	AMD	86-03-016
390-16-230	AMD	86-04-071	400-06-130	NEW	86-04-055	458-20-119	AMD	86-03-016
390-16-306	AMD	86-04-071	400-06-140	NEW	86-04-055	458-20-122	AMD-P	86-03-043
390-18-040	NEW-P	86-04-053	400-06-150	NEW	86-04-055	458-20-122	AMD-P	86-06-047
390-20-141	NEW-P	86-06-050	400-06-160	NEW	86-04-055	458-20-132	AMD-P	86-05-043
390-24-010	AMD-P	86-05-041	400-06-170	NEW	86-04-055	458-20-135	AMD-P	86-03-043
390-24-020	AMD-P	86-05-041	400-06-180	NEW	86-04-055	458-20-135	AMD-P	86-06-047
390-24-025	AMD-P	86-05-041	415-02-090	AMD-P	86-04-080	458-20-175	AMD-P	86-03-043
390-24-030	AMD-P	86-05-041	419-36-090	NEW	86-04-068	458-20-193C	AMD-P	86-03-043
390-24-100	AMD-P	86-05-041	434-57	AMD-P	86-05-053	458-20-210	AMD-P	86-03-043
390-24-105	AMD-P	86-05-041	434-57-010	NEW-P	86-05-053	458-20-247	AMD	86-04-024
390-24-110	AMD-P	86-05-041	434-57-020	NEW-P	86-05-053	458-20-248	NEW-P	86-03-042
390-24-160	AMD-P	86-05-041	434-57-030	AMD-P	86-05-053	458-20-248	NEW-P	86-06-048
390-24-200	AMD-P	86-05-041	434-57-040	NEW-P	86-05-053	458-20-249	NEW-P	86-03-042
390-24-205	AMD-P	86-05-041	434-57-050	NEW-P	86-05-053	458-30-145	AMD-P	86-06-008
390-24-210	AMD-P	86-05-041	434-57-070	NEW-P	86-05-053	463	AMD-P	86-05-021
390-32-020	AMD-P	86-04-053	434-57-080	NEW-P	86-05-053	468-70-020	AMD-P	86-04-069
390-37-030	AMD	86-04-071	434-57-090	NEW-P	86-05-053	468-70-030	AMD-P	86-04-069
390-37-060	AMD	86-04-071	434-57-100	NEW-P	86-05-053	468-70-040	AMD-P	86-04-069
390-37-063	AMD	86-04-071	434-57-120	NEW-P	86-05-053	468-70-060	AMD-P	86-04-069
390-37-070	AMD	86-04-071	434-57-130	NEW-P	86-05-053	468-300-010	AMD-E	86-03-001
390-37-090	AMD	86-04-071	434-57-150	NEW-P	86-05-053	468-300-010	AMD	86-06-010
390-37-100	AMD	86-04-071	440-44-050	RE-AD-P	86-04-025	468-300-020	AMD-E	86-03-001
390-37-210	AMD	86-04-071	440-44-057	RE-AD-P	86-04-025	468-300-020	AMD-E	86-03-061
392-129-013	AMD-P	86-05-035	440-44-100	NEW	86-05-029	468-300-020	AMD	86-06-010
392-140-075	NEW-P	86-05-036	446-55-010	NEW-P	86-05-015	468-300-030	AMD-E	86-03-001
392-140-075	NEW-E	86-05-037	446-55-020	NEW-P	86-05-015	468-300-030	AMD-E	86-03-061
392-140-076	NEW-P	86-05-036	446-55-030	NEW-P	86-05-015	468-300-030	AMD	86-06-010

## Table of WAC Sections Affected

WAC #		WSR #
468-300-040	AMD-E	86-03-001
468-300-040	AMD-E	86-03-061
468-300-040	AMD	86-06-010
468-300-070	AMD-E	86-03-001
468-300-070	AMD-E	86-03-061
468-300-070	AMD	86-06-010
478-355-010	NEW-P	86-04-009
478-355-020	NEW-P	86-04-009
478-355-030	NEW-P	86-04-009
478-355-040	NEW-P	86-04-009
478-355-050	NEW-P	86-04-009
478-355-060	NEW-P	86-04-009
480-12-196	NEW-C	86-03-049
480-12-196	NEW-W	86-03-085
480-12-196	RESCIND	86-03-086
480-12-196	NEW-P	86-03-087
480-12-196	NEW-E	86-03-088
480-12-285	AMD	86-03-040
480-90-032	NEW-C	86-04-023
480-90-032	NEW	86-04-072
480-90-051	AMD-P	86-03-013
480-90-051	AMD-E	86-03-039
480-100-032	NEW-C	86-04-023
480-100-032	NEW	86-04-072
480-100-051	AMD-P	86-03-012
480-100-051	AMD-E	86-03-038
480-110-032	NEW-C	86-04-023
480-110-032	NEW	86-04-072
480-120-032	NEW-C	86-04-023
480-120-032	NEW	86-04-072
480-120-033	NEW-C	86-03-037
480-120-057	NEW-C	86-04-022
484-20-068	AMD	86-05-014
484-20-075	AMD	86-05-014
490-500-190	AMD	86-05-010
508-14-025	NEW	86-04-058
508-14-030	AMD	86-04-058
516-52-001	AMD	86-03-020
516-52-010	AMD	86-03-020

**Subject/Agency Index**  
(Citations in **bold type** refer to material in this issue)

<b>AGRICULTURE, DEPARTMENT OF</b>		<b>BUILDING CODE COUNCIL</b>	
Apple maggot	86-03-075	Energy code	<b>86-06-058</b>
Brucellosis in cattle	86-04-050		<b>86-06-059</b>
	86-04-051	Meetings	86-05-001
Bulb commission		<b>CHILDBIRTH CENTERS</b>	
assessment increase	<b>86-06-045</b>	Generally	86-01-035
Eggs		<b>CHIROPRACTIC EXAMINERS, BOARD OF</b>	
assessment	86-01-075	Examinations	
Frozen desserts	86-01-074	appeal procedure	86-03-082
	86-04-026		<b>86-06-043</b>
Grape stock	86-04-070	continuing education	86-03-082
Gypsy moth	86-03-075		<b>86-06-043</b>
Honey bee tracheal mite	86-03-075	national board partial waiver	86-01-040
Horticulture inspection fees	86-04-029	prior approval not required	86-03-082
	<b>86-06-038</b>		<b>86-06-043</b>
	86-03-075		
Onion white rot quarantine		<b>CHORE SERVICES</b>	
Red raspberry commission		Payment	86-05-006
assessments	<b>86-06-046</b>		
definitions	<b>86-06-046</b>	<b>CLARK COMMUNITY COLLEGE</b>	
voting	<b>86-06-046</b>	(District 14)	
Shell egg seal fees	86-04-027	Meetings	86-02-018
<b>APPLE ADVERTISING COMMISSION</b>		<b>COMMUNITY COLLEGE EDUCATION,</b>	
Delinquent assessments	86-01-082	<b>BOARD FOR</b>	
<b>ARCHITECTS, BOARD OF REGISTRATION FOR</b>		Meetings	86-01-037
Acceptable work experience	86-04-088		86-05-004
Building designers	86-01-090	<b>COMMUNITY DEVELOPMENT, DEPARTMENT OF</b>	
	<b>86-06-053</b>	Emergency shelter programs	86-03-008
Examinations		Food banks	86-04-046
candidates	86-01-090		86-04-047
	86-04-088	Municipal bond issuances	86-02-026
qualifications	86-01-090		86-02-027
	86-04-088		<b>86-06-024</b>
	<b>86-06-053</b>	Weatherization assistance program	
Reciprocity	86-01-090	state plan hearing	86-02-002
	86-04-088	<b>CONVENTION AND TRADE CENTER</b>	
Seal	86-04-088	Meetings	86-03-014
Work experience	86-01-090		86-04-064
	86-04-088		86-05-018
<b>ARTS COMMISSION</b>		<b>CORRECTIONS, DEPARTMENT OF</b>	
Public records	86-01-087	Definitions	86-02-022
Purpose, goals, organization	86-01-087		86-02-023
<b>ASIAN AMERICAN AFFAIRS, COMMISSION ON</b>			<b>86-06-012</b>
Meetings	86-03-009	Disciplinary actions	<b>86-06-012</b>
<b>ATTORNEY GENERAL OPINIONS</b>		Disposition of earnings	86-03-058
County board of equalization, appeal			86-03-059
to tax appeals board	86-05-042		<b>86-06-039</b>
County contract to enforce city		Facility review committee	<b>86-06-012</b>
regulations	86-02-005	Notification	<b>86-06-012</b>
Home rule counties		Offender release dates recalculation	86-02-022
budget conditions	86-03-072		86-02-023
Liens, labor and landlord liens		Petition for promulgation, amendment	
on crops	86-04-037	or repeal of rule or for declaratory	
School funds, investment of	<b>86-06-023</b>	rule	86-02-051
<b>AVIATION</b>		Reimbursable impact/rates, criminal	
Aircraft registration	86-01-066	justice costs	86-02-053
	86-03-071	Sale of items, products, services by	
Definitions		vocational education students	86-02-052
local service commuter	86-02-057	Serious infractions	<b>86-06-012</b>
<b>BELLEVUE COMMUNITY COLLEGE</b>		Standard rules	<b>86-06-012</b>
(District 8)		Superintendent's procedures	86-04-015
Board meetings	86-02-008	Work release	<b>86-06-012</b>
Liquor implementation	86-01-056	<b>CORRECTIONS STANDARDS BOARD</b>	
Student code	86-01-056	Maximum capacities	86-02-021
<b>BLIND, DEPARTMENT OF SERVICES</b>			86-05-038
<b>FOR THE</b>		<b>COUNTY ROAD ADMINISTRATION BOARD</b>	
Business enterprise program	86-04-063	RAP projects, regional prioritization	86-02-025
<b>BOILER RULES, BOARD OF</b>			<b>86-06-005</b>
Board meetings, who may set	86-01-088	RATA allocation	86-02-025
Construction, new, standards	86-01-088		<b>86-06-005</b>
Definitions		RATA eligibility	86-02-025
child care centers	86-01-088		<b>86-06-005</b>
Inspection of systems	86-01-088		
Rules, substantive	86-04-059		

**Subject/Agency Index**  
(Citations in **bold type** refer to material in this issue)

<b>CRIMINAL JUSTICE TRAINING COMMISSION</b>		<b>ENERGY FACILITY SITE EVALUATION COUNCIL</b>	
Meetings	86-01-055 86-02-017	Safety, etc., at sites where construction has stopped	86-05-021
<b>DAY CARE</b>		<b>EVERETT COMMUNITY COLLEGE</b>	
Generally	86-01-025	(District 5)	
<b>DENTAL EXAMINERS</b>		Meetings	86-01-031 86-03-036
Examination content	86-04-089	<b>EXECUTIVE ORDERS</b>	
<b>DENTAL HYGIENE EXAMINING COMMITTEE</b>		(See GOVERNOR, OFFICE OF THE)	
Examination	86-05-032	<b>FISHERIES, DEPARTMENT OF</b>	
<b>DEVELOPMENTALLY DISABLED</b>		<u>Commercial</u>	
Community training program	86-04-074 86-04-075	agency procedures	
Institutions		fish receiving ticket accountability	86-02-029
IMR program and reimbursement system	86-01-008	bottomfish	86-02-028 86-03-044 86-05-012 <b>86-06-025</b>
<b>EASTERN WASHINGTON UNIVERSITY</b>		pacific whiting	
Delegation of appointing authority	86-01-042	salmon	
Employee financial responsibilities	86-01-042	Chehalis River	86-01-017
<b>ECOLOGY, DEPARTMENT OF</b>		Columbia River	
Air quality		gill net seasons	<b>86-06-013</b>
ambient air quality standards and emission limits for radionuclides	86-04-092	Puget Sound	86-01-052 86-01-053
Columbia basin project	86-04-058	shellfish	
Ground water management areas and programs	86-02-004 86-04-057 86-04-058	scallops	86-05-002
Instream resources protection program		sea urchin	86-01-015
Skokomish-Dosewallips	86-01-011 86-05-019	smelt	
NPDES	86-01-095	lawful gear	86-01-051 86-05-040
Quincy ground water	86-04-057	sturgeon	
SEA workshops and meetings	86-05-011	gear, seasons	86-04-017
Shoreline master program		<u>Personal use</u>	
Anacortes	86-02-038 <b>86-06-057</b>	recreation sport fishing	
Clallam County	86-04-040 <b>86-06-060</b>	1986-1987 season	86-02-061 86-03-089
development permits	86-05-052	punch card areas	
Edmonds	<b>86-06-061</b>	bag limit codes	<b>86-06-031</b>
generally	86-05-052	Wilderness Lake	86-05-039
Kirkland	<b>86-06-061</b>	Wynoochee Reservoir	86-05-039
Wahkiakum	86-02-038 <b>86-06-057</b>	shellfish	
wetlands	86-05-052	hardshell clams	<b>86-06-026</b>
Solid wastes, minimum functional standards	86-03-034	razor clams	86-05-024
Wastewater discharge permit fees	86-01-095 <b>86-06-040</b>	sturgeon	
state program	86-01-095	bag limit	86-02-036
<b>EDMONDS COMMUNITY COLLEGE</b>		<b>FOOD STAMPS</b>	
(District 23)		Generally	86-01-009 86-01-078 86-05-028 86-05-030
Meetings	86-01-032 86-05-025	Voluntary quit	
<b>EDUCATION, STATE BOARD OF</b>		<b>FOREST PRACTICES BOARD</b>	
Certification		Meetings	<b>86-06-041</b>
notice to prospective candidates	86-05-046	<b>FOREST PRODUCTS</b>	
District authority to proceed	86-01-093 86-04-066	Definitions	86-02-045 86-02-046 86-02-045 86-02-046 86-02-045 86-02-046 86-02-045 86-02-046
Meetings	86-01-092	Harvester adjustments	
Project approval	86-04-065	Stumpage value	
Project commitment	86-01-094 86-04-060	Timber quality code numbers	
Support level, insurance receipts	86-01-093 86-04-067	<b>FOSTER CARE</b>	
<b>EMERGENCY MANAGEMENT, DEPARTMENT OF</b>		Generally	86-01-006
Local emergency management/services organizations	<b>86-06-037</b>	<b>FUNERAL DIRECTORS AND EMBALMERS, BOARD OF</b>	
Local emergency services organizations	<b>86-06-037</b>	Cremation	
Local emergency services plans	<b>86-06-037</b>	registration fee for endorsement for crematory operations	86-01-083 86-05-031
Local emergency services program	<b>86-06-037</b>	<b>GAMBLING COMMISSION</b>	
<b>EMPLOYMENT SECURITY DEPARTMENT</b>		Bingo	
Job training partnership act	86-05-022	credit cards	86-01-059
		daily records	86-05-044
		disclosure of prizes and rules	86-05-044

**Subject/Agency Index**  
(Citations in **bold type** refer to material in this issue)

<b>GAMBLING COMMISSION—cont.</b>		<b>HEALTH, BOARD OF</b>	
equipment	86-05-044	Dead bodies, transportation	86-01-071
receipts	86-05-044	Funerals	
Promotional contests	86-03-035	care of bodies, burial	86-01-071
Punchboards/pull tabs		Tuberculosis testing	86-01-070
continuous-play pull tab operation	86-01-058		86-05-013
control of prizes	86-01-058	<b>HEARING AIDS, COUNCIL ON</b>	
limitation on pull tab		Fitting and dispensing	86-05-034
dispensing devices	86-01-058	<b>HIGHER EDUCATION COORDINATING BOARD</b>	
standards for flares	86-01-058	Work study program	86-04-038
Video and electronic games	86-05-045	<b>HIGHER EDUCATION IN SPOKANE,</b>	
	<b>86-06-001</b>	<b>JOINT CENTER FOR</b>	
<b>GAME COMMISSION/DEPARTMENT</b>		Meetings	86-01-081
Agency procedures		<b>HIGHER EDUCATION PERSONNEL BOARD</b>	
commercial buying and processing of		Administrative assistant exemption	<b>86-06-052</b>
anadromous game fish or roe	86-05-047	Administrative employees	<b>86-06-052</b>
description of organization	86-03-052	Affirmative action plans	86-02-047
eastern and western Washington defined	86-05-049		<b>86-06-052</b>
licenses		Agricultural employees	<b>86-06-052</b>
dealer requirements	86-03-055	Allocation	<b>86-06-052</b>
duplicates	86-03-054	Annual performance evaluation	<b>86-06-052</b>
operating procedures	86-03-053	Application materials, distribution	86-03-081
Bald eagles mediation committee	86-04-012	Appointing authority	<b>86-06-052</b>
Dogs, destruction of for		Availability	<b>86-06-052</b>
attacking deer or elk	86-01-043	Board	<b>86-06-052</b>
	86-03-017	Certification	
	86-04-021	method	86-02-047
Fishing			<b>86-06-034</b>
Cedar River	86-05-051	selective	86-02-047
Elochoman River	86-02-041		<b>86-06-052</b>
Grays River	86-02-041	Class	86-04-078
Lake Sammamish	86-05-051	Collective bargaining	86-02-047
Lake Washington	86-05-051	Corrective employment programs	<b>86-06-034</b>
Lewis River, North Fork	<b>86-06-029</b>		86-02-047
Mill Creek	86-02-042	Definitions	86-02-047
Newaukum River	86-02-041		86-03-081
Nooksack River	86-05-051		86-04-076
Puyallup River	86-03-018		<b>86-06-034</b>
Salmon Bay	86-05-051		<b>86-06-052</b>
Sammamish River	86-05-051	Demotion, suspension, reduction, separation,	
Skamokawa Creek	86-02-041	dismissal	86-04-011
Snake River	86-02-042		<b>86-06-033</b>
Snohomish River	86-03-002	Eligible lists	
Snoqualmie River	86-02-040	definition	86-03-081
Touchet River	86-02-042	Examinations	
Walla Walla River	86-02-042	eligibility	86-02-047
Wenatchee River	86-02-043		<b>86-06-034</b>
Hunting		Exclusive representative, petition for	
1985 seasons and rules	86-02-020	decertification	86-04-077
1986 mountain goat, sheep, and			86-04-078
moose seasons	86-05-048	Holidays	86-04-079
1986 season rules and unit		Meetings	86-04-032
descriptions	86-05-050	Notice of unsatisfactory work	<b>86-06-033</b>
	<b>86-06-027</b>	Recruitment notices	86-02-047
Spring bear and turkey seasons	<b>86-06-028</b>		<b>86-06-034</b>
		Removal from supervisory positions	<b>86-06-033</b>
<b>GENERAL ADMINISTRATION,</b>		<b>HORSE RACING COMMISSION</b>	
<b>DEPARTMENT OF</b>		Admission to grounds	86-04-042
Credit unions		Horses	86-04-042
investments in common trust funds	86-04-068	Licenses	86-05-017
<b>GENERAL ASSISTANCE</b>			86-04-042
(See <b>SOCIAL AND HEALTH SERVICES,</b>		Payoffs on minus pools	86-04-042
<b>DEPARTMENT OF</b> )		Records	86-04-042
<b>GOVERNOR, OFFICE OF THE</b>		<b>HOSPITALS</b>	
Affirmative action program	86-02-055	Certificate of need program	<b>86-06-030</b>
Fire protection services	86-02-054	Personnel	86-05-005
Flooding	86-04-056	Rules	86-03-070
Low-level radioactive waste,		<b>HUMAN RIGHTS COMMISSION</b>	
surcharges and penalties	<b>86-06-014</b>	Meetings	86-02-013
State employee combined charitable			86-04-004
contributions program	86-02-015		86-04-006
	86-05-023	Special meetings	
<b>GREEN RIVER COMMUNITY COLLEGE</b>		budget, officers, advisory council	86-02-014
(District 10)			86-04-005
Meetings	86-02-032		
Smoking	<b>86-06-044</b>		

**Subject/Agency Index**  
(Citations in **bold type** refer to material in this issue)

<b>INDIANS</b>		<b>LICENSING, DEPARTMENT OF—cont.</b>	
Salmon		registration	86-03-066
Puget Sound	86-01-053		86-03-071
<b>INDUSTRIAL INSURANCE APPEALS</b>		Bad checks	<b>86-06-042</b>
Mediation conference	86-05-007	Marine fuel use study	86-04-090
Practice and procedure	86-03-021	Motor vehicles	86-03-057
	86-03-022	dealers, salespersons	
<b>INSURANCE COMMISSIONER</b>		license renewal	86-01-039
Fixed premium universal life insurance	86-02-011	leased, tax liability	86-02-058
<b>INVESTMENT BOARD</b>		licensing	86-03-010
Meetings	86-01-089	manufacturers	86-03-083
<b>JOINT ADMINISTRATIVE RULES REVIEW</b>		license renewal	86-01-039
<b>COMMITTEE (See RULES REVIEW</b>		new residents	86-02-056
<b>COMMITTEE)</b>		occupational license	86-03-084
<b>LABOR AND INDUSTRIES, DEPARTMENT OF</b>		special fuel supplier or dealer	86-02-058
Boiler rules, board of,		wreckers, hulk haulers, scrap processors	
see <b>BOILER RULES, BOARD OF</b>		license renewal	86-01-039
Crime victims compensation	86-01-003	Real estate	
	86-01-028	broker	
Discriminatory action against employee		examinations	86-04-091
based on claim filing, etc.	86-01-016	licensure	86-04-091
Explosives	86-05-026	records	86-01-038
Farm labor contracting	86-01-004		<b>86-06-011</b>
	86-01-027	commission meetings	86-03-044
Fire detectors		salespersons	86-04-091
electric eyes	86-03-024	schools	86-01-038
Hazard communication standard	<b>86-06-051</b>		<b>86-06-011</b>
Health care provider fees	86-03-050	Tow truck operators	86-03-011
	86-04-036	<b>LIQUOR CONTROL BOARD</b>	
Labor relations, repeal obsolete rules	86-05-027	Advertising at less than price	86-04-084
Medical aid rules and maximum		Beer packages, classification	86-01-026
fee schedule	86-02-060	Beer suppliers and wholesalers	86-04-084
	86-04-035	Containers	86-04-083
Prevailing wages	86-02-012	Guest and courtesy cards	86-04-034
	86-03-063	Licenses	
Retrospective rating plans and group		Class C	86-04-082
insurance plans	86-03-062	Class H	86-04-082
	<b>86-06-018</b>	true party of interest	86-04-033
Safety standards		Meetings	86-02-007
construction work	86-01-069	Prohibited practices	86-04-003
	86-03-073		<b>86-06-021</b>
	86-03-074	Records	86-04-083
elevators	86-03-024	Rules review plan	86-02-006
	86-03-025	Treating	86-04-044
	86-03-026	Use of insignia or reference to liquor	
	86-03-027	control board prohibited	86-04-002
	86-03-028	Vending appointment	86-04-048
	86-03-029	Wine suppliers and wholesalers	86-04-084
	86-03-030	<b>LOTTERY COMMISSION</b>	
	86-03-031	Agents	86-01-060
	86-03-032	Definitions	86-01-060
	86-03-033	Hearings	86-01-060
Violations		<u>Instant game number 19 - Three Cards Up</u>	
repeat violations	<b>86-06-002</b>	criteria	86-03-003
Wheels, multi-piece and single-piece			86-03-079
rim wheels	86-03-064		86-03-080
Workers' compensation		definitions	86-03-003
group insurance plans	86-01-036		86-03-079
health care vendors, fee schedule	86-01-054	ticket validation	86-03-003
	<b>86-06-032</b>		86-03-079
retrospective rating plans	86-01-036	Licenses	86-01-060
<b>LIBRARY</b>		Lotto	
Commission meetings	86-03-015	prizes	86-01-060
Western library network		Meetings	86-02-037
meetings	86-03-015	On-line games	86-01-060
	<b>86-06-006</b>	Prizes	86-01-060
operation rules	86-03-048		86-03-079
<b>LICENSING, DEPARTMENT OF</b>		Retailers	86-01-060
Architects, corporate authority	86-04-086	Slot machines prohibited	86-01-060
Aviation		Tickets	86-01-060
definitions		<b>MEDICAL ASSISTANCE</b>	
local service commuter	86-02-057	(See <b>SOCIAL AND HEALTH SERVICES,</b>	
		<b>DEPARTMENT OF)</b>	

**Subject/Agency Index**  
(Citations in **bold type** refer to material in this issue)

<b>MEDICAL EXAMINERS, BOARD OF</b>		<b>PERSONNEL BOARD/DEPARTMENT—cont.</b>	
Examinations waived for reciprocity or waiver	86-03-056	Shift premium provisions and compensation	86-01-049 86-02-044 <b>86-06-016</b> <b>86-06-017</b> 86-01-014
<b>MEXICAN AMERICAN AFFAIRS, COMMISSION ON</b>		Work period designations	
Meetings	86-01-096 86-04-016	<b>PILOTAGE COMMISSIONERS, BOARD OF</b>	
<b>NATURAL RESOURCES, DEPARTMENT OF</b>		Licensing	86-01-047
Board meetings	86-02-003	<b>PODIATRY, BOARD OF</b>	
Forest fire advisory board	86-04-028	Board officers	86-01-041
Oil and gas leasing	86-04-081	<b>PRACTICAL NURSING, BOARD OF</b>	
WDPSC user's meeting	86-03-005	Discipline, standards of conduct	86-01-084
<b>NOXIOUS WEED CONTROL BOARD</b>		<b>PREVAILING WAGES</b> (See <b>LABOR AND INDUSTRIES, DEPARTMENT OF</b> )	
List	86-04-062	<b>PRODUCTIVITY BOARD</b>	
<b>NURSING HOME ADMINISTRATORS, BOARD OF EXAMINERS</b>		Employee suggestion program	86-04-039
Registration of licenses	86-01-086	<b>PSYCHOLOGY, EXAMINING BOARD OF</b>	
<b>OCCUPATIONAL THERAPY PRACTICE BOARD</b>		Auxiliary staff	86-04-087
Definitions	<b>86-06-054</b>	Continuing education	86-04-087
Exams	<b>86-06-054</b>	Licensing	
Foreign trained applicants	<b>86-06-054</b>	experience prerequisite	86-04-087
Licensure exemption	<b>86-06-054</b>	Moral and legal standards	86-04-087
<b>OFF-ROAD VEHICLES (ORVS)</b>		Professional relationships	86-04-087
Hearings	86-05-016	Public statements	86-04-087
<b>OUTDOOR RECREATION, INTERAGENCY COMMITTEE FOR</b>		<b>PUBLIC DISCLOSURE COMMISSION</b>	
Meetings	86-01-033 86-05-016	Fair campaign practices code	86-04-053
<b>PARKS AND RECREATION COMMISSION</b>		Financing, funds	86-04-071
Alcohol	86-02-062 <b>86-06-020</b>	Forms	
Camping	86-02-062 <b>86-06-020</b>	financial affairs reporting	86-05-041
Firearms	86-02-062 <b>86-06-020</b>	summary of contribution and expenditures	86-05-041
Games	86-02-062	Lobbyists	
Meetings	86-02-016	hire of other lobbyists	<b>86-06-050</b>
Park capacities	86-02-062 <b>86-06-020</b>	Ratings and endorsements	86-04-052 <b>86-06-049</b> 86-04-053
Park periods	86-02-062 <b>86-06-020</b>	Terms, use of	
Peace and quiet	86-02-062 <b>86-06-020</b>	<b>PUBLIC INSTRUCTION</b> (See <b>SUPERINTENDENT OF PUBLIC INSTRUCTION</b> )	
Picnicking	86-02-062 <b>86-06-020</b>	<b>PUBLIC WORKS BOARD</b>	
Public assemblies	86-04-085	Meetings	86-01-024
Swimming	86-02-062 <b>86-06-020</b>	Operating procedures	86-03-051
<b>PENINSULA COLLEGE (District 1)</b>		<b>PUGET SOUND WATER QUALITY AUTHORITY</b>	
Meetings	86-02-010 <b>86-06-009</b>	Procedures, operations	86-01-012 86-04-054 86-04-055 86-01-012 86-04-054 86-04-055
<b>PERSONNEL BOARD/DEPARTMENT</b>		SEPA	
Application		<b>RETIREMENT SYSTEMS, DEPARTMENT OF</b>	
disqualification	86-04-043	Actuarial tables	86-04-080
Call-back provisions and compensation for work preceding or following a scheduled workshift	86-01-049 86-02-044 <b>86-06-016</b> <b>86-06-017</b> 86-03-041 <b>86-06-015</b> <b>86-06-055</b>	<b>REVENUE, DEPARTMENT OF</b> (See also <b>FOREST PRODUCTS</b> )	
Career executive program	86-03-041 <b>86-06-015</b> <b>86-06-055</b>	Advertised price, etc.	86-03-016
Disciplinary action	86-04-044	Artistic and cultural organizations	86-03-042
Fair Labor Standards Act	<b>86-06-056</b>	Automobile dealers/demonstrators and executive vehicles	86-05-043
Overtime provisions and compensation	86-01-014	Excise tax rules	
Pay		bona fide initiation fees and dues	86-02-039
special pay ranges	86-02-044	contributions, donations, and endowments	86-02-039
Predismissal process	86-01-048	food products	86-02-039
		religious, charitable, benevolent, nonprofit service organizations, and sheltered workshops	86-02-039
		Feed, seed, fertilizer, and spray materials	86-03-043 <b>86-06-047</b>
		Maintenance agreements	86-03-016
		Meals	86-03-016

**Subject/Agency Index**  
(Citations in bold type refer to material in this issue)

<b>REVENUE, DEPARTMENT OF</b> (See also <b>FOREST PRODUCTS</b> )—cont.		<b>SOCIAL AND HEALTH SERVICES,</b> <b>DEPARTMENT OF</b> —cont.	
Monetized metal bullion	86-03-042 <b>86-06-048</b>	eligibility	86-04-019 86-04-020
Open space land		institutions	86-04-019 86-04-020
farm and agricultural land	<b>86-06-008</b>	SSI	86-03-045
homesite valuation	86-01-092	limited casualty program	86-04-007 86-04-008
Public utility tax		medically needy	
energy conservation and		eligibility	86-04-019 86-04-020
cogeneration deductions	86-01-077	income level	86-03-066 86-03-069
Trade-ins, selling price,	86-01-076	payment	86-02-031
sellers' tax measures	86-04-024	prepaid health plans	86-03-046 86-04-041
Warranties, maintenance agreements,		prisoners	86-04-007 86-04-008
and service contracts	86-03-016	prosthetic devices	86-03-047
<b>RULES REVIEW COMMITTEE</b>		scope of care	86-02-031
Open space farm, residences	<b>86-06-022</b>	services provided	86-02-031
<b>SEATTLE COMMUNITY COLLEGE</b> (District 6)		SSI	
Meetings	86-01-005 86-01-030 86-01-057 86-03-065	denied applicants	86-03-067 86-03-068
<b>SECRETARY OF STATE</b>		Mental health	
Polling accessibility	86-05-053	children's involuntary treatment	86-02-019 86-02-048
<b>SHORELINE MASTER PROGRAMS</b> (See <b>ECOLOGY, DEPARTMENT OF</b> )		Pregnancy	
<b>SKAGIT VALLEY COLLEGE</b> (District 4)		medical facilities for induction/ termination	86-03-070
Meetings	86-02-009	Radiation machine facility registration fees	86-04-025
<b>SOCIAL AND HEALTH SERVICES,</b> <b>DEPARTMENT OF</b>		Radioactive materials	
Adult family homes	86-01-079	license fees	86-04-025
Boarding homes	86-03-070	SSI	86-01-007 86-03-045
Childbirth centers	86-01-035 86-04-031		86-03-067 86-03-068
Children's involuntary mental health treatment	86-02-019 86-02-048	Support enforcement	86-02-033 86-02-034 86-05-009
Chore services	86-05-006		
Day care	86-01-025 86-03-077 86-03-078	Vocational rehabilitation	
Developmentally disabled, see <b>DEVELOPMENTALLY DISABLED</b>		economic need	86-05-010
Food stamps	86-01-009 86-01-078 86-03-006 86-05-028 86-05-030	payment standards raised	86-02-030 86-02-050
Foster care	86-01-006 86-02-049 86-04-030	WIN	
General assistance/continuing assistance		AFDC eligibility	86-01-001
AFDC		<b>SPOKANE COMMUNITY COLLEGES</b> (District 17)	
eligibility		Meetings	86-01-046 86-04-018
effect of newly acquired income and property	86-04-013	Trustees	86-04-010
mandatory monthly reporting	86-01-010	<b>STATE EMPLOYEES INSURANCE BOARD</b>	
overpayment, repayment	86-04-014	Legislators	86-01-072 86-01-073 86-05-020 <b>86-06-003</b>
periodic review and redetermination	86-04-073		
WIN program participation	86-01-001	<b>STATE PATROL</b>	
payment standards raised for vocational rehabilitation	86-02-030 86-02-050 86-03-076	Private carriers	
redirection of warrant		drivers qualification and hours of service standards	86-05-015
suspension, termination, or reduction of grant	86-05-008	<b>SUPERINTENDENT OF PUBLIC INSTRUCTION</b>	
Hospice care center	86-03-070	Finance	
Hospital, see <b>HOSPITALS</b>		apportionment for part-time public school attendance	86-01-020 86-01-021
IMR, see <b>DEVELOPMENTALLY DISABLED</b>		categorical appointment	86-05-035
Labor camp certification	86-05-029	emergency school closure	86-01-022
Medical assistance		general apportionment	86-01-023
application	86-01-002	salary compensation lid compliance	
drugs	86-01-080	special allocation, instruction, and requirements	86-01-019 86-05-036 86-05-037 86-01-018
		Honors award program	
		Special education programs	



**Subject/Agency Index**  
(Citations in **bold type** refer to material in this issue)

<b>SUPERINTENDENT OF PUBLIC INSTRUCTION</b>		<b>WESTERN WASHINGTON UNIVERSITY</b>	
—cont.		Health and safety	86-03-020
education of all handicapped children	86-03-060 <b>86-06-007</b>	<b>WHATCOM COMMUNITY COLLEGE</b> (District 21)	
		Meetings	86-04-045 <b>86-06-004</b>
<b>SUPPORT ENFORCEMENT (See SOCIAL AND HEALTH SERVICES, DEPARTMENT OF</b>			
<b>SUPREME COURT</b>		<b>YAKIMA VALLEY COMMUNITY COLLEGE</b> (District 16)	
GR		Meetings	86-01-029
8.2	<b>86-06-036</b>		
RLD			
2.4	<b>86-06-019</b>		
5.1	<b>86-06-019</b>		
5.5(a)	<b>86-06-019</b>		
5.7	<b>86-06-019</b>		
6.7	<b>86-06-019</b>		
<b>TACOMA COMMUNITY COLLEGE</b> (District 22)			
Meetings	86-01-045		
<b>TOXICOLOGIST, STATE</b>			
BAC verifier infrared breath test instrument	86-01-067 86-01-068 86-05-003		
<b>TRANSPORTATION COMMISSION/DEPARTMENT</b>			
Aircraft registration	86-01-066		
Art work	86-01-065		
Ferry tolls	86-01-044 86-03-001 86-03-061 <b>86-06-010</b>		
Meetings	86-03-007		
Motorist information signs	86-04-069		
Outdoor advertising control	86-01-063		
Pilotage rates			
Puget Sound district	86-02-035		
Small business and minority contractors	86-01-064		
<b>UNIVERSITY OF WASHINGTON</b>			
Small works roster	86-04-009		
Meetings	86-02-001		
<b>URBAN ARTERIAL BOARD</b>			
Meetings	86-02-059 86-04-061 <b>86-06-035</b>		
<b>UTILITIES AND TRANSPORTATION COMMISSION</b>			
Deposits held by electric companies	86-03-012 86-03-038		
gas companies	86-03-013 86-03-039		
Interexchange telecommunications deposit or security	86-04-022		
Meetings	86-01-050		
Political education activities	86-04-023 86-04-072		
Tariffs	86-03-040		
Telecommunications, accounting and reporting	86-03-037 86-03-049 86-03-085 86-03-086 86-03-087 86-03-088		
Transportation of radioactive material			
<b>VETERANS AFFAIRS</b>			
Washington veterans home and Washington soldiers home and colony	86-05-014		
<b>VETERINARY BOARD OF GOVERNORS</b>			
Code of ethics	86-01-085		
Examination review procedures	86-05-033		
<b>VOLUNTEER FIREMEN, BOARD FOR</b>			
Meetings	86-01-034 86-03-019		

